2023

Accommodations Tax Funds Request Application

Organization Name: Arts Center of Coastal Carolina

Project/Event Name: Tourism Operations Support for the Arts Center of Coastal Carolina

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: 03:39 PM	By: Online Submittal			
Applications will not be acce	pted if submitted after 4 pr	n on September 2, 2022			
SUMMARY OF GRANT RE	QUEST:				
ORGANIZATION NAME:	Arts Center of Coastal	Carolina			
Project/Event Name: Tou Coastal Carolina	irism Operations Suppo	ort for the Arts Center o			
Contact Name: Jeffrey S. R	eeves Title: Preside	nt & CEO			
Address: 14 Shelter Cove L	ane, Hilton Head Island,	SC 29928			
Email Address: jreeves@artshhi.com	Contact Phone	843-686-3945			
Event Date: 9/1/22-8/31/23	Event Location: Carolina	Arts Center of Coasta			
Total Budget: \$4,788,955.	00 Grant Reques	Grant Requested: \$420,000.00			

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

The Arts Center requests \$420,000 for FY22-23 tourism operations support in two TERC eligible areas: 1) destination advertising/promotion of arts programs to tourists; 2) tourism-related cultural arts programming/events through Producing Theater, Great Performances, and Community Festivals.

The cost for these programs--as well as maintenance of our facility for

visitors/community--will be **\$4,788,955**. Our request represents **8.8%** of the total operating budget, and a **nominal 3.7% increase over previous award. A multitude of inflationary challenges make this increase imperative.** This request excludes the \$437,769 average maintenance cost of our 45,000sf community facility. Appendix G.

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)

Whether visitors attend year-round multi-arts programming, festivals or performances, the Arts Center is a vital contributor to visitorship and a major cultural amenity. **Visitor statistics are measured through ticket tracking and anecdotal reviews.**

Geographic attendance data quantifies impact. In FY22, **152 event** performances brought 39,593 total ATAX eligible attendees (excluding rentals and education services), with 28% (10,981) tourists >50 miles and 31% (12,326) visitors totaling 59% (23,307). Tourism from beyond 50-mile was Theater 28% (8,314); Presenting 23% (1,176); Visual Arts 0%, and Festival Outreach 32% (1,491). These statistics indicate the Arts Center is a major amenity enhancing and driving tourism. Appendix A.

- A. Total Number of Physical Tourists Served: 10981 (COVID-19 impacted mandatory capacity limits and subsequent shutdowns) 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: 12326 (COVID-19 impacted mandatory capacity limits and subsequent shutdowns) 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: 16286 (COVID-19

impacted mandatory capacity limits and subsequent shutdowns) 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): 39593 (COVID-19 impacted mandatory capacity limits and subsequent shutdowns)

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

The Arts Center utilized its robust ticketing business system which reports mandatory patron geographics. Daily reports to management segment the attendees from beyond the 50-mile radius, the number of mainland visitor attendees, and resident attendees, all by performance dates.

In addition to detailed tracking through our ticketing system, for over 26 years various surveys and detailed reports have confirmed the exuberant programming appeal to island visitors and the greater community, along with informing national, regional, and local marketing strategies.

In 2021-2022 the Arts Center did not create new virtual offerings as we were diligent to resume in person theater and festivals. However, our existing online offerings created in the two prior years still received **over 461,000 universal interactions.** In FY22 these not only provided education and/or instruction but helped in FY22 to promote—and continues to promote—the Arts Center and Hilton Head Island.

Marketing did continue to leverage the highly viewed virtual "Meet the Cast" promoted to **17,518 global email addresses** for each theater production due to continued strict Actors' Equity Union safety policies.

These entertaining YouTube offerings were e-blasted via ongoing targeted email reach by segmenting messages to our 17,518 working email addresses by interest and location, as local visitor, and tourist. **Again, these provided universal tourist promotions for the Arts Center and Hilton Head Island.**

B. DESCRIPTION OF OPERATIONS:

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

For over 26 years, the Arts Center's Mission has been "to enrich and benefit the community through the arts."

The Arts Center is a core arts venue at the heart of Hilton Head Island (HHI) and integral to the economic and cultural vitality of the island. As South Carolina's largest professional theater and 3rd largest arts organization, we are a significant economic engine for HHI and Beaufort County businesses/residents. Our **FY22 total overall economic impact was \$12,587,424**, supporting **178.2 FTE jobs**. Of that, our 50+ miles **tourism** alone generated **\$3,191,391** in economic impact. We represent 32% of HHI cultural arts sector's economic impact. Data extrapolated from the Town Office of Cultural Affairs "Arts & Economic Prosperity 5" Impact Calculator.

Since opening in 1996, we have realized over 1,644,689 overall attendees with 4,627 performances and programs. FY22 saw us taking another step in returning to "normal" achieving 52,815 overall attendees. Our incomparable 45,000sf facility operating year-around includes a 349-seat main stage theater that is a full-scale professional producing theater and presenting great artists. We provide visual arts and extensive education & outreach. Our facility is home to Art League of HHI gallery, a black box rehearsal hall, an art studio, Heritage Reception Parlor, and Community Room. 403 volunteers/interns play major roles in operations.

The Arts Center is an award-winning organization, including the Governor's Award for the state's Best Arts Organization, many BroadwayWorld state awards, year-over-year Trip Advisor's "Award of Excellence".

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

Our \$420,000 ATAX request (only 8.8% of our budget) will be used to create diverse and multi-disciplined arts programs and marketing plans promoted to tourist and visitors. **Programming, and marketing our programs requires considerable financial** resources. According to categories defined by TERC, the Arts Center is eligible under provisions of the law at \$689,513 for visitor programming and marketing expenses. Eligible costs not included total \$489,263, of which Facility/Overhead expenses are \$158,746, and Program Administrative expenses are \$330,517.

Therefore, if **\$489,263** was added to the Total Estimated Eligible Visitor Expenses of **\$689,513** the actual eligible total would be **1,178,776.** Appendix B.

Highlights for marketing funds use include, **100% designed and managed in-house (cost control measure) innovative marketing strategies,** such as redesigned cost-effective and flexible social media, upgraded OvationTix ticketing system facilitating tourist reservations/communications, to name a few.

Highlights for the upcoming FY23 year-round calendar includes 132 in-house produced Equity Theater Performances, 19 Presenting Artists, and 2 free Community Outreach Festivals, totaling 153 performances to more than 60,150 projected overall attendees. While the facility is not part of this request, an integral part of the visitor experience is attending performances and events at a quality venue. Maintaining all public spaces of the Arts Center's 45,000sf space in FY23 will cost \$460,918.

Other funds committed to FY23 operations are earned income, \$3,053,474, and contributed income, \$1,396,484. Appendix G, Appendix H at Presentation. 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)

The Arts Center experienced significant operating setbacks from COVID-19 across all programs. Fortunately, we weathered the pandemic by identifying/utilizing available resources. We are emerging even stronger, with an already appreciable momentum for an "at capacity" FY23 Season.

The Arts Center's FY23 programming season was meticulously developed and set 18-months out. It's a complex process of coordinating dates, negotiating/securing performance licensing, contracting with productions/performers—load-ins/outs, casting commitments, and budgeting.

Partial funding potentially reverses momentum on the already committed/announced season. Without performances or advertising, fewer audiences mean less visitors, less revenue, and less economic impact.

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

Undeniably, the Arts Center significantly impacts cultural arts tourism as the only year-around arts venue, translating to a vital economic impact for HHI. Using data extrapolated from the **Town Office of Cultural Affairs "Arts & Economic Prosperity 5" Impact Calculator, FY22 generated a projected \$12,587,424 (including \$3,191,391 from tourism) of the estimated \$39M (32%)** revenue from the HHI cultural arts sector.

Our ATAX funding over a 6-year history translates to a \$71,404,846 overall economic impact with a \$16,706,668, 50+ mile tourism economic impact. Investing in the Arts Center also advances HHI as a branded destination. Appendices A, C. 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:**

Total: 100	%
7 - Operation of Visitor Information Centers0Operating visitor information centers.0	%
6 - Waterfront Erosion/Control/Repair 0 Control and repair of waterfront erosion.	%
5 - Tourist Public Transportation0Tourist shuttle transportation.	%
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.	%
3 - Tourism-Related FacilitiesConstruction, 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.	%
2 - Tourism-Related Events64Promotion of the arts and cultural events.	%
1 - Destination Advertising/Promotion36Advertising and promotion of tourism so as to develop and increase tourist attendence through the generation of publicity.36	%

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)

a) Partnerships are the backbone of the Arts Center's sustainability. As a Hilton Head Island mainstay of 26-years, the

Arts Center actively fosters partnerships, in and out of the arts sector, and has built strong collaboratives with many organizations to enhance tourism efforts.

Centrally located and recognized as a cultural/tourism information hub, organizations/businesses utilize our extensive rack card/brochure system benefitting tourists and residents. Partnerships include, Art League of Hilton Head, Coastal Discovery Museum, HH Dance Theatre, Junior Jazz Foundation, Gullah Tourism, Lean Ensemble, Concours d'Elegance, and the Town Office of Cultural Affairs, to name a few. These groups frequently utilize discounted venue rentals, marketing resources, and occasionally free services.

b) For a town with a small full-time population like HHI, it is rare to have a facility the size (45,000sf) and scope (year-round operations) of the Arts Center. It makes an impressive community statement. Reflective of the ability for FY23 to produce 153 performances of mainstage theater, performing acts, and events to more than 60,150 projected overall attendees.

The Arts Center provides a venue usage discounted rate to arts and educational organizations to ensure community-wide usage and to support tourism, and is resident home for the Art League of HHI, paying below FMV rent.

Also, we try to maintain a balance for patron ticket pricing. Because our patrons exhibit price and accessibility sensitivity, we price accordingly for attracting wide-ranging demographics. Tickets are frequently donated for organizations' fundraising (FY22, donated 186 tickets valued at \$11,478). Appendix D at Presentation.

7. Additional comments. (250 words or less)

FY23 projects a \$13,910,525 overall economic impact and a \$3,526,507 tourism economic impact, based on 60,150 overall attendees; second in attendance to the RBC Heritage

Tournament. This ambitious goal is attainable, yet not without mitigating the many identified economic and environmental challenges, and preparing for the unpredictable with the ever-changing health and financial climate. Two primary FY23 challenges are categorized as:

Inflationary and COVID, namely Marketing—paper goods, printing, supply chain disruptions; Theater—in-house ground transport & performer travel increased 20% due to fuel costs, housing options increased exponentially, food, business insurance increased 3%, cost increases to support COVID-19 safety plan—testing kits and special facility cleaning. In contributions, unfortunately, inflationary pressures do impact our donors at all levels.

Total inflationary and COVID impacts to FY22 Marketing/Programs was \$363,000. As in the past, expense control will be at an optimum, however we are still anticipating carrying \$235,000 expenses in FY23 beyond normal.

We are cautiously optimistic about the effects of COVID and inflation on our programming and operations, although we have become highly adept at modifying our plans at a moment's notice. Sound strategies are in place to mitigate above challenges and unknowns, yet it's vital that we can depend upon our long-standing partnership with HHI ATAX to award the 3.7% increase which will lessen some of these critical financial challenges. A sound investment at 26,616 total ATAX projected attendees (50+ Miles & Off Island, 59%) /\$420,000 ATAX request = \$16.78/attendee.

C. FUNDING:

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

The projected FY22 Arts Center's operating actuals include the following sources: Contributed Income totals \$1,798,597 (41% of total income budget): 38%-Individuals; 31%-Government (State/County/Town); 14%-In-kind contributions; 11%-Foundations;

3%-Events; 3%-Businesses.

The remainder, FY22 Earned Income actual is \$2,556,903 (59%), from admissions, online fees, concessions & rentals. FY22 Earned Income actual is up from FY21 by 99% due to outstanding recovery efforts in all areas yet can continue only with key supporters and our local and visiting patrons.

Forging forward, the FY23 Budget is strong—yet conservative. Reliable strategies support **FY23 projections at \$13,910,525 overall economic impact, including \$3,526,507 tourism economic impact.** Appendix G

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

Drivete Centributione

			Private Contributions,
	Government Sources		Donations
12.8		20.3	and Grants
	Corporate Support,		Membership, Dues,
8.3	Sponsors	11.9	Subscriptions
	Ticket Sales, or Sales		0.1
40.3	and Services	6.4	Other

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

Yes X No ____

If so, please list top 3 sources and amounts.

South Carolina Arts Commission- FY22 Arts Emergency Relief Grant	\$125,000.00
South Carolina Arts Commission- FY22 Operating Support Grant	\$37,220.00

South Carolina Arts Commission- FY22 Education - \$25,000.00 Summer Arts Education Projects

D. FINANCIAL INFORMATION:

Fiscal Year Disclosure: Start Month: <u>9/1</u> End Month: <u>8/31</u>

Financial Statement Requirements:

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

Budget Years Provided:

FY22-23

2. The previous two years and current year **profit and loss reports** for the organization.

Profit and Loss Years Provided:

FY19-20 FY21-22 FY20-21

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

Balance Sheet Years Provided:

2019-20 2020-21 2021-2022

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

IRS Form 990 or 990T Years Provided:

FY19-20

FY 20-21 FY18-19

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	\$315,247.00	Tourism Operations Support -(awarded \$406,000 w/\$90,752.39 balance due to COVID-19)
2020	\$325,000.00	Tourism Operations Support (Reduced request due to COVID-19)
2021	\$325,000.00	Tourism Operating Support
2022	\$405,000.00	Tourism Operating Support

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)*

FY22 ATAX funding afforded an outstanding resurgence of tourism through dedicated tourism marketing and program efforts.

The ATAX funds were used to drive and enhance tourism by promoting/presenting an exciting and innovative FY22 Season, with these outcomes: Total **23,307 or 59% overall attendance**, with **10,981(28%) tourists >50miles and 12,326(31%) off Island**. Subsets include, 5 Theater shows 17,655 (59%), 8 Presenting, 2,624 (52%), 2 Events, 3,028 (65%).

152 total performances executed that were embraced as fresh and creative, notable increases over FY21 at 18% (129) and FY20 at 69% (90). Although a robust season, audience reluctance for large gatherings still hampered performance and festival attendance. Appendix A.

An equally strong marketing push accelerated the comeback of tourism patrons. Efforts and subsequent outcomes: Website improvements enabled analytics to improve. FY22: Users: **108,959** (+45.98 %); Page views: 332,406; New Visitors/Returning): 82.3%; E-Blasts subscription. **17,518 deliverable emails for eblasts**. Targeted messages geographically/by interest; Instagram, +32.64%, 1,804 followers; Facebook, 557 increased, new 6,834 followers; Advertising on Facebook, views **432,872, +390%**; **YouTube growth impressive. FY22 632,783 views,** FY21 220,000; **35,000** season brochures, **14,000** rack cards distributed.

FY22 generated \$12,587,424 in economic impact for Hilton Head Island, of which \$3,191,391 was tourism economic impact. Marketing Samples at presentation. 3. What impact did this have on the success of the organization/event and how did it benefit the community? *(200 words or less)*

FY22 produced 5 theater shows, 8 performances, 2 festivals, and other facility activities. Outreach events had record-breaking crowds with 4,569 attendees. The community benefitted greatly in tourism the entire FY22 year, \$12,587,424 in overall economic impact, with \$3,191,391 from tourism, while operating 360 days/year.

39,593 ATAX eligible patrons benefited greatly from a more modern theater season. *Kinky Boots*, now running again on Broadway, a fabulous family holiday show with *Elf: The Musical,* a poignant *Curious Incident* drama illuminating Autism, *In the Heights*, a Latino-inspired musical, and 80's, *Rock of Ages.* The **5** performances achieved 29,906 total ATAX attendees and presenting shows (1-2 nights) achieved 5,028.

As previously stated, we try to maintain a balance for patron ticket pricing. Because our patrons exhibit price and accessibility sensitivity, we price accordingly for attracting wide-ranging demographics. Theater group tickets prices encourage communities on/off Island to attend. Students, Educators, and military also have a reduced ticket price.

Aside from tourism, the Arts Center supported over **178 FTE jobs for** overall economic impact in FY22, and a significant total **1,009** FTE jobs over a 6-year history. This economic impact in turn supports businesses: restaurant/lumber/paint sales/fitness centers/lodging /grocers/medical services/fuel stations—all local.

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

Ideal measurement of effectiveness for the Arts Center is in mission fulfillment. Each year we make strides "to enrich and benefit the community through the arts."

In FY22 we served **52,815** amidst a world-wide pandemic recovery, **contributed 32%** of overall HHI arts sector economic impact, and **impacted economy over the past 6-years generating \$71,404,846 with \$16,706,668 from tourism.**

Effectiveness measured through action: Operating 360 days/year, contributing to year-around HHI tourism (2018 Survey of Public Participation in the Arts, NEA, identified 49.7% "traveled more than 50 miles from home to attend cultural activities and events despite the time of year."); Supporting 178 FTE jobs in FY22 for overall economic impact back to Hilton Head Island; Leading the industry and workforce development-participation in community panels/fellowships/coalitions/dance/ballet company masterclass/internship offerings; Hosting a broad-spectrum of events/activities/meetings/workshops; Enriching the community through create positive change, as seen in progressive programs and services. "We walk the talk"; Imparting expertise & knowledge to organizations through tenured educated staff (most management have specialized bachelor+ degrees/tenures 10+ years (several 20+); "Best Practice" adherence results in an award-winning organization. IP/Gazette Reader's Choice Awards for Best Performance Venue and HH Monthly Readers' Choice Award-Favorite Performing Arts Venue, to name a few.

Signature: Jeffrey S. Reeves

Title/Position: President & CEO

Mailing Address: 14 Shelter Cove Lane, Hilton Head Island, SC 29928

Email Address: JReeves@artshhi.com

Office Phone Number: 843-686-3945 Home Phone Number: 843-298-0144

Arts Center of Coastal Carolina Executive Summary/Effectiveness Indicators

The Arts Center's Effectiveness Indicators, as applied to our **FY22/FY23** tourists and as visitors and our ATAX funding, indicate year-round TERC eligible tourist activities in two main areas: **1) Destination Marketing** and **2) Programming Cultural Arts.** In support of our request for \$420,000 for ATAX funding, please consider the following:

- FY22 total overall ATAX attendance (excluding education services) increased to 39,593 (108%) over FY21's 19,065 in Theater, Presenting, Visual Arts, and Outreach Festivals. Appendix A.
- FY22 152 Total Theater/Presenting Performances, Outreach Events, etc. increased by 18% over FY21's 129.
- Tourists: In FY22, patrons from beyond the 50-mile radius totaled 10,981, or 28% of our ATAX patrons; an increase of 91% over FY21's 5,754. Appendix A.
- Visitors: In FY22, our mainland visitors totaled 12,326, or 31% of our patrons. This was a 99% increase over FY21's 6,187. Appendix A.
- FY22 ATAX TERC eligible tourism promotional advertising expenses were \$249,866. Appendix B.
- FY22 ATAX TERC eligible tourism program expenses were \$439,647 in Theater, Presenting and Outreach Appendix B.
- FY22 Arts Center's overall economic impact was \$12,587,424; up 41% over FY21's \$8,925,354. Appendix C.
- FY22 Arts Center's tourism economic impact was \$3,191,391; up 39% over FY21's \$2,295,324. Appendix C.
- FY22 Arts Center's overall economic impact of \$12,587,424 represented 32% of HHI cultural arts sector's economic impact. Appendix C

ATAX support of the Arts Center is greatly beneficial to all. The positive ROI for the Arts Center's FY22 \$405,000 grant at 8 to 1 (FY21 was 7 to 1) is comparable to our impressive \$3,191,391 economic impact, per the American for the Arts HHI Formula. The Arts Center works every ATAX dollar year-around to achieve the visitorship that creates this desirable ROI. Our rare facility, the size (45,000sf) and scope (year-round operations) for a town with a small full-time population like HHI, allows us to recruit and retain our hard-sought educated and tenured staff which are key to producing quality visitor attractions which culminate in high visitorship and economic impact.

The requested FY21-22 ATAX funds will directly support:

Tourism destination marketing efforts: FY22 TERC eligible marketing expenses are \$249,866, which includes printing and distribution of season brochures at SCPRT Welcome Centers; distribution of rack cards in tourist locations; discount and special offer coupons to regional hospitality professionals; online marketing; e-blasts; advertisements in tourism-based publications; event listings on local, state, and nationwide websites; regional radio, newspaper and magazine. Appendix B.
 Programming of performing arts and cultural events: FY22 TERC eligible Programing expenses are \$439,647. As a cultural destination, tourists are especially attracted to our Theater and Presenting series, as well as our 26th Annual November Holiday Kick-Off and our February Taste of Gullah free community festivals. The Arts Center's FY22 programmed 152 events — basically one arts event every other day! Appendix B.

Other TERC eligible expenses not included in our ATAX request: Our FY22 tourism-related eligible facility overhead, maintenance costs, and program administrative costs are prorated at **\$489,263**. Under TERC law, these expenses are ATAX reimbursement eligible. However, we are not requesting ATAX funds support based on these expenses. Appendix B.

Therefore, the Arts Center respectively requests **\$420,000** in new ATAX funds (only 8.8% of total operating budget and a nominal 3.7% increase for ongoing inflationary pressures) for the development and implementation of FY23 destination marketing, as well as the programming of tourism-related events to enhance and drive visitorship.

Arts Center of Coastal Carolina Effectiveness Indicators FY23					
Topic Plan Results					
FY23	Fall 2022	Produce: Little Shop of Horrors (Musical Comedy) – 25 performances			
Programming	November 2022	Booked: Spamilton (American Parody) – 3 performances			
Visitor Targeted	Holiday 2022	Produce: A Christmas Story (Holiday Musical Comedy) – 24 Performances			
All Year Round	February Snowbirds 2023	Produce: Guess Who's Coming to Dinner (Drama) –18 Performances			
	March Visitors 2023	Booked: Emmet Cahill – Irish Singer – 3 Performances			
	March Visitors 2023	Booked: Linda Ronstadt Experience w/Tristan McIntosh – 2 Performances			
	March Visitors 2023	Booked: Dimensions Dance Theatre of Miami – 1 Performance + 1 Field Trips			
	April HCF Tourn. Visitors 2023	Booked: Twitty & Lynn: A Salute to Conway & Loretta – 1 Performance			

	April/May Visitors 2023	Produce: Sondheim's Company (Musical) – 25 Performances
	Summer Visitors 2023	Produce: Jersey Boys (Musical) – 40 Performances
	July Visitors 2023	TBD: (Comedy) – 2 Performances
	Labor Day Weekend 2023	Booked: The Police Experience – 2 Performances
New	, Theater, Facility, Pandemic,	Highlights for the upcoming FY23 year-round theater include 132 in-house
Opportunities and Challenges	and Inflation	produced Equity Theater Performances. An exciting twist to the season is the addition of Broadway's <i>Jersey Boys</i> which finally became available to the Arts Center along with three other USA regional theaters. Maintaining all the Arts Center's 45,000sf space in FY23 will cost \$460,918. Inflationary concerns and the lingering pandemic are still a challenge. As in the past, expense control will be at an optimum, however we are still anticipating carrying \$235,000 additional expenses in FY23 beyond normal.
Presenting Artists	Increase Summer Events and Performances	We verified the FY23 Presenting Artists, other than one TBD comedian. We have an option to add performances for Spamilton, The Linda Ronstadt Experience, and The Police Experience, based on the ticket demand. The rock bands do exceptionally well. Comedians also do well. Leanne Morgan & Paul Reiser both had "at Capacity" performances in FY22.
Summer Youth/Youth Arts	Increase Visitor Family Activities	FY22 summer visual & performing arts camps had 187 campers in June-August & county-wide with teacher professional development . Of this group, approximately 36% were visitors.
Gullah Tourism	Always Important for 26+ years	We have promoted the Gullah culture for 26+ years holding seminars, co- founding De Aarts Ob We People exhibit, and producing the always visitor popular Taste of Gullah Festival . We participated in a Cross-Sector Mural Project partnering with NIBCAA . Thousands viewed the traveling mural. We also established and maintain a new Gullah Virtual Library on our website .
Tourism Visitor	Increase attendance	Our spaces support hundreds of community arts performances, programs,
Attendance		meetings, and activities. Theater experienced strong occupancy rates for the first two productions: <i>Kinky Boots</i> and <i>Elf: The Musical</i> . The CDC eased protocols as the year progressed. FY22 had 52,815 patrons overall, 57% more than FY21's 33,745. Of the 39,593 ATAX eligible attendees, 12,326 (31%) were from mainland Beaufort County, and 10,981 (28%) visitors from beyond 50 miles for <u>a total of 59% visitors/tourists</u> . Existing virtual offerings created in the two prior years still received over 461,000 universal interactions In FY22 while globally promoting the Arts Center and HHI.
Visitor Appreciation	Increase visitor recognition	Continued and consistent recognition as an award-winning professional organization. IP/Gazette Reader's Choice Awards for Best Performance Venue and HH Monthly Readers' Choice Award-Favorite Performing Arts Venue, BroadwayWorld state awards, Trip Advisor's "Award of Excellence" (consistent rating of 5-stars), local "Best of" awards, and Broadway Magazine Southeast Awards. Hot off the press- '22 Best of Bluffton- Live Theater!
Marketing		Website improvements have enabled analytics to improve. FY22 Unique hits
Website Hits	Increase usage	172,980; Number of regular Users: 108,959 (+45.98 %); Page views: 332,406; Percent of New Visitors (v. Returning): 82.3%.
Social Media	Increase fans	Instagram, +32.64%, 1,804 total followers, increasing younger audiences; Facebook, 557 increased followers, new total 6,834 followers. 17,518 deliverable emails of promotional e-blasts targeted by interests/location.
Online Ticketing	Increase sales	FY22's 19,480 online tickets are a 46% increase over FY21's 6,140 tickets. Tourism tickets (50+ Miles) in FY22, 11,350 over FY21 5,823, a 49% increase. Most of these revenues are active in the community <u>in advance</u> of the visitors' arrival.



ARTS CENTER AUTHORIZATION OF THE BOARD OF TRUSTEES

At a meeting of the Arts Center of Coastal Carolina Board of Trustees on August 23, 2022, the following resolution was adopted:

RESOLVED, that the Arts Center of Coastal Carolina apply to The Town of Hilton Head Island, Accommodations Tax Advisory Committee, per TERC Authorized ATAX State Law Section 6-4-10(4)(b) for "1. advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity; 2. promotion of the arts and cultural events" for the fiscal year beginning September 1, 2022 through August 31, 2023.

2 V. Mer.

William V. McHugh, Chairman

PRODUCING THEATER SERIES PRESENTING GREAT PERFORMANCES VISUAL ART EXHIBITIONS EDUCATION PROGRAMS COMMUNITY OUTREACH EVENTS

14 SHELTER COVE LANE & HILTON HEAD ISLAND, SC 29928 & MAIN 843-686-3945 & BOX OFFICE 843-842-ARTS (2787) & WWW.ARTSHHI.COM

ARTS CENTER THEATER, PRESENTING, VISUAL ARTS, AND OUTREACH TOURISM AND VISITORSHIP

2021-2022			> 50 N	1iles	Off Island		On Island	
		Total Paid						
THEATER	Season	Attending	%	Total	%	Total	%	Total
Kinky Boots*	Fall	6,971	28%	1,952	34%	2,338	38%	2,681
Elf, The Musical*	Holiday	6,536	25%	1,618	27%	1,775	48%	3,143
A Curious Incident of the Dog in the Night*	Winter	3,395	29%	989	31%	1,050	40%	1,356
In the Heights*	Spring	5,437	28%	1,525	32%	1,720	40%	2,192
Rock of Ages*	Summer	7,567	29%	2,230	32%	2,458	38%	2,879
TOTAL		29,906	28%	8,314	31%	9,341	41%	12,251

PRESENTING

GRAND TOTAL		39,593	28%	10,981	31%	12,326	41%	16,286
TOTAL OUTREACH (FREE)*	Winter	4,659	32%	1,491	33%	1,537	35%	1,631
TOTAL VISUAL ARTS (FREE)	Winter	0			ALL VIR	TUAL		
		5,028	23%	1,170		,	48%	2,404
Purple Xperience: Prince Tribute TOTAL	Summer	700 5,028	15% 23%	108 1,176	29% 29%	201 1,448	56% 48%	391 2,404
Paul Reiser: Comedy	Summer	700	12%	86	32%	222	56%	392
Leanne Morgan: Comedy	Spring	698	27%	186	30%	207	44%	305
Rock Was Young: Elton John Tribute	Spring	1,027	27%	276	25%	260	48%	491
Charlotte Ballet	Spring	339	21%	70	33%	112	46%	157
Ranky Tanky	Spring	340	47%	159	22%	76	31%	105
Candice Glover Sings Aretha Franklin*	Fall	641	16%	104	33%	211	51%	326
Clicquot*	Fall	583	32%	187	27%	159	41%	237
TRESERVING								

*COVID Omicron, Delta, and BA.5 Surges: Audience reluctance for large gatherings hampered performance and festival attendance.

2020-2021			> 50 Miles		Off Island		On Island	
		Total Paid						
THEATER	Season	Attending	%	Total	%	Total	%	Total
Kinky Boots	Fall	POSTPONED	AC.	TORS' EQUI	TY ASSOCIATI	ON COVID	RESTRICTIONS	S
Elf, The Musical	Holiday	POSTPONED	AC.	tors' equi	TY ASSOCIATI	ON COVID	RESTRICTIONS	S
Noises Off*	Winter	1,586	34%	542	27%	426	39%	618
Rock of Ages	Spring	POSTPONED	AC.	tors' equi	TY ASSOCIATI	ON COVID	RESTRICTIONS	S
Red*	Spring	315	22%	68	25%	78	54%	169
Johnny Mercer: The Man and Music*	Spring	1,091	25%	272	36%	392	39%	427
Mamma Mia!†	Summer	9,785	36%	3,474	32%	3,175	32%	3,136
TOTAL		12,777	34%	4,356	32%	4,071	34%	4,350

PRESENTING

Terminus Dance* Black Jacket Symphony: Eleetwood Mac†	Spring Spring	142 481	18%	26 38	34%	48 175	48%	68 268
Black Jacket Symphony: Fleetwood Mac ⁺	Spring	481	8%	38	36%	175	56%	268
The Voices of El Shaddai†	Summer	179	13%	23	37%	67	50%	89
The Flying Karamazov Brothers ⁺	Summer	405	23%	93	33%	134	44%	178
Bruce in the U.S.A.: Springsteen Tribute ⁺	Summer	722	22%	159	39%	285	39%	278
TOTAL	-	3,994	18%	710	34%	1,359	48%	1,925
TOTAL VISUAL ARTS (FREE)	Winter	0			ALL VIRT	UAL		
TOTAL OUTREACH (FREE)‡	Winter	2,294	30%	688	33%	757	37%	849
GRAND TOTAL		19,065	30%	5,754	32%	6,187	37%	7,124

*State of SC limited house capacity at 50% †Limited house capacity at 60-75%

‡State of SC limited large, outdoor gatherings to 250

ARTS CENTER THEATER, PRESENTING, VISUAL ARTS, AND OUTREACH TOURISM AND VISITORSHIP

2019-2020		Г	> 50 Miles Off Island		On Island			
THEATER	Season	Total Paid Attending	%	Total	%	Total	%	Total
Murder on the Orient Express	Fall	6,093	26%	1,580	32%	1,953	42%	2,560
Kiss Me, Kate	Holiday	6,576	20%	1,286	36%	2,357	45%	2,933
Neil Simon's Rumors	Winter	7,170	27%	1,929	32%	2,296	41%	2,945
Kinky Boots	Spring	POSTPONED	GOVERNOR EXECUTIVE ORDER COVID-19 CLOSURE					
Footloose	Summer	CANCELLED	GOVERNOR EXECUTIVE ORDER COVID-19 CLOSURE					
TOTAL		19,839	24%	4,795	33%	6,606	43%	8,438

PRESENTING

The Capital Steps	Fall	1,390	14%	193	32%	445	54%	752
Jeanne Robertson	Fall	343	32%	109	41%	142	27%	92
The Amazing Kreskin	Winter	332	46%	153	20%	68	33%	111
Celtis Thunder's Emmet Cahill	Winter	742	46%	338	22%	161	33%	243
Charlotte Ballet	Spring	CANCELLED	GO	VERNOR E	XECUTIVE OR	DER COVID-	-19 CLOSURE	
Caroline Rhea	Spring	CANCELLED	GO	VERNOR E	XECUTIVE OR	DER COVID-	-19 CLOSURE	
Black Jacket Symphony: Tom Petty	Summer	CANCELLED	GO	VERNOR E	XECUTIVE OR	DER COVID-	-19 CLOSURE	
Elton John Tribute	Summer	CANCELLED	GO	VERNOR E	XECUTIVE OR	DER COVID-	-19 CLOSURE	
Purple Experience: Prince	Summer	CANCELLED	GO	VERNOR E	XECUTIVE OR	DER COVID-	-19 CLOSURE	
TOTAL		2,807	28%	793	29%	816	43%	1,198
TOTAL VISUAL ARTS (FREE)	Winter	180	22%	40	31%	56	47%	84
TOTAL OUTREACH (FREE)	Winter	7,328	31%	2,308	30%	2,198	39%	2,822
GRAND TOTAL		30,154	26%	7,936	32%	9,676	42%	12,542

2018-2019		> 50 Miles		liles	Off Island		On Island	
		Total Paid						
THEATER	Season	Attending	%	Total	%	Total	%	Total
Amadeus	Fall	5,135	19%	969	38%	1,926	44%	2,240
An American in Paris	Holiday	7,761	19%	1,488	34%	2,620	47%	3,653
Blithe Spirit	Winter	5,683	29%	1,621	32%	1,799	40%	2,263
A Chorus Line	Spring	9,593	24%	2,290	34%	3,304	42%	3,999
Legally Blonde	Summer	9,299	30%	2,786	29%	2,667	41%	3,846
TOTAL		37,471	24%	9,154	33%	12,316	43%	16,001

PRESENTING

Mother's Finest	Fall	282	18%	51	33%	93	49%	138
Stanley Jordan	Fall	231	11%	25	13%	30	76%	176
Ballet Memphis	Winter	333	24%	80	18%	61	58%	192
Rita Rudner	Winter	698	30%	211	26%	179	44%	308
Celtic Nights	Spring	1,022	42%	427	23%	235	35%	360
Get the Led Out	Spring	990	28%	282	32%	314	40%	394
Henry Cho	Summer	602	11%	66	29%	173	60%	363
Rebel, Rebel - David Bowie	Summer	540	20%	107	23%	125	57%	308
Kenny Cetera's Chicago Experience	Summer	1,265	13%	166	40%	509	47%	590
TOTAL		5,963	24%	1,415	29%	1,719	47%	2,829
TOTAL VISUAL ARTS (FREE)	Winter	390	15%	58	25%	98	60%	234
TOTAL OUTREACH (FREE)	Winter	6,598	35%	2,308	30%	1,979	35%	2,311
GRAND TOTAL		50,422	26%	12,935	32%	16,112	42%	21,375

ARTS CENTER THEATER, PRESENTING, VISUAL ARTS, AND OUTREACH TOURISM AND VISITORSHIP

2017-2018			> 50 Miles		Off Island		On Island	
		Total Paid						
THEATER	Season	Attending	%	Total	%	Total	%	Total
The Color Purple	Fall	4,794	21%	1,022	35%	1,654	44%	2,118
Newsies	Holiday	7,622	19%	1,443	34%	2,558	48%	3,621
Dial M for Murder	Winter	6,092	26%	1,561	31%	1,918	43%	2,613
Evita	Spring	7,340	19%	1,386	38%	2,759	44%	3,195
Saturday Night Fever	Summer	9,603	22%	2,150	36%	3,421	42%	4,032
TOTAL		35,451	21%	7,562	35%	12,310	44%	15,579

PRESENTING

TOTAL VISUAL ARTS (FREE)	Winter	480 6,451	12% 36%	58 2,308	25%	120 1,935	63%	302
TOTAL		6,892	21%	1,452	29%	1,980	50%	3,460
CSN Songs	Summer	1,040	13%	133	36%	379	51%	528
Louie Anderson	Summer	541	12%	66	28%	154	59%	321
Cirque-tacular	Spring	597	31%	184	24%	141	46%	272
Black Jacket Symphony - Queen	Spring	1,031	31%	317	22%	223	48%	491
Celtic Tenors	Spring	1,048	37%	388	21%	216	42%	444
Pilobolus Dance	Winter	663	20%	131	29%	192	51%	340
Ailey II	Fall	612	16%	96	31%	190	53%	326
John Pizzarelli Quartet	Fall	311	18%	57	27%	84	55%	170
Hotel California	Fall	1,049	8%	80	38%	401	54%	568

2016-2017		Ì	> 50 N	liles	Off Isl	and	On Isla	and
		Total Paid						
THEATER	Season	Attending	%	Total	%	Total	%	Total
Pride and Prejudice	Fall	3,320	10%	332	43%	1,427	47%	1,561
White Christmas	Holiday	7,747	15%	1,178	36%	2,816	48%	3,753
Leading Ladies	Winter	5,833	29%	1,671	30%	1,756	41%	2,406
Sister Act	Spring	6,296	23%	1,472	33%	2,055	44%	2,769
Mamma Mia!	Summer	13,721	25%	3,380	32%	4,381	43%	5,960
TOTAL		36,917	22%	8,033	34%	12,435	45%	16,449

PRESENTING

Dance Theatre of Harlem	Fall	497	15%	73	31%	153	55%	271
Ellis Marsalis Quintet	Winter	342	23%	79	15%	53	61%	210
Laura Osnes	Winter	310	28%	88	26%	81	45%	141
Broadway Tenors	Winter	697	30%	211	28%	198	41%	288
Black Jacket Symphony "Pink Floyd"	Spring	696	18%	124	31%	215	51%	357
Caroline Rhea	Spring	341	34%	117	15%	51	51%	173
ACT Casey at the Bat	Summer	72	21%	15	13%	9	67%	48
Second City Comedy	Summer	1,028	18%	190	29%	296	53%	542
TOTAL		3,983	23%	897	27%	1,056	51%	2,030
TOTAL VISUAL ARTS (FREE)	Winter	320	6%	18	15%	48	79%	254
TOTAL OUTREACH (FREE)	Winter	6,258	35%	2,215	15%	939	50%	3,104
GRAND TOTAL		47,478	24%	11,163	30%	14,478	46%	21,837

ARTS CENTER OF COASTAL CAROLINA TOURISM IMPACT: FY2021-2022 ELIGIBLE TOURISM FUNDS PER PROGRAM AND MARKETING BUDGET

The following outline details the major program areas and the portion of their visitor-related expenses that have generated the greatest impact on tourism during FY2021-2022. The Arts Center re-engaged with its patron base, seeing a continued seasonal upward trajectory in attendance beginning with the Mamma Mia Performance in Summer 2021. As the season progressed, it was still spotty due to individual show cancellations because of COVID infections and community sub-variant arrivals. This produced another years' climate of somewhat patron reluctance for attending events with larger groups. The Program Budgets below reflect a more favorable season for performances and events, especially presenting, which actually produced above benchmark attendance and sell-out crowds. The last show of the season for summer 2022, however, was hit hardest with lower-than-normal attendance because of visitor "sticker shock" in the hospitality sector, as well as the surge of the BA.5 variant. This budget covers expenses for the fiscal year period of 9/1/21-8/31/22.

PROGRAM BUDGET F	Y 2021-22		
PROGRAM	FY 2020-21	Tourism %	Eligible \$
Theater Series - 128 performances	\$1,424,413	28%	\$ 398,836
Presenting Series -15 performances	\$ 167,748	23%	\$ 38,582
Outreach Festivals - 2 festivals	\$6,965	32%	\$2,229
Total Estimated Tourism Program Expense	\$1,599,126		\$439,647
MARKETING BUDGET F	FY 2021-22		
	FY 2020-21	ML %	Mainland
BROADCAST - Radio & TV			
DBC Radio			
Y107, New Country BOB 106.9, Big 98.3, 103.1 The Drive,			
93.5 Island, Rock 106.1; 3 radio stations in Myrtle Beach area	27,100	65%	17,615
Lowcountry Radio (HH, Bluffton, Beaufort, Parris Island, Sun City)			
The Surf 104.9, SC 103, 97.3, 99.1, 106.5	27,500	65%	17,875
<u> </u>	10,000	65%	6,500
BROADCAST - Radio & TV: TOTAL	\$ 64,600		\$ 41,990
PRINT MEDIA ADVERTISING			
The Island Packet/ Beaufort Gazette	65,700	60%	39,420
HH Monthly	26,000	50%	13,000
Celebrate Bluffton/HH	25,000	60%	15,000
Chamber of Commerce Vacation Guide	3,732	100%	3,732
Bluffton Sun & HH Sun	10,250	50%	5,125
Bluffton Breeze	2,500	75%	1,875
Island Events	26,000	80%	20,800
Taste of Hilton Head	3,500	90%	3,150
Pink Magazine	15,000	50%	7,500
Bluffton Breeze	2,500	25%	625
Big Fat Coupon Book	475	60%	285
The Menu Guide	1,600	80%	1,280
Beaufort County Seniors Directory	3,400	25%	850
Regional :			-
Savannah Scene Magazine	1,250	100%	1,250

Printing & Mailing Season Materials			
COLLATERAL ARTS CENTER MARKETING MATERIAL/PROM			
DIGITAL MEDIA MARKETING TOTAL	\$ 58,810		\$ 37,397
Social Media Advertising	19,260	45%	8,667
Connect Savannah	1,700	90%	1,530
Chamber Digital: Website, "See & Do" and premium placement etc.	11,700	75%	8,775
Better Homes & Garden, The State & The Charlotte Observer			
Includes national website ads for Garden & Gun, Southern Living,			
Island Packet Digital	8,400	75%	6,300
Airport LED Screen	1,500	60%	900
Email Advertising	2,750	40%	1,100
Website/Hosting, Domain, Social Media Coord., Access Services	13,500	75%	10,125
DIGITAL			
PRINT MEDIĂ TOTAL:	\$ 194,367		\$118,921
Sun Saver Digest - Lowcountry & Savannah	1,600	24%	384
Savannah Morning News	4,860	75%	3,645
The State, Marine Corp Times, Glenville Sentinel and			-
Footlight Players - Program Insert - Charleston Charleston Post & Courier, Charleston City Paper,			-

1. Eligible Facility and Overhead expenses totaling \$158,746

- a. Theater: 28% of \$487,289 totaling \$136,441 eligible
- b. Presenting: 23% of \$61,769 totaling \$14,207 eligible
- c. Visual Arts: 0% of \$13,726 totaling \$0 eligible
- d. Outreach Festivals: 32% of \$13,726 totaling \$4,392 eligible
- e. Rentals: 9% of \$41,179 totaling \$3,706 eligible

2. Eligible Program administrative expenses totaling \$330,517

- a. Theater: 28% of \$874,994 totaling \$244,998 eligible
- b. Presenting: 23% of \$264,149 totaling \$60,754 eligible
- c. Visual Arts: 0% of \$16,509 totaling \$0 eligible
- d. Outreach Festivals: 32% of \$49,528 totaling \$15,849 eligible
- e. Rentals: 9% of \$99,056 totaling \$8,915 eligible

3. The eligible but not included:

Facility and Overhead expenses of **\$158,746**

Program Administrative expenses of \$330,517

Totaling \$489,263

SUMMARY - ECONOMIC IMPACT FROM 50+ MILES RADIUS TOURISM 6-YEAR HISTORY

ARTS CENTER OF COASTAL CAROLINA

Town of Hilton Head Office of Cultural Affairs

Americans for the Arts - Arts & Economic Prosperity 5 Calculator in Hilton Head Island

https://culturehhi.org/economic-impact-calculator/

(NOTE: This information is extrapolated per the Hilton Head Island calculator based on Arts Center

50+ miles tourism using each year's Theater, Presenting, Visual Arts and Outreach participants.)

	TOTAL EXPENDITURES	FTE JOBS	HOUSEHOLD INCOME	LOCAL GOV'T REVENUE	STATE GOV'T REVENUE
ORGANIZATION	\$1,259,857	32.8	\$853,578	\$28,095	\$89,147
AUDIENCES	\$580,685	12.7	\$288,780	\$22,600	\$68,649
TOTALS	\$1,840,542	45.5	\$1,142,359	\$50,695	\$157,796

	TOTAL EXPENDITURES	FTE JOBS	HOUSEHOLD INCOME	LOCAL GOV'T REVENUE	STATE GOV'T REVENUE
ORGANIZATION	\$1,012,049	26.3	\$685,684	\$22,569	\$71,613
AUDIENCES	\$304,277	6.7	\$151,320	\$11,842	\$35,972
TOTALS	\$1,316,326	33.0	\$837,003	\$34,411	\$107,584

	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$913,747	23.8	\$619,082	\$20,377	\$64,657
AUDIENCES	\$419,663	9.2	\$208,702	\$16,333	\$49,613
TOTALS	\$1,333,409	32.9	\$827,784	\$36,710	\$114,269
GRAND TOTAL	\$2,312,173				

	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$1,222,488	31.8	\$828,260	\$27,261	\$86,503
AUDIENCES	\$684,014	15.0	\$340,167	\$26,622	\$80,864
TOTALS	\$1,906,502	46.8	\$1,168,427	\$53,883	\$167,367

	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$1,033,069	26.9	\$699,925	\$23,037	\$73,100
AUDIENCES	\$601,784	13.2	\$299,273	\$23,421	\$71,143
TOTALS	\$1,634,853	40.0	\$999,198	\$46,459	\$144,243
GRAND TOTAL	\$2,824,754				

FY 2016-2017					
TOTAL 50+ MILES RADI	US TOURISM ECONOMIC	IMPACT SUM	<u>//ARY</u>		
	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$1,022,382	26.6	\$692,685	\$22,799	\$72,344
AUDIENCES	\$590,309	12.9	\$293,567	\$22,975	\$69,786
TOTALS	\$1,612,692	39.5	\$986,251	\$45,774	\$142,130
GRAND TOTAL	\$2,786,847				

6 FISCAL YEARS TOTAL					
TOTAL 50+ MILES RADI	JS TOURISM ECONOMIC	IMPACT SUM	<u>/IARY</u>		
	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$6,463,592	168.1	\$4,379,213	\$144,138	\$457,364
AUDIENCES	\$3,180,731	69.7	\$1,581,810	\$123,794	\$376,026
TOTALS	\$9,644,324	237.7	\$5,961,023	\$267,932	\$833,390
GRAND TOTAL	\$16,706,668				

SUMMARY - ARTS CENTER ORGANIZATION OVERALL ECONOMIC IMPACT 6-YEAR HISTORY

ARTS CENTER OF COASTAL CAROLINA

Town of Hilton Head Office of Cultural Affairs

Americans for the Arts - Arts & Economic Prosperity 5 Calculator in Hilton Head Island

https://culturehhi.org/economic-impact-calculator/

(NOTE: This information is extrapolated per the Hilton Head Island calculator based on Arts Center total attendance and participants in all performances and programs.)

TOTAL OVERALL LCONO	MIC IMPACT SUMMARY TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$4,499,489	117.0	\$3,048,494	\$100,339	\$318,384
AUDIENCES	\$2,792,903	61.2	\$1,388,939	\$108,700	\$330,177
TOTALS	\$7,292,392	178.2	\$4,437,432	\$209,038	\$648,561
	440 505 404				
GRAND TOTAL	\$12,587,424				
FY 2020-2021	MIC IMPACT SUMMARY				
TOTAL OVERALL ECONO	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$3,373,497	87.7	\$2,285,612	\$75,229	\$238,709
AUDIENCES	\$1,784,465	39.1	\$887,432	\$69,451	\$210,959
TOTALS	\$5,157,962	126.8	\$3,173,044	\$144,680	\$449,668
GRAND TOTAL	\$8,925,354				
	<i>40,020,00</i>				
FY 2019-2020					
IUIAL OVERALL ECONO	MIC IMPACT SUMMARY				CTATE COM
	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
ODCANUZATION	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$3,514,411	91.4	\$2,381,084	\$78,371	\$248,680
AUDIENCES	\$2,169,914	47.5	\$1,079,120	\$84,453	\$256,527
TOTALS	\$5,684,325	138.9	\$3,460,203	\$162,824	\$505,207
GRAND TOTAL	\$9,812,559				
FY 2018-2019					
	MIC IMPACT SUMMARY				
	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$4,701,876	122.2	\$3,185,615	\$104,852	\$332,705
AUDIENCES	\$3,319,015	72.7	\$1,650,579	\$129,176	\$392,374
TOTALS	\$8,020,891	194.9	\$4,836,194	\$234,028	\$725,079
GRAND TOTAL	\$13,816,192				
FY 2017-2018					
	MIC IMPACT SUMMARY				
TO THE OVERALE LEGING	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	IOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$4,491,605	116.8	\$3,043,152	\$100,163	\$317,826
AUDIENCES	\$3,225,733	70.6	\$1,604,189	\$125,546	\$381,346
TOTALS	\$3,225,733 \$7,717,338	70.6 187.4	\$1,604,189 \$4,647,342	\$125,546 \$225,708	\$381,340 \$699,172
TOTALS	\$7,717,558	107.4	34,047,34Z	\$225,708	\$055,172
GRAND TOTAL	\$13,289,560				
FY 2016-2017					
TOTAL OVERALL ECONO	MIC IMPACT SUMMARY				
	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$4,259,927	110.8	\$2,886,186	\$94,996	\$301,432
AUDIENCES	\$3,282,792	71.9	\$1,632,565	\$127,766	\$388,092
TOTALS	\$7,542,719	182.7	\$4,518,751	\$222,763	\$689,524
GRAND TOTAL	\$12,973,756				
6 FISCAL YEARS TOTAL	MIC IMPACT SUMMARY				
	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
		1003			
ORCANIZATION		CAE O	C1C 020 142		
	\$24,840,805	645.9	\$16,830,142	\$553,950	
AUDIENCES	\$24,840,805 \$16,574,821	363.0	\$8,242,824	\$645,092	\$1,959,475
ORGANIZATION AUDIENCES TOTALS	\$24,840,805				\$1,757,735 \$1,959,475 \$3,717,211

	2	022/2023
	PF	ROPOSED
Earned Income:		
Subscriptions	\$	479,096
Admissions		1,642,856
Group Sales		47,640
Field Trips		11,025
Tuition & Fees		30,715
Food & Beverage Concessions		82,050
Merchandise		28,765
Event Commissions		0
On-Center Patronage		26,000
Venue Rental		54,965
Equipment Rental		5,275
Reimbursed Services		30,518
Rental Subsidies		(2,002)
Ticketing Fee		253,287
Online Ticket Fees		98,668
Other		12,730
Investment Income		251,886
Total Earned Income		3,053,474
Contributed Income: Individual		
Annual Giving		608,450
Designated Underwriting		16,500
Sub-total Individual		624,950
Business		
Business Partner		93,900
Sub-total Corporate/Business		93,900
In Kind		
Gifts in Kind		77,306
Media in Kind		169,500
Sub-total In Kind		246,806
		,
Foundations		160,375
Government		514,550
Special Events		109,000
Special Major Gifts		66,903
Total Contributed Income		1,816,484
Total Income	\$	4,869,958
EXPENSES		
Program & Marketing Espenses:		
Theater - Total		1,796,921
Program Expenses		1,579,507
Marketing Expenses		217,414
Presenting - Total		212,388
Program Expenses		150,550
Marketing Expenses		61,838
Visual Arts - Total		•

	2022/2023
	PROPOSED
Program Expenses	-
Marketing Expenses	-
Education - Total	101,417
Program Expenses	90,472
Marketing Expenses	10,945
Outreach - Total	16,394
Program Expenses	2,955
Marketing Expenses	13,439
Rentals - Total	3,268
Program Expenses	
Marketing Expenses	3,268
Development - Total	144,300
Program Expenses	16,835
Marketing Expenses	127,465
Administration	4,113
Program Expenses	-
Marketing Expenses	4,113
Total Program Expenses	2,278,801
Fixed Expenses:	
Salaries	1,596,345
Taxes	126,407
Benefits	150,262
Overhead Expense	637,140
Total Fixed Expenses	2,510,154
Total Expenses	\$ 4,788,955
Net Operating Earnings Before Interest	\$ 81,003
Interest	95,314
Net Earnings After Interest	\$ (14,311)

ARTS CENTER OF COASTAL CAROLINA BALANCE SHEET

	2021/2022
	PROJECTED
ASSETS CURRENT ASSETS	
Cash and Cash Equivalents	\$1,912,949
Accounts Receivable	348,926
Inventory	5,103
Prepaid Expenses	53,233
Total Current Assets	\$2,320,211
FIXED ASSETS	
Land	\$900,000
Buildings	8,923,498
Accumulated Depreciation - Buildings	(6,063,473
Furniture & Fixtures	116,669
Production Equipment	1,570,659
Office Equipment	536,322
Vehicles	70,841
Facility Improvements	595,652
Machinery & Equipment	64,490
Accumulated Depreciation - All Other	(2,272,792
Total Fixed Assets	\$4,441,866
Appreciable Gifts Total Other Assets	203,700 \$203,700
Total Assets	\$6,965,777
LIABILITIES / CAPITAL	
LIABILITIES	
Accounts Payable	\$165,825
Taxes Payable	1,406
Deferred Revenue	884,600
Notes Payable (Line of Credit)	004,000
Notes Payable (Permanent Capital)	741,056
Notes Payable (LMA Operating)	1,214,347
Notes Payable (US SBA EIDL Loan)	500,000
Total Liabilities	\$3,507,235
CAPITAL	
Fund Balance	\$3,458,542
Total Capital	\$3,458,542
Total Liabilities and Capital	\$6,965,777
ENDOWMENT	
Total Endowment Cash and Investments	\$2,896,673
Total Endowment	\$2,896,673

ARTS CENTER OF COASTAL CAROLINA BALANCE SHEET

	2020/2021 PROJECTED
	PROJECTED
ASSETS CURRENT ASSETS	
Cash and Cash Equivalents	\$1,250,808
Accounts Receivable	460,454
Inventory	7,927
Prepaid Expenses	132,892
Total Current Assets	\$1,852,081
FIXED ASSETS	
Land	\$900,000
Buildings	8,923,498
Accumulated Depreciation - Buildings	(5,834,666)
Furniture & Fixtures	116,669
Production Equipment	1,570,659
Office Equipment	488,921
Vehicles	70,841
Facility Improvements	490,046
Machinery & Equipment	62,994
Accumulated Depreciation - All Other	(2,084,355)
Total Fixed Assets	\$4,704,609
OTHER ASSETS	405 500
Appreciable Gifts	135,530
Total Other Assets	\$135,530
T- (-1 A (-	\$0.000.000
Total Assets	\$6,692,220
LIABILITIES / CAPITAL	
Accounts Payable	¢161.012
ž	\$161,213
Taxes Payable Deferred Revenue	7,097
Notes Payable (Line of Credit)	821,086
Notes Payable (Permanent Capital) Notes Payable (LMA Operating)	805,836
	1,214,347
Notes Payable (US SBA EIDL Loan)	150
Notes Payable (US SBA Paycheck Protection Loan)	0
Total Liabilities	\$3,009,729
CAPITAL	
Fund Balance	\$3,682,491
Total Capital	\$3,682,491
Total Liabilities and Capital	\$6,692,220
ENDOWMENT	
Total Endowment Cash and Investments	\$3,253,737

ARTS CENTER OF COASTAL CAROLINA BALANCE SHEET

	2019/2020
	PROJECTED
ASSETS	
CURRENT ASSETS	
Cash and Cash Equivalents	\$273,861
Accounts Receivable	536,128
Inventory	20,105
Prepaid Expenses	44,310
Total Current Assets	\$874,403
FIXED ASSETS	
Land	\$900,000
Buildings	8,923,498
Accumulated Depreciation - Buildings	(5,605,858)
Furniture & Fixtures	116,669
Production Equipment	1,569,477
Office Equipment	482,442
Vehicles	70,841
Facility Improvements	490,046
Machinery & Equipment	61,035
Accumulated Depreciation - All Other	(1,841,759)
Total Fixed Assets	\$5,166,392
OTHER ASSETS	
Appreciable Gifts	135,530
Total Other Assets	\$135,530
Total Other Assets	ş155,550
Total Assets	\$6,176,326
	. , ,
LIABILITIES / CAPITAL	
LIABILITIES	
Accounts Payable	\$88,330
Taxes Payable	4,151
Deferred Revenue	842,839
Notes Payable (Line of Credit)	0
Notes Payable (Permanent Capital)	862,495
Notes Payable (LMA Operating)	1,188,854
Notes Payable (LMA Business System)	0
Notes Payable (US SBA Paycheck Protection Loan)	427,273
Total Liabilities	\$3,413,942
CAPITAL	
Fund Balance	\$2,762,384
Total Capital	\$2,762,384
· · · · · · · · · · · · · · · · · · ·	ψ2,1 02,004
Total Liabilities and Capital	\$6,176,326
·	
ENDOWMENT	
Total Endowment Cash and Investments	\$2,700,614
Total Campaign Pledges Receivable	\$500
	φυυυ

	2021/2022
	PROJECTED
Earned Income:	
Subscriptions	\$ 339,745
Admissions	1,364,846
Group Sales	43,426
Field Trips	4,750
Tuition & Fees	37,784
Food & Beverage Concessions	68,740
Merchandise	26,445
Event Commissions	
On-Center Patronage	19,850
Venue Rental	
	49,987
Equipment Rental	4,060
Reimbursed Services	17,772
Rental Subsidies	(1,003)
Ticketing Fee	211,154
Online Ticket Fees	118,890
Other	221,281
Investment Income	29,176
Total Earned Income	2,556,903
	_,,
Contributed Income: Individual	
Annual Giving	581,276
Annual Giving	501,270
Designated Underwriting	68,000
Sub-total Individual	649,276
Business	
Business Partner	47,489
Sub-total Corporate/Business	47,489
	,1, 1 ,500
In Kind	
Gifts in Kind	55,796
Media in Kind	188,465
Sub-total In Kind	244,261
	211,201
Foundations	207,666
Government	556,796
Special Events	51,854
Special Major Gifts	41,255
Total Contributed Income	1,798,597
Total Income	\$ 4,355,500
Program Expenses:	
Theater	1,647,515
Presenting	235,325
Visual Arts	-
Education	91,608
Outreach	15,190
Rentals	4,375
Development	82,170
Administration	1,552
Total Program Expenses	2,077,736
Fixed Expenses:	
Salaries	1,410,139
Taxes	105,641
Benefits	135,153
Overhead Expense	686,322
Total Fixed Expenses	2,337,254
Total Expenses	\$ 4,414,990
Not Operating Earnings Before Interest	C /EO 400
Net Operating Earnings Before Interest	\$ (59,490)
Net Operating Earnings Before Interest	\$ (59,490) 84,499

Т

Earned Income: Subscriptions Admissions Group Sales Field Trips		2020/2021
Subscriptions Admissions Group Sales Field Trips		ACTUAL
Admissions Group Sales Field Trips	¢	74 400
Group Sales Field Trips	\$	71,102
Field Trips	-	684,159
		9,725
Tuitian O Faca		8,519
Tuition & Fees		20,943
Food & Beverage Concessions		32,884
Merchandise		13,806
Event Commissions		-
On-Center Patronage		1,200
Venue Rental		64,161
Equipment Rental		890
Reimbursed Services		33,967
Rental Subsidies		(9,739
Ticketing Fee		105,906
Online Ticket Fees		65,980
Other		
	+	52,164
Investment Income	<u> </u>	129,644
Total Earned Income		1,285,311
Contributed Income:	1	
Individual		
Annual Giving	1	450,082
Designated Underwriting		37,500
Sub-total Individual		487,582
		407,302
Business		
Business Partner		43,156
Sub-total Corporate/Business		43,156
In Kind		
Gifts in Kind	1	127,733
Media in Kind		134,460
Sub-total In Kind		262,193
Foundations		163,885
Government		430,843
Special Events		24,138
Special Major Gifts		61,273
Total Contributed Income		1,473,070
	¢	0 750 004
Total Income	\$	2,758,381
Program Expenses:		
Theater		806,892
Presenting		272,438
Visual Arts		-
Education	1	57,321
Outreach	1	10,456
Rentals	+	5,521
Development	1	,
	+	36,632
		287
Administration		1,189,547
Administration Total Program Expenses		1,310,476
Administration		.,,
Administration Total Program Expenses Fixed Expenses:	_	
Administration Total Program Expenses Fixed Expenses: Salaries Taxes		98,531
Administration Total Program Expenses Fixed Expenses: Salaries Taxes Benefits		98,531 133,103
Administration Total Program Expenses Fixed Expenses: Salaries Taxes Benefits Overhead Expense		98,531 133,103 542,780
Administration Total Program Expenses Fixed Expenses: Salaries Taxes Benefits		98,531 133,103 542,780
Administration Total Program Expenses Fixed Expenses: Salaries Taxes Benefits Overhead Expense	\$	98,531 133,103 542,780
Administration Total Program Expenses Fixed Expenses: Salaries Taxes Benefits Overhead Expense Total Fixed Expenses	\$	98,531 133,103 542,780 2,084,890 3,274,437
Administration Total Program Expenses Fixed Expenses: Salaries Taxes Benefits Overhead Expense Total Fixed Expenses Total Expenses		98,531 133,103 542,780 2,084,890

	2019/2020
	PROJECTED
Earned Income:	
Subscriptions	\$ 316,397
Admissions	648,304
Group Sales	50,955
Field Trips	8,493
Tuition & Fees	10,109
Food & Beverage Concessions	29,044
Merchandise	5,922
Event Commissions	601
On-Center Patronage	17,02
Venue Rental	49,47
Equipment Rental	2,69
Reimbursed Services	22,08
Rental Subsidies	(3,52
Ticketing Fee	139,893
Online Ticket Fees	47,400
Other	77,41
Investment Income	218,830
Total Earned Income	1,641,12
Contributed Income:	
Individual	
Annual Giving	575,464
Designated Underwriting	15,74
Sub-total Individual	591,20
	591,204
Business	
Business Partner	72,26
Sub-total Corporate/Business	72,26
In Kind	
Gifts in Kind	51,473
Media in Kind	132,663
Sub-total In Kind	184,130
	,
Foundations	192,503
Government	389,360
Special Events	54,270
Special Major Gifts	410,508
Total Contributed Income	1,894,24
Total Income	\$ 3,535,362
Program Expenses:	
Theater	789,72
Presenting	
Visual Arts	132,27
Education	60
	110,619
Outreach	16,290
Rentals	3,96
Development	102,992
Administration Total Program Expenses	3,900 1,159,832
томи подили скропово	1,133,03/
Fixed Expenses:	4 470 50
Salaries	1,478,52
Taxes	106,38
Benefits	132,87
Overhead Expense	517,304
Total Fixed Expenses	2,235,08
Total Expenses	\$ 3,394,91
Net Operating Earnings Before Interest	\$ 140,449
Interest	119,498

			PUBL	IC INSPECTION C	OPY				
	n	חו	Return of Organ	nization Exempt	From I	ncome Tax	OMB No. 1545-0047		
For	orm 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)								
Deres		4h - T	Do not enter social s	ecurity numbers on this form	n as it may b	be made public.	Open to Public		
Inter	nal Revenu	the Treasury Je Service		/Form990 for instructions an			Inspection		
Α	or the	2020 calend	lar year, or tax year beginning $$ S	EP 1, 2020 and	ending A	UG 31, 2021			
B	Check if pplicable:	C Name o	forganization			D Employer identific	cation number		
	Address change	ARTS	CENTER OF COASTAL	CAROLINA					
	Name Doing business as				57-10358	17			
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/suite							
	Final return/ termin-	14 SHELTER COVE LANE				843-686-			
_	ated Amende					G Gross receipts \$	4,561,921.		
	return Applica-		ON HEAD ISLAND, SC			H(a) Is this a group re			
	tion pending	F Name and address of principal officer:0 EFF REF REEVES			for subordinates				
	-	_				- ` '			
			<u>X</u> 501(c)(3) 501(c) () ARTSHHI.COM	(insert no.) 4947(a)(1)	or 527		list. See instructions		
				sociation Other	L Voor	H(c) Group exemption	State of legal domicile: SC		
	-	Summary					State of legal dominine. DC		
				significant activities: TO E	NRICH	AND BENEFIT	ТНЕ		
Governance		COMMUNITY THROUGH THE ARTS							
ern			ox ▶ └── if the organization disco		osed of more				
200			ting members of the governing body				<u> </u>		
જ			dependent voting members of the go				136		
ties		Total number of individuals employed in calendar year 2020 (Part V, line 2a)					400		
Activities &		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12					<u>400</u> 0.		
A			business taxable income from Form				0.		
			business taxable income from Form	990-1, Part I, III	<u> </u>	Prior Year	Current Year		
	8 C	ontributions	and grants (Part VIII, line 1h)			1,698,404.	2,941,118.		
Revenue						1,027,193.	794,448.		
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)				219,523.	129,645.		
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				470,928.	682,370.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)				3,416,048.	4,547,581.		
	13 G	arants and si	milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	1 4 B	Benefits paid to or for members (Part IX, column (A), line 4)				0.	0.		
es	15 S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				1,840,070.	1,755,164.		
Expenses	16 a P	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 310, 448.			0.	0.			
ğ	b⊤	otal fundrais	ing expenses (Part IX, column (D), lin	e 25) 🕨 <u>310,4</u>	48.	2 006 012			
			es (Part IX, column (A), lines 11a-11d			2,096,912.	2,065,055.		
			es. Add lines 13-17 (must equal Part l			3,936,982.	3,820,219.		
SS		evenue less	expenses. Subtract line 18 from line	12		-520,934.	727,362.		
Net Assets or Fund Balances	20 T	otal assats //	Part X lina 16)			ginning of Current Year 8,965,888.	End of Year 10,441,766.		
Asse Bal	20 ⊺ 21 ⊺		Part X, line 16) 3 (Part X, line 26)		······	3,369,109.	3,501,179.		
Net /	21 I 22 N		fund balances. Subtract line 21 from	line 20		5,596,779.	6,940,587.		
		Signature				•,•••,•••	.,		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge							/ knowledge and belief, it is		
			. Declaration of preparer (other than office				-		
		Signature of Officer Date							
Sig		JEFFREY REEVES, PRESIDENT/CEO							
Her	e		TREY REEVES, PRESID	ENT/CEO					
		, Print/Type pre	parer's name	Preparer's signature		Date Check	PTIN		
Paie			R. PUTICH, CPA		0	7 / 1 3 / 2 2 ^{if} self-employe	₽00853466		
	-	Firm's name	DODINGON ODANE C						
Pre			▶ ROBINSON GRANT &			Firm's EIN 🕨	57-0735924		
			► ROBINSON GRANT & ► P.O. DRAWER 2295 HILTON HEAD ISLA	9			3-815-6161		

May the IRS dis	scuss this return with the preparer shown above? See instructions	
032001 12-23-20	LHA For Paperwork Reduction Act Notice, see the separate ins	structions.

Form	ARTS CENTER OF COASTAL CAROLINA 57-103	85817	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:	Ð	
	TO PROVIDE CULTURAL ENRICHMENT ON HILTON HEAD ISLAND AND ENABI RESIDENTS AND VISITORS TO HAVE ACCESS TO CULTURAL ACTIVITIES.	ı£	
	RESIDENTS AND VISITORS TO HAVE ACCESS TO COLTORAL ACTIVITIES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured b		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, a	Ind
	revenue, if any, for each program service reported.	022	309.)
4a	(Code:) (Expenses 2,011,388. including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$)		509.)
	THEATRE.		
		0.00	
4b	(Code:) (Expenses \$ 498,366. including grants of \$) (Revenue \$		546 .)
	PRESENTING SERIES OF PERFORMING ARTIST TO ALLOW THE PUBLIC TO	SEE L	IVE
	PERFORMANCES BY RENOWED ARTISTS.		
		100	
4c	(Code:) (Expenses \$ 223,737. including grants of \$) (Revenue \$)	102,	5 49.)
	VISUAL ART PRESENTATIONS IN THE CENTER'S GALLERY		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 467,318. including grants of \$) (Revenue \$ 214,402	•)	
4e	Total program service expenses ► 3, 200, 809.		

Form	990	(2020)

Part IV Checklist of Required Schedules

ARTS CENTER OF COASTAL CAROLINA

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
•	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	~		x
4	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	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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	•	х	
~	Schedule D, Part III	8	~	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	•		x
10	If "Yes," complete Schedule D, Part IV	9		- 21
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	104		х
10	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 4 d		
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			х
<u> </u>	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	admosto government entrattiv, columnity y, moritini ree, complete concettion, ratter and n			

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		x
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		05h		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		- 23
26	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,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	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 controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
rd				
	Check if Schedule O contains a response or note to any line in this Part V		v	
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	х	

Form 990	
Part V	Sta

			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 136											
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х									
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		37									
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X									
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		x								
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?											
b	b If "Yes," enter the name of the foreign country											
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).											
	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?											
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		X								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50										
0a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x								
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua										
5	were not tax deductible?	6b										
7	Organizations that may receive deductible contributions under section 170(c).	00										
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х								
	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?	7c		x								
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d											
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e										
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f										
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g										
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the											
	sponsoring organization have excess business holdings at any time during the year?	8										
9	Sponsoring organizations maintaining donor advised funds.											
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b										
10	Section 501(c)(7) organizations. Enter:											
	Initiation fees and capital contributions included on Part VIII, line 12 10a											
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b											
11	Section 501(c)(12) organizations. Enter:											
	Gross income from members or shareholders 11a											
b	Gross income from other sources (Do not net amounts due or paid to other sources against											
10-	amounts due or received from them.)	10-										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
	Is the organization licensed to issue qualified health plans in more than one state?	13a										
u	Note: See the instructions for additional information the organization must report on Schedule O.	100										
b	Enter the amount of reserves the organization is required to maintain by the states in which the											
~	organization is licensed to issue qualified health plans											
с	Enter the amount of reserves on hand 13c											
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х								
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b										
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or											
	excess parachute payment(s) during the year?	15		х								
	If "Yes," see instructions and file Form 4720, Schedule N.											
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х								
	If "Yes," complete Form 4720, Schedule O.											

	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	-		≀ "N
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C). See	instructions.	
	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15	기
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			_
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15	2
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other	
	officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under th			
	of officers, directors, trustees, or key employees to a management company or other person?			
4	Did the organization make any significant changes to its governing documents since the prior Form S			_
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		
6	Did the organization have members or stockholders?			_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint	one or	
	more members of the governing body?			17
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or	
_	persons other than the governing body?			17
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
a	The governing body?			8
b	Each committee with authority to act on behalf of the governing body?			1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			
<u></u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	e Code.)	
100	Did the organization have local chapters, branches, or affiliates?			1
	If "Yes," did the organization have written policies and procedures governing the activities of such cl			Ľ
D.	and branches to ensure their operations are consistent with the organization's exempt purposes?			1
112	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			1
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	y belo		-
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Y</i>			H.
Ŭ	in Cabadula O bow this was done			1
13	Did the examination have a written which before palicy?			
14	Did the organization have a written document retention and destruction policy?			
15	Did the process for determining compensation of the following persons include a review and approva			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official			1
b	Other officers or key employees of the organization			1
	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 arranger	nent v	vith a	
	taxable entity during the year?			1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			
	exempt status with respect to such arrangements?			10
Sec	tion C. Disclosure			-
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright SC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	nd 990	D-T (Section 501(c)(3	3)s (
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain	on Sc	hedule O)	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy, a	nd f

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2

3

4

5

6

7a

7b

8a

8b

9

Х

Х

Х

v, and for a "No" response ons. X

			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
	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?									
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х						
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
b	Other officers or key employees of the organization	15b		X						
	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		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright SC$									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	s)s only) avail	able						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd finar	ncial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	ACCOUNTING DEPT/OFFICE - 843-686-3945									
	14 SHELTER COVE LANE, HILTON HEAD ISLAND, SC 29928									
032006	12-23-20	Form	990	(2020)						

Yes No

Х

Х

X X

Х

Х

Х

Form	990 (2020)

Part VII	Co	mpensation (of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensate	ec
	່ Em	ployees, and	lindepende	ent Contra	ctors				

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)		(C)					(D)	(E)	(F)		
Name and title	Average	(do	Position (do not check more than one			than	one	Reportable	Reportable	Estimated		
	hours per	box	box, unless perse		s person is both an a director/trustee)			compensation	compensation	amount of		
	week				recio	ector/irustee)		from	from related	other		
	(list any hours for	Individual trustee or director						the	organizations	compensation from the		
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization		
	organizations	truste	al trus		yee	mpen				and related		
	below	idual	nstitutional trustee	5	Key employee	est co oyee	er			organizations		
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former					
(1) JEFFREY REEVES	40.00											
PRESIDENT, CEO		X		Х				135,000.	0.	0.		
(2) WILLIAM V. MCHUGH	5.00											
CHAIRMAN		X		Х				0.	0.	0.		
(3) ANN GRINDSTAFF	5.00											
FIRST VICE CHAIR		X		Х				0.	0.	0.		
(4) STEPHEN ALFRED	5.00											
SECRETARY		X		Х				0.	0.	0.		
(5) MICHAEL WATERS	5.00											
TREASURUER		X		Х				0.	0.	0.		
(6) ROBERT LEE	5.00											
IMMEDIATE PAST CHAIR		Х						0.	0.	0.		
(7) RICHARD SPEER	5.00											
BOARD MEMBER		Х						0.	0.	0.		
(8) FRED BEARD	5.00											
BOARD MEMBER		Х						0.	0.	0.		
(9) EMORY S. CAMPBELL, PH. D	5.00											
BOARD MEMBER		Х						0.	0.	0.		
(10) ROBERT CHELL	5.00							_	_	_		
BOARD MEMBER		Х						0.	0.	0.		
(11) LESLIE RICHARDSON	5.00							_	_	_		
BOARD MEMBER		X						0.	0.	0.		
(12) SANDRA BERTHELSEN	5.00								_	_		
BOARD MEMBER		Х						0.	0.	0.		
(13) HEATHER WILCAUSKAS	5.00								_	_		
BOARD MEMBER		Х						0.	0.	0.		
(14) OPAL ABBINK	5.00								_	_		
BOARD MEMBER		Х						0.	0.	0.		
(15) BETH MAYO	5.00											
BOARD MEMBER		х						0.	0.	0.		
		-										

	990 (2020) ARTS CEN	TER OF (202	AST	ΓAΙ	5 (CAF	201	LINA	57-10	358	317	Pa	age 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson) than o is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	1	am	(F) timate ount c other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	organizations (W-2/1099-MIS	C)	comp fro orga anc	oensat om the anization I relate nization	e on ed
									125 000		_			
с	Subtotal Total from continuation sheets to Part V	II, Section A							135,000.		0.			0.
-	Total (add lines 1b and 1c) Total number of individuals (including but r							> no r	135,000. eceived more than \$100		0.			0.
	compensation from the organization						-						Yes	1 No
3	Did the organization list any former officer,		,	,	•		,	C				0	Tes	X
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si and related organizations greater than \$15	um of reportab	le co	omp	ensa	atior	n and	l ot		the organization		3		x
5	Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>con</i>	accrue compei	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	idual for services		4 5		x
Sect	ion B. Independent Contractors		01	01 30		0013	5017 .					5		
1	Complete this table for your five highest co the organization. Report compensation for	-	-								oensa	ation fi	rom	
	(A) Name and business	address	N	ONE	3				(B) Description of s	services	С	(C omper) Isatior	ı
								_						
2	Total number of independent contractors (•	ot li	mite	d to		se lis 0	stec	d above) who received n	nore than				

		Check if Schedule O contai	ns a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded from tax under sections 512 - 514
its	1 a	Federated campaigns	1a					
s, Grants Amounts	b							
		Fundraising events	·····	12,948.				
ifts ar A	d							
nila,	u			065,934.				
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributio		005,554.				
	T	All other contributions, gifts, grants		862,236.				
eri Otto		similar amounts not included above		127,733.				
no l	g	Noncash contributions included in lines 1a			2 0/1 110			
a C	h	Total. Add lines 1a-1f		i	2,941,118.			
				Business Code	704 440	704 440		
ice	2 a	ADMISSION FEES, E	STC	900099	794,448.	794,448.		
er v	b							
n S	С							
ran ?ev	d							
Program Service Revenue	е							
đ	f	All other program service reven	ue					
	g	Total. Add lines 2a-2f		>	794,448.			
	3	Investment income (including d	ividends, intere	est, and				
		other similar amounts)			129,645.			129,645.
	4	Income from investment of tax-						
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6 a	Gross rents 6a						
	b							
	c							
	d	· · · · · · · · · · · · · · · · · · ·						
		Gross amount from sales of	(i) Securities	(ii) Other				
	<i>1</i> a	assets other than inventory 7a	() 0000	(
	h	Less: cost or other basis						
٥	U D							
nue		and sales expenses 7b Gain or (loss) 7c						
eve		· · · · · · · · · · · · · · · · · · ·						
Other Revenue		Net gain or (loss)		>				
the	8 a	Gross income from fundraising even	nts (not					
0		including \$ 12,94						
		contributions reported on line 1	,	11 100				
		Part IV, line 18						
		Less: direct expenses		2,878.	0 21 0			0 210
		Net income or (loss) from fundra		🕨	8,312.			8,312.
	9 a	Gross income from gaming acti						
		Part IV, line 19						
		Less: direct expenses						
	С	Net income or (loss) from gamir	ng activities	►				
	10 a	Gross sales of inventory, less re	eturns					
		and allowances	10a	46,690.				
	b	Less: cost of goods sold	10b	11,462.				
	с	Net income or (loss) from sales	of inventory	• • • • • • • • • • • • • • • • • • •	35,228.	35,228.		
ú				Business Code				
Miscellaneous Revenue	11 a	OTHER NON-OPERAT	TING IN	900099	289,302.	289,302.		
ane		FACILITY SUPPORT		900099	105,905.	105,905.		
eve		RENTAL INCOME		900099	88,739.			
Bisc		All other revenue		900099	154,884.	154,884.		
≥		Total. Add lines 11a-11d			638,830.	,		
		Total revenue. See instructions				1,468,506.	0.	137,957.

ARTS CENTER OF COASTAL CAROLINA

Form 990 (2020) ARTS CEI

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Form 990 (2020) ARTS CENTER OF Part IX Statement of Functional Expenses ARTS CENTER OF COASTAL CAROLINA

	Check if Schedule O contains a respon				<u> </u>	
	aot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.		(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to domestic organizations					
	and domestic governments. See Part IV, line 21					
2	Grants and other assistance to domestic					
	individuals. See Part IV, line 22					
3	Grants and other assistance to foreign					
	organizations, foreign governments, and foreign					
	individuals. See Part IV, lines 15 and 16					
4	Benefits paid to or for members					
5	Compensation of current officers, directors,					
	trustees, and key employees	135,000.	33,750.	27,000.	74,250	
6	Compensation not included above to disqualified					
	persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B)					
7	Other salaries and wages	1,620,164.	1,303,543.	179,792.	136,829	
8	Pension plan accruals and contributions (include					
	section 401(k) and 403(b) employer contributions)					
9	Other employee benefits					
10	Payroll taxes					
11	Fees for services (nonemployees):					
а	Management					
b	Legal					
с	Accounting					
d	Lobbying					
е	Professional fundraising services. See Part IV, line 17					
f	Investment management fees					
g	Other. (If line 11g amount exceeds 10% of line 25,					
	column (A) amount, list line 11g expenses on Sch 0.)					
12	Advertising and promotion	198,127.	191,740.		6,387 920	
13	Office expenses	6,136.	4,602.	614.	920	
14	Information technology					
15	Royalties	79,077.	79,077.			
16	Occupancy	102,544.	97,850.	3,858.	836	
17	Travel	29,926.	29,602.	324.		
18	Payments of travel or entertainment expenses					
	for any federal, state, or local public officials					
19	Conferences, conventions, and meetings					
20	Interest	88,891.	73,222.	7,598.	8,071	
21	Payments to affiliates					
22	Depreciation, depletion, and amortization	468,502.	447,056.	17,626.	3,820	
23	Insurance	125,578.	119,830.	4,724.	1,024	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)					
а	PAYROLL TAXES & BENEFIT	298,887.	245,751.	29,202.	23,934	
a b	MAINTENANCE	213,343.	203,577.	8,026.	1,740	
c c	PERFORMER HOUSING	179,532.	179,532.			
d	SCENERY, PROPS, AND COS	125,468.	125,468.			
e e	All other expenses SEE SCH O	149,044.	66,209.	30,198.	52,637	
е 25	Total functional expenses. Add lines 1 through 24e	3,820,219.	3,200,809.	308,962.	310,448	
26	Joint costs. Complete this line only if the organization	3,010,119.	5,200,005.			
.0	reported in column (B) joint costs from a combined					
	educational campaign and fundraising solicitation.					

57-1035817 Page 11

	ARTS	CENTER	OF	COASTAL	CAROLINA	
Δt						

Part	^	Balance Sheet					
		Check if Schedule O contains a response or note t	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			222,374.	1	1,619,674.
	2	Savings and temporary cash investments	83,765.	2	18,812		
	3	Pledges and grants receivable, net			540,710.	3	442,795
	4	Accounts receivable, net				4	15,996
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substar	ntial c	contributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualified	d per	sons (as defined			
		under section 4958(f)(1)), and persons described in				6	
t2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			6,122.	8	4,039
Ϋ́	9	B			40,741.	9	108,680
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	12,623,629.			
	b		10b	7,920,389.	5,161,743.	10c	4,703,240
1	11	Investments - publicly traded securities			2,752,389.	11	3,299,647
1	12	Investments - other securities. See Part IV, line 11				12	
1	13	Investments - program-related. See Part IV, line 11				13	
1	14	Intangible assets			14		
1	15	Other assets. See Part IV, line 11	158,044.	15	228,883		
1	16	Total assets. Add lines 1 through 15 (must equal I			8,965,888.	16	10,441,766
1	17	Accounts payable and accrued expenses	97,823.	17	187,898		
1	18	Grants payable		18			
1	19	Deferred revenue	783,261.	19	729,591		
2	20	Tax-exempt bond liabilities			20		
2	21	Escrow or custodial account liability. Complete Pa				21	
ທ 2	22	Loans and other payables to any current or former	r offic				
Ĕ		trustee, key employee, creator or founder, substar	ntial c	contributor, or 35%			
		controlled entity or family member of any of these		22			
⊐ 2	23	Secured mortgages and notes payable to unrelate	2,054,312.	23	2,020,183		
2	24	Unsecured notes and loans payable to unrelated t	hird p	parties		24	500,000
2	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1					
		of Schedule D			433,713.	25	63,507
2	26	Total liabilities. Add lines 17 through 25			3,369,109.	26	3,501,179
		Organizations that follow FASB ASC 958, check	her	e 🕨 X			
ces		and complete lines 27, 28, 32, and 33.					
a la	27	Net assets without donor restrictions	2,931,719.	27	3,640,939 3,299,648		
8 2	28	Net assets with donor restrictions	2,665,060.	28	3,299,648		
		Organizations that do not follow FASB ASC 958					
Ĕ		and complete lines 29 through 33.					
0 2	29	Capital stock or trust principal, or current funds				29	
i sel	30	Paid in or capital surplus, or land, building, or equip				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco				31	
Sei Sei	32	Total net assets or fund balances			5,596,779.	32	6,940,587
	33	Total liabilities and net assets/fund balances			8,965,888.	33	10,441,766

Form **990** (2020)

Form	990 (2020) ARTS CENTER OF COASTAL CAROLINA	57-103	35817	Pag	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,54		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,820		
3	Revenue less expenses. Subtract line 2 from line 1	3			62.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,590		
5	Net unrealized gains (losses) on investments	5			55.
6	Donated services and use of facilities	6	134	4,4	60.
7	Investment expenses	7			
8	Prior period adjustments	8		2	31.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,940),5	87.
Pa	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		_X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	•			
	Act and OMB Circular A-133?		. 3 a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			Х	
			Form		

Form **990** (2020)

|--|

Department of the Treasury

1	Form	990	or	990-EZ
1		550		

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
Open to Public

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection									
Name of t	the organizati	on							identification numbe
				COASTAL CAR					7-1035817
Part I				(All organizations must o				ıs.	
The organ		-		(For lines 1 through 12, o	-	-			
1				on of churches describe			1)(A)(i).		
2				Attach Schedule E (Forn					
3				anization described in s					
4	A medical res	-	ation operated in co	njunction with a hospita	l describe	d in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
5			or the benefit of a co	ollege or university owne	d or opera	ted bv a d	overnmental	unit describ	bed in
	-	-	Complete Part II.)	5 ,	•	, ,			
6			. ,	mental unit described in	section 17	70(b)(1)(A)	(v).		
7				antial part of its support				he general	public described in
•	-		omplete Part II.)		lioni a gov	orrinorita		ine general	
8				(1)(A)(vi). (Complete Par	+ 11)				
9				l in section 170(b)(1)(A)		ed in coni	inction with a	land-grant	college
•	•			culture (see instructions)				°.	U U
	university:		grant concyc or agric			name, en	y, and state c	r the colleg	
10 X		on that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contributio	one mombore	hin foos a	ad aross receipts from
				ct to certain exceptions;					
				e (less section 511 tax) fr					
			mplete Part III.)			sses acqu		ganization	
11 🗌			,	ively to test for public sa	ofaty Saa	saction 5	10 (a)(4)		
12	-	•	-	sively for the benefit of, to	-			arry out the	nurnoses of one or
	-	-	-	ed in section 509(a)(1) c				-	
				of supporting organization					
a	7	•	• •	supervised, or controlled		-		-	aivina
a			-	gularly appoint or elect	•	-			
		-	complete Part IV, Se	• • • •	amajonty				apporting
b 🗌	٦ ⁻		-	d or controlled in connec	tion with it	e cunnort	od organizati	on(c) by ba	vina
ы <u> </u>			-	anization vested in the s			-		-
		-	t complete Part IV,		ame perso			age the sup	ported
c	¬ ۲	. ,	•	g organization operated	in connoc	tion with	and functions	lly intograt	ad with
		-	•	s). You must complete l				iny integration	
d	- · ·	-		porting organization oper				rtod organi	zation(c)
u		-	• •	zation generally must sa				°.	
		-		nplete Part IV, Section	•		-	u an alleni	IVEI IESS
e	- ·		,	written determination fro					
e		0		nally integrated support			а турет, туре	п, туре п	
f Ento									
			about the supporte						
	i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount o	fmonetary	(vi) Amount of other
-	organization	ı		(described on lines 1-10	Yes	No	support (see i	nstructions)	support (see instructions
				above (see instructions))					
Total									

Schedule A (Form 990 or 990-EZ) 2020 ARTS CENTER OF COASTAL CAROLINA

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

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

Sec	tion A. Public Support		_			_		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
	Public support. Subtract line 5 from line 4.							
Sec	ction B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources \dots							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities,	etc. (see instructi	ons)			12		
13	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	_	
_	organization, check this box and stor						▶∟_	
-	ction C. Computation of Publ		-			11		
	Public support percentage for 2020 (14	%	
15	Public support percentage from 2019					15	. %	
16a	16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
h	stop here. The organization qualifies as a publicly supported organization							
L.	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17-								
17 d	7a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances te		-	-		0		
h		•	•		•	17a and line 15 is		
0	10% -facts-and-circumstances tes more, and if the organization meets the	-						
	organization meets the facts-and-circ				• •	· · + ·		
10	•		•	•	,			
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 ARTS CENTER OF COASTAL CAROLINA 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	ction A. Public Support	ciow, picase comp					
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(1) 2011	(0) 2010	(4) 2010	(0) 2020	(1) 10101
-	membership fees received. (Do not						
	include any "unusual grants.")	1,409,628.	1,431,155.	2,175,545.	1,698,404.	2,941,118.	9,655,850.
2	Gross receipts from admissions,	_,,	_,,	_,	_, ,	_,,_	-,,
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the	1,975,728.	2,028,228.	2,541,100.	1,027,193.	794,448.	8,366,697.
~	organization's tax-exempt purpose	1,575,720.	2,020,220.	2,341,100.	1,027,193.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,300,037.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	3,385,356.	3,459,383.	4,716,645.	2,725,597.	3,735,566.	18,022,547.
7a	Amounts included on lines 1, 2, and						-
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						18,022,547.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	3,385,356.	3,459,383.	4,716,645.	2,725,597.	3,735,566.	18,022,547.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	114,669.	115,114.	25,528.	219,523.	129,645.	604,479.
b	Unrelated business taxable income	-	-		-		
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	114,669.	115,114.	25,528.	219,523.	129,645.	604,479.
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital	569 698	712,251.	180 073	470 928	582,370.	2,515,320.
12	assets (Explain in Part VI.)	4,069,723.	4,286,748.	4,922,246.	3,416,048.	4,447,581.	21,142,346.
		, ,					, ,
14	First 5 years. If the Form 990 is for the	-			-		
800	check this box and stop here						
	-			I		45	85.24 %
	Public support percentage for 2020 (I					15	<u> </u>
<u>16</u>	Public support percentage from 2019					16	84.57 %
	ction D. Computation of Inves			10 1 17		4-	2 06
17	Investment income percentage for 20		`			17	2.86 %
18	Investment income percentage from					18	2.91 %
19a	33 1/3% support tests - 2020. If the	-					
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2019. If the	-					
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	▶∐
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	structions	▶∟]
03201	23 01-25-21				Sche	dule A (Form 990	or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
0		
2		
3a		
Зb		
3c		
4a		
-70		
4b		
4c		
Ea		
5a		
5b		
5c		
6		
7		
1		
•		
8		
-		
9a		
9b		
9c		
10a		
104		
401		
10b		

Schedule A (Form 990 or 990 EZ) 2020 ARTS CENTER OF COASTAL CAROLINA

1

2

Yes No

Yes No

Pa	t IV Supporting Organizations (continued)			
			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?	1a		
b	A family member of a person described in line 11a above?	1b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	1c		
Sec	tion 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)			

organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported

Section C. Type II Supporting Organizations							

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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 Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes. how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

3b

Schedule A (Form 990 or 990-EZ) 2020 ARTS CENTER OF COASTAL CAROLINA Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
et short-term capital gain	1		
ecoveries of prior-year distributions	2		
ther gross income (see instructions)	3		
dd lines 1 through 3.	4		
epreciation and depletion	5		
ortion of operating expenses paid or incurred for production or			
ellection of gross income or for management, conservation, or			
aintenance of property held for production of income (see instructions)	6		
ther expenses (see instructions)	7		
djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
ggregate fair market value of all non-exempt-use assets (see			
structions for short tax year or assets held for part of year):			
verage monthly value of securities	1a		
verage monthly cash balances	1b		
air market value of other non-exempt-use assets	1c		
otal (add lines 1a, 1b, and 1c)	1d		
iscount claimed for blockage or other factors			
xplain in detail in Part VI):			
cquisition indebtedness applicable to non-exempt-use assets	2		
ubtract line 2 from line 1d.	3		
ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
e instructions).	4		
et value of non-exempt-use assets (subtract line 4 from line 3)	5		
ultiply line 5 by 0.035.	6		
ecoveries of prior-year distributions	7		
inimum Asset Amount (add line 7 to line 6)	8		
C - Distributable Amount			Current Year
djusted net income for prior year (from Section A, line 8, column A)	1		
nter 0.85 of line 1.	2		
inimum asset amount for prior year (from Section B, line 8, column A)	3		
nter greater of line 2 or line 3.	4		
come tax imposed in prior year	5		
stributable Amount. Subtract line 5 from line 4, unless subject to			
nergency temporary reduction (see instructions).	6		
	et short-term capital gain accoveries of prior-year distributions ther gross income (see instructions) di lines 1 through 3. appreciation and depletion protion of operating expenses paid or incurred for production or alitenance of property held for production of income (see instructions) ther expenses (see instructions) djusted Net Income (subtract lines 5, 6, and 7 from line 4) B - Minimum Asset Amount ggregate fair market value of all non-exempt-use assets (see structions for short tax year or assets held for part of year): rerage monthly value of securities rerage monthly value of securities rerage monthly cash balances in market value of other non-exempt-use assets total (add lines 1a, 1b, and 1c) scount claimed for blockage or other factors kplain in detail in Part VI): capitation indebtedness applicable to non-exempt-use assets ubtract line 2 from line 1d. ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, ash deemed held for exempt use assets (subtract line 4 from line 3) uitiply line 5 by 0.035. accoveries of prior-year distributions inimum Asset Amount djusted net income for prior year (from Section A, line 8, column A) ther 0.85 of line 1. inimum asset amount for prior year (from Section B, line 8, column A) ther of the 0 column A, line 7 to line 6) C - Distributable Amount djusted net income for prior year (from Section B, line 8, column A) ther greater of line 2 or line 3. come tax imposed in prior year	at short-term capital gain 1 accoveries of prior-year distributions 2 ther gross income (see instructions) 3 id lines 1 through 3. 4 appreciation and depletion 5 ortion of operating expenses paid or incurred for production or 5 illection of gross income or for management, conservation, or 6 aintenance of property held for production of income (see instructions) 6 her expenses (see instructions) 7 dijusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 B - Minimum Asset Amount 7 gregage fair market value of all non-exempt-use assets (see structions for short tax year or assets held for part of year): 1 errage monthly value of securities 1a rerage monthly cash balances 1b air market value of other non-exempt-use assets 1c scala (add lines 1a, 1b, and 1c) 1d scount claimed for blockage or other factors 2 scala in <i>net VI</i>): 2 aguisition indebted ness applicable to non-exempt-use assets 2 subtract line 2 from line 1d. 3 as deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, einstructions).	at short-term capital gain 1 accoveries of prior-year distributions 2 her gross income (see instructions) 3 dd lines 1 through 3. 4 preciation and depletion 5 ortion of operating expenses paid or incurred for production or illection of gross income or for management, conservation, or aintenance of property held for production of income (see instructions) 6 her expenses (see instructions) 7 djusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 B - Minimum Asset Amount (A) Prior Year gregate fair market value of all non-exempt-use assets (see structions for short tax year or assets held for part of year): 1 greage monthly value of securities 1 errage monthly usabe abances 1b iir market value of other non-exempt-use assets 1c tatal (add lines 1a, 1b, and 1c) 1d scount claimed for blockage or other factors (plain in detail in Part V); 2 path and the or exempt use. Enter 0.015 of line 3 (for greater amount, ensource), 4 et instructions). 4 et instructions). 5 uitipy line 5 by 0.035. 6 scoveries of prior-year distributions 7

instructions).

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 ARTS CENTER OF COASTAL CAROLINA

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

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 ARTS	CENTER OF	COASTAL	CAROLINA	57-1035817 Page 8
Part VI	Supplemental Information. Part IV. Section A. lines 1, 2, 3b, 3c	Provide the explan , 4b, 4c, 5a, 6, 9a, 9 d 3; Part IV, Section	ations required b b, 9c, 11a, 11b, a E, lines 1c, 2a, 2	y Part II, line 10; Part II, lin and 11c; Part IV, Section I b, 3a, and 3b; Part V, line	B, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,

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Department of the Treasury Internal Revenue Service

(Form	990)
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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.



Name of the organization

ARTS CENTER OF COASTAL CAROLINA

Employer identification number 57-1035817

organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate value of contributions to (during year) Aggregate value of grants from value of grants during the grant from (during the year) Aggregate value of grants from value of grants during the part of grants during the year Total number of conservation easements modified, transfered, nelased, schigusihed, or terminated by the organiza	Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fi	unds or Accounts. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of an text from (during year) Aggregate value of an text from (during year) Aggregate value of an text from (during year) Bott the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are 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 meperites benefit? Yes No Dott 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 meperites benefit? Yes No Deart 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 app). Protection on faural habitat Protection on faural habitat Protection of open space 2 Complete lines 2 at would? Joil the organization held a qualified conservation contribution in the form of a conservation easements 2 Intel acreage restricted by conservation easements 3 Unable of conservation easements in cutefied historic structure included in (a) 2 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year 4 Now organization inform all expecting, handling of violations, and enforcing conservation easements during the year 5 Staff and volunter hours devolded to monitoring, inspecting, handling of violations, and enforcing conservation ea		organization answered "Yes" on Form 990, Part IV, lir		
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 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant tunds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring ingermissible private beenefit? Part II Conservation Easements. Complete if the organization (check all that apply). Preservation of a historically important land area Protection of ratural habitat Protection of natural habitat Protection of natural habitat Protection of natural habitat Preservation of a conservation easements. 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement and yot of the tax year. 8 Total anneber of conservation easements. 9 Total acreage restricted by the organization avertage restricted by conservation easements. 9 Total acreage restricted by conservation easements. 9 Total acreage restricted by conservation easements. 9 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b 9 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the	3	Aggregate value of grants from (during year)		
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for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring		are the organization's property, subject to the organization's	exclusive legal control?	Yes 🗔 No
Important solite private benefit? Ves No Part II Conservation easements. Complete if the organization answered "Yee" on Form 990. Part IV, line 7. Important land for public use (for example, recreation or education) Preservation of a historically important land area Prospece(a) of conservation easements held by the organization (check all that apply). 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. Image: Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements and of the tax Year. a Total number of conservation easements Ze b Total acreage restricted by conservation easements Ze c Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year c Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year s Number of states where property subject to conservation easements is locked b Staff and volunteer hours devoked to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year s S c Staff and volunteer hours devoked to monitoring, inspecting, handling of violations, and enforcing conservation easements and b	6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds ca	an be used only
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Preservation of and for public use (for example, recreation or education) Protection of natural habitat Preservation of one space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d Uniber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b 4 Number of states where property subject to conservation easement is located b 2 d 3 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements industing the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 4 Not organization neasement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 5 So es each conservation easements were ''es' on form 90, Part V, line 8. 14 If the organization elected, as permitted under FASB ASC 958, not to report in its revenue and expense statement and balance sheet works of art, historical treasures, or other Similar Assets. Complete if the organization eisement ''es' on Form 90, Part V, line 8. 15 If the organization elected, as permitted under FASB ASC 958, not to report in its revenue at describes these iners. 16 If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet	Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form	990, Part IV, line 7.
□ Preservation of a certified historic structure □ Preservation of open space 2 Complete lines 2d through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last a Total number of conservation easements 2a b Total acceage restricted by conservation easements 2a c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year g Number of states where property subject to conservation easement is located >	1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	
□ Preservation of open space 2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last a Total anumber of conservation easements 2b 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 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements of wiolations, and enforcement of the conservation easements in holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(0) and section 170(h)(4)(B)(0) Yes No 9 In Part XIII, describe how the organization reports conservation easements. Yes No <t< th=""><th></th><th>Preservation of land for public use (for example, recrea</th><th>ation or education) 📃 Preservati</th><th>on of a historically important land area</th></t<>		Preservation of land for public use (for example, recrea	ation or education) 📃 Preservati	on of a historically important land area
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total acreage restricted by conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure isted in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > 4 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year > 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial 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 statement and balance sheet works of art, historical		Protection of natural habitat	Preservati	on of a certified historic structure
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 included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year		Preservation of open space		
a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure d Number of states where property subject to conservation easement is located ▶ f Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? f Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year s * g 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)? g In Part XIII, describe how the organization reports conservation easements. complete if the organization asswered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASE ASC 958, not 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 and balance sheet works of art, historical treasures, or other similar assets hel	2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the	
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d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	b	Total acreage restricted by conservation easements		
listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	С			
 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	d		,	
 year ▶				
 4 Number of states where property subject to conservation easement is located ▶	3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated	by the organization during the tax
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 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▲	5			
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 \$	6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing	conservation easements during the year
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 and section 170(h)(4)(B)(ii)?	0		ve estisfy the requirements of eastin	
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 (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 				▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide				
	2			
	-			
a Revenue included on Form 990, Part VIII, line 1	а		-	▶ \$
b Assets included in Form 990, Part X				

Schedule D	(Form 990)) 2020
	(1 01111 330)	, 2020

Sche		NTER OF COA				-1035817 Page 2
Pa	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Ot	her Similar A	ssets(continued)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that mak	e significant use	of its
	collection items (check all that apply):					
а	X Public exhibition	d	Loan or exc	hange program		
b	Scholarly research	e	U Other			
с	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explair	how they further t	he organization's e	xempt purpose ir	n Part XIII.
5	During the year, did the organization solicit o					
	to be sold to raise funds rather than to be ma					Yes X No
Pai	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Yes"	on Form 990, Pa	rt IV, line 9, or
	reported an amount on Form 990, Pa					
1 a	Is the organization an agent, trustee, custod		•			
	on Form 990, Part X?					Ves No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:			
						Amount
	Beginning balance					
	Additions during the year					
e	Distributions during the year					
T 00	Ending balance Did the organization include an amount on F					Yes No
	If "Yes," explain the arrangement in Part XIII.		•			
Pa						
		(a) Current year	(b) Prior year	(c) Two years back		back (e) Four years back
1a	Beginning of year balance	2,752,389.	2,577,201.			
	Contributions	550.	_,,	_,,		250. 85,929.
	Net investment earnings, gains, and losses	584,391.	333,433.	46,073	,	
	Grants or scholarships		,			
	Other expenditures for facilities					
Ū	and programs					
f	Administrative expenses	37,683.	158,245.	57,091	-9,3	284. 17,920.
g	End of year balance	3,299,647.	2,752,389.			
2	Provide the estimated percentage of the cur	rent year end balance				· · ·
а	Board designated or quasi-endowment	,	%	,,		
	Permanent endowment	%	_			
		%				
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.				
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administered fo	r the organization	ו <u> </u>
	by:					Yes No
	(i) Unrelated organizations					3a(i) X
	(ii) Related organizations					3a(ii) X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?			3b
4	Describe in Part XIII the intended uses of the	<u> </u>	wment funds.			
Pa	t VI Land, Buildings, and Equipm	ient.				
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S			1
	Description of property	(a) Cost or ot			Accumulated	(d) Book value
		basis (investm	,	· · ·	depreciation	000 000
	Land			0,000.	165 400	900,000.
	Buildings		9,41	3,545. 6	,165,402.	3,248,143.
	Leasehold improvements		<u> </u>	3,415. 1	,643,165.	550,250.
	Equipment			<u>5,415.</u> 6,669.	111,822	
	Other				<u> </u>	4,703,240.
Tota	. Add lines 1a through 1e. (Column (d) must e	quai Form 990, Part)	х, coiumn (B), line 1	UC.)	🕨	4,/03,440.

Schedule D (Form 990) 2020

Part VII Investments - Ot	her Sec	urities			
Schedule D (Form 990) 2020	ARTS	CENTER	OF	COASTAL	CAROLINA

rurt vill investmente stater secondices.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		

(1) (1) (2) (2) (3) (2) (4) (2) (5) (2) (6) (2) (7) (2) (8) (2)		• •	,
(3) (4) (5) (6) (7) (7)	(1)		
(4) (4) (5) (6) (7) (7)	(2)		
(5) (6) (7) (7)	(3)		
(6) (7)	(4)		
(7)	(5)		
	(6)		
(8)	(7)		
	(8)		
(9)	(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►	Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED SALARIES	3,938.
(3) SALES TAX PAYABLE	1,629.
(4) MISCELLAENOUS OTHER LIABILITIES	57,940.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	63,507.

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...

Sche	dule D (Form 990) 2020 ARTS CENTER OF COASTAL CAF	OLINA		57-	1035817	Page 4
	t XI Reconciliation of Revenue per Audited Financial Statem	ents With				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.				
1	Total revenue, gains, and other support per audited financial statements			1	5,178,	136.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	481,755.			
b	Donated services and use of facilities	2b	134,460.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	616,	
3	Subtract line 2e from line 1			3	4,561,	921.
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	-14,340.			
С	Add lines 4a and 4b			4c	-14,	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,547,	581.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		n Expenses per	Retu	irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				2 0 2 4	
1	Total expenses and losses per audited financial statements			1	3,834,	559.
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	3,834,	559.
-	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a		1	3,834,	559.
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b		1	3,834,	559.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c		1	3,834,	559.
2 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c		1	3,834,	
2 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d		2e		0.
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d			3,834,	0.
2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d		2e		0.
2 a b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d		2e		0.
2 a b c d e 3 4	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d		2e	3,834,	0. 559.
2 a b c d e 3 4 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d 4a 4b	-14,340.	2e 3 4c	3,834,	0. 559. 340.
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	-14,340.	2e 3	3,834,	0. 559. 340.

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING COSTS NETTED AGAINST REVENUES - FORM 990, PAGE

9, LINE 8B	-2,878.
COGS NETTED AGAINST REVENUES - FORM 990, PAGE 9, LINE 10B	-11,462.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-14,340.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING COSTS NETTED AGAINST REVENUES - FORM 990, PAGE	
9, LINE 8B	-2,878.
COGS NETTED AGAINST REVENUES - FORM 990, PAGE 9, LINE 10B	-11,462.

TOTAL TO SCHEDULE D, PART XII, LINE 4B

-14,340.

|--|

Part XIII Supplemental Information (continued)	

SCHEDULE G	Suppleme	ntal Information Regarding	g Fun	drais	ing or Gaming	Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" or organization entered more than \$					2020
Department of the Treasury	-	Attach to Form 99					Open to Public
Internal Revenue Service Name of the organization		o to www.irs.gov/Form990 for inst	ruction	s and	the latest informat		Inspection identification number
		NTER OF COASTAL CA	AROL	INA			35817
	ing Activities, complete this par	 Complete if the organization answ t. 	ered "Y	'es" oi	n Form 990, Part IV,	line 17. Form 99	0-EZ filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written c ed in Form 990, P highest paid indiv	f Solicita g Specia or oral agreement with any individua art VII) or entity in connection with viduals or entities (fundraisers) purs	ation of ation of I fundra al (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru iundraising services?	stees, or	Yes No to be
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount pa to (or retained fundraiser listed in col. (by) to (or retained by)
			Yes	No			
Total							
3 List all states in whi or licensing.	ch the organizatio	on is registered or licensed to solicit	contrib	outions	s or has been notifie	d it is exempt fro	om registration

Schedule G (Form 990 or 990-EZ) 2020 ARTS CENTER OF COASTAL CAROLINA

57-103<u>5817 Page 2</u>

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and g	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			AUCTION			(add col. (a) through
e			(event type)	(event type)	(total number)	- col. (c))
Revenue	1	Gross receipts	24,138.			24,138.
	2	Less: Contributions	12,948.			12,948.
	3	Gross income (line 1 minus line 2)	11,190.			11,190.
	4	Cash prizes				
	5	Noncash prizes				
oenses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	2,190.			2,190.
	8	Entertainment				
	9	Other direct expenses				688.
	10	Direct expense summary. Add lines 4 throug				2,878.
	11 rt I	Net income summary. Subtract line 10 from		- 000 Devt N/ Kee 10		8,312.
Pa	rti	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	
		\$13,000 011 0111 990 LZ, ille 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
ever						
ř	1	Gross revenue				
1	-					
ŝ	2	Cash prizes				
suadx	3	Noncash prizes				
Ulrect Expenses	4	Rent/facility costs				
-	5	Other direct expenses				
┥	<u> </u>		Yes %	Yes %	Yes %	
	6	Volunteer labor	No	□ No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)	·		
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)		►	
_						
			ucts gaming activities:			Yes No
		ter the state(s) in which the organization cond	and data as the second second second			
а	ls t	he organization licensed to conduct gaming a				
а	ls t					
а	ls t	he organization licensed to conduct gaming a				
a b	ls t If "	he organization licensed to conduct gaming a No," explain:				
a b 0a	Is t If "	he organization licensed to conduct gaming a No," explain:	evoked, suspended, or to	erminated during the tax	year?	
a b 0a	Is t If "	he organization licensed to conduct gaming a No," explain:	evoked, suspended, or to	erminated during the tax	year?	
a b Da	Is t If "	he organization licensed to conduct gaming a No," explain:	evoked, suspended, or to	erminated during the tax	year?	

Schedule G (Form 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 ARTS CENTER OF COASTAL CAROLINA 57-1	035	817	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		.,	
	to administer charitable gaming?		Yes	└── No
	Indicate the percentage of gaming activity conducted in:	1	I	
	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[]	Yes	└── No
k	o If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
	of gaming revenue retained by the third party > \$			
c	: If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	[]	Yes	└── No
k	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year 🕨 \$			
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III, lir	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

57-1035817	Page 4
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

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



ARTS CENTER OF COASTAL CAROLINA

Employer identification number 57 - 1035817

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER ACTIVITIES

EXPENSES \$ 467,318. INCLUDING GRANTS OF \$ 0. REVENUE \$ 214,402.

FORM 990, PART VI, SECTION A, LINE 7A:

THE CURRENT BOARD OF DIRECTORS ELECTS THE NEXT INCOMING BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

THE TAX RETURN IS REVIEWED BY BOTH MANAGEMENT AND THE ORGANIZATION'S

TREASURER PRIOR TO BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION CONSISTENTLY HAS DISCUSSIONS WITH THEIR OFFICERS AND BOARD

OF DIRECTORS REGARDING THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PRESIDENT/CEO IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS AND

COMPENSATION IS BASED ACCORDINGLY.

FORM 990, PART VI, SECTION C, LINE 19:

INFORMATION IS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

BANK AND CREDIT CARD FEES:

PROGRAM SERVICE EXPENSES

37,721.

ARTS CENTER OF COASTAL CAROLINA57-1035817FUNDRAISING EXPENSES25,148.TOTAL EXPENSES62,869.MISCELLANEOUS OTHER NON-OPERATING EXPENSES:PROGRAM SERVICE EXPENSES15,339.MANAGEMENT AND GENERAL EXPENSES5,698.FUNDRAISING EXPENSES4,836.TOTAL EXPENSES25,873.PUBLICATIONS AND PRINTING:PURGRAM SERVICE EXPENSES6,976.MANAGEMENT AND GENERAL EXPENSES0.FUNDRAISING EXPENSES0.FUNDRAISING EXPENSES18,628.TOTAL EXPENSES25,604.PROFESSIONAL FEES:0.PROFESSIONAL FEES:0.PROGRAM SERVICE EXPENSES0.MANAGEMENT AND GENERAL EXPENSES0.MANAGEMENT AND GENERAL EXPENSES0.TOTAL EXPENSES0.TOTAL EXPENSES0.PROGRAM SERVICE EXPENSES0.FUNDRAISING EXPENSES0.MANAGEMENT AND GENERAL EXPENSES0.TOTAL EXPENSES0.TOTAL EXPENSES0.FUNDRAISING EXPENSES0.TOTAL EXPENSES1.PROGRAM SERVICE EXPENSES6,173.MANAGEMENT AND GENERAL EXPENSES1.FUNDRAISING EXPENSES1.98.FUNDRAISING EXPENSES1.98.FUNDRAISING EXPENSES1.0.396.TOTAL EXPENSES1.0.396.TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A149,044.	Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Page 2 Employer identification number
TOTAL EXPENSES 62,869. MISCELLANEOUS OTHER NON-OPERATING EXPENSES: PROGRAM SERVICE EXPENSES PROGRAM SERVICE EXPENSES 15,339. MANAGEMENT AND GENERAL EXPENSES 5,698. FUNDRAISING EXPENSES 4,836. TOTAL EXPENSES 25,873. PUBLICATIONS AND PRINTING: PUBLICATIONS AND PRINTING: PURCRAM SERVICE EXPENSES 6,976. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 18,628. TOTAL EXPENSES 25,604.	ARTS CENTER OF COASTAL CAROLINA	57-1035817
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TOTAL EXPENSES 10,396.	MANAGEMENT AND GENERAL EXPENSES	198.
	FUNDRAISING EXPENSES	4,025.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 149,044.	TOTAL EXPENSES	10,396.
	TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 149,044.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

	90 PAGE 10	-						990						-	
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND	06/30/95	L				900,000.				900,000.			٥.	
2	BUILDING	06/30/95		.000	HY	16	8,932,481.				8,932,481.	8,097,956.		0.	3,097,956.
3	EQUIPMENT	06/30/95	SL	7.00		16	1,872,148.				1,872,148.	1,299,692.		٥.	1,299,692.
	* TOTAL 990 PAGE 10 DEPR						11704629.				11704629.	4,397,648.		0.	4,397,648.

028111 04-01-20

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

	O	non	Return of Organization Exempt From Incom		OMB No. 1545-0047
For		3020	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private		ZU 19
Dep	artment	of the Treasury	Do not enter social security numbers on this form as it may be made p		Open to Public
_		enue Service	► Go to www.irs.gov/Form990 for instructions and the latest informati		Inspection
-			ar year, or tax year beginning SEP 1, 2019 and ending AUG 31		<u> </u>
в	Check i applical	ole: C Name of	organization D Emplo	oyer identificat	ion number
Г	Addr		CENTER OF COASTAL CAROLINA		
F	chan	e		-1035817	7
	chan Initia retur			none number	
	Final	11/ C		36863945	5
	term	in.	own, state or province, country, and ZIP or foreign postal code G Gross re		3,467,376.
	Ame			is a group retui	
	Appl	F Name a		ubordinates?	
	pend	^{ling} 14 SH		ll subordinates inclu	
1	Tax-ex			lo," attach a list	. (see instructions)
J	Webs	ite: 🕨 WWW .	A DIR GRAVE AGAI	up exemption n	
		of organization; 🗌	X Corporation Trust Association Other L Year of formation	: 1995 MS	tate of legal domicile: SC
Pa	art I	Summary			
ő	1	Briefly describ	e the organization's mission or most significant activities: TO ENRICH AND B	ENEFIT 1	THE
and			TY THROUGH THE ARTS		
Activities & Governance	2		x ▶ └── if the organization discontinued its operations or disposed of more than 25%		
20	3		ing members of the governing body (Part VI, line 1a)		15
শ্ব	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)	4	15
ties	5		of individuals employed in calendar year 2019 (Part V, line 2a)		183
tivii	6	Total number	of volunteers (estimate if necessary)	6	250
Ac	7 a	fotal unrelated	business revenue from Part VIII, column (C), line 12		0.
		Net unrelated	business taxable income from Form 990-T, line 39		
	8	Contributions	Prior 1 2 10	8,439.	Current Year 1,698,404.
Revenue	9			6,301.	1,027,193.
ver	10	Investment in		5,528.	219,523.
č	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0,379.	470,928.
	12			0,647.	3,416,048.
-	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14		o or for members (Part IX, column (A), line 4)	0.	0.
Ś	15		compensation, employee benefits (Part IX, column (A), lines 5-10) 2,36	7,530.	1,840,070.
penses	16a		Indraising fees (Part IX, column (A), line 11e)	0.	0.
	Ь	Total fundraisi	ng expenses (Part IX, column (D), line 25) 408,192.		1
ŭ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e) 2,66	9,845.	2,096,912.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,03	7,375.	3,936,982.
	19		expenses. Subtract line 18 from line 12	6,728.	-520,934.
Net Assets or Fund Balances			Beginning of C		End of Year
alar	20	⊤otal assets (F		3,933.	8,965,888.
Pid B	21			6,782.	3,369,109.
21	22		und balances. Subtract line 21 from line 20 5 , 88	7,151.	5,596,779.
		Signature			
			declare that I have examined this return, including accompanying schedules and statements, and to		owledge and belief, it is
true.	. corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which preparer has any kno	wiedae.	

Sign Here	Signatule Grottiter JEFFREY REEVES, PRESID Type or print name and title	DENT/CEO	Date 4/7/2021
7	Print/Type preparer's name	Preparer's signature Date	Check
Paid	C. THOMAS DEWITT, CPA	04/07	/21 self-employed P00853970
Preparer	Firm's name ROBINSON GRANT &	CO., P.A.	Firm's EIN 57-0735924
Use Only	Firm's address P.O. DRAWER 2295	9	
	HILTON HEAD ISLA	ND, SC 29925	Phone no.843-815-6161
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No
000004 04 0	a a 1114 For Denominaria Deduction Act Natio	an ana tha ann anta ia staurationa	E 000 (0010)

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)

Forn	n 990 (2019) ARTS CENTER OF COASTAL CAROLINA 57-	1035817	Page 2
-	rt III Statement of Program Service Accomplishments		
_	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission;		
	TO PROVIDE CULTURAL ENRICHMENT ON HILTON HEAD ISLAND AND EN.		
	RESIDENTS AND VISITORS TO HAVE ACCESS TO CULTURAL ACTIVITIE	s	
2	Did the organization undertake any significant program services during the year which were not listed on the		37
	prior Form 990 or 990-EZ?	⊥Yes	XNo
	If "Yes," describe these new services on Schedule O.		V.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	otal expenses,	and
	revenue, if any, for each program service reported.		200
4a	(Code:) (Expenses \$1,996,098. including grants of \$) (Revenue \$)		327.)
	THEATRICAL PRODUCTIONS THAT ALLOW THE COMMUNITY TO EXPERIENCE	CE LIVE	
	THEATRE.		
4b	(Code:) (Expenses \$494,577. including grants of \$) (Revenue \$)		005.)
	PRESENTING SERIES OF PERFORMING ARTIST TO ALLOW THE PUBLIC	FO SEE L	IVE
	PERFORMANCES BY RENOWED ARTISTS.		
4c	(Code:) (Expenses \$ 222,036 . including grants of \$) (Revenue \$	103,	707.)
	VISUAL ART PRESENTATIONS IN THE CENTER'S GALLERY		
			-
	3		
	· · · · · · · · · · · · · · · · · · ·		
4d	Other program services (Describe on Schedule O.)	(1)	
0.2011	(Expenses \$ 463,765. including grants of \$) (Revenue \$ 216,0	513.)	
4e	Total program service expenses 3,176,476.		00
		Form 9	90 (2019)

m **990** (2019)

Form 990 (2019)

			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?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
4	public office? If "Yes," complete Schedule C, Part I	3	-	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
Ŭ	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	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			-
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X	10	-	2.4
	as applicable.	25		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		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 for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2019)

Form 990 (2019)					CAROLINA
Part IV Checklist of	Required	Schedules	(cont	inued)	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
-	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		^
20	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):	103	1.00	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	1000		
2	"Yes," complete Schedule L, Part IV	28a		x
Ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
~ 4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1	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	24		x
25 a		34 35a	-	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	004		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
D	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
		_	Yes	No
1a ⊾				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	х	
			-1.00	

-	990 (2019) ARTS CENTER OF COASTAL CAROLINA 57-1035	817	F	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)	_		
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		120	10.1
	filed for the calendar year ending with or within the year covered by this return 2a 183			QL1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	_
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		37	100
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	Зb	X	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country		-	1.5
F -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C Fa	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6 -		x
h	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	6a		
U	-	CL.		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		- <u>^</u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	/0	_	
Ŭ	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year7d	10	100	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	-
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	15		1.2.1
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1.11	5.8	1.00
11	Section 501(c)(12) organizations. Enter:		1.00	100
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1.53		194
	amounts due or received from them.)		1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	55.0		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	1		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			1-3
	organization is licensed to issue qualified health plans		- 1	
С	Enter the amount of reserves on hand	571		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.	1 = 7	446	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2019)

Form	990	2019)	

ARTS CENTER OF COASTAL CAROLINA

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

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

X

Sec	stion A. Governing Body and Management			
-			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1a	5	123	10.11
	If there are material differences in voting rights among members of the governing body, or if the governing			10.5
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		1	4.1
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	5	100	1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		1.1	
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?			X
7a	-			
	more members of the governing body?	7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	76		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	÷		1000
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?		X	
15	Did the process for determining compensation of the following persons include a review and approval by independent		1925-7	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1.1	
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1.6
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		172	12
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	2. I.I.		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		1116	(E.)
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►SC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)	(3)s onl	y) avai	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	Ind fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ACCOUNTING DEPT/OFFICE - 843-686-3945			

14 SHELTER COVE LANE, HILTON HEAD ISLAND, SC 29928

Form 990 (2019)

ARTS CENTER OF COASTAL CAROLINA

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	-	cer ar	nd a d	irecto	n/trus	itee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	8			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		8	nens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	L CO T				and related organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Hignest compensated employee	Former			organizations
(1) ROBERT E. LEE	5.00	-	1		Ť	1 10	<u> </u>			
CHAIRMAN		x		x				0.	0.	0.
(2) JIM MACLEOD	5.00									
FIRST VICE CHAIR		X		X				0.	0.	0.
(3) ANN GRINDSTAFF	5.00									
SECRETARY		X		X				0.	0.	0.
(4) BILL MCHUGH	5.00									
TREASURUER		X		X				0.	0.	0.
(5) RICHARD SPEER	5.00									
IMMEDIATE PAST CHAIR		X						0.	0.	0.
(6) STEPHEN ALFRED	5.00									
BOARD MEMBER		X						0.	0.	0.
(7) FRED BEARD	5.00									
BOARD MEMBER		X						0.	0.	0.
(8) EMORY S. CAMPBELL, PH. D	5.00								-	_
BOARD MEMBER		X		_				0.	0.	0.
(9) ROBERT CHELL	5.00									_
BOARD MEMBER		X			_			0.	0.	0.
(10) LESLIE RICHARDSON	5.00							_		
BOARD MEMBER		X						0.	0.	0.
(11) RONALD SOLDO	5.00									
BOARD MEMBER		X						0.	0 .	0.
(12) MICHAEL WATERS	5.00									
BOARD MEMBER		X						0.	0.	0.
(13) HEATHER WILCAUSKAS	5.00									
BOARD MEMBER		X				_		0.	0.	0.
(14) OPAL ABBINK	5.00									
BOARD MEMBER		X						0.	0.	0.
(15) EBETH MAYO	5.00									
BOARD MEMBER		X						0.	0.	0.
(16) JEFFREY REEVES	40.00									
PRESIDENT, CEO	10.00	X		X				123,924.	0.	0.
(17) KATHLEEN BATESON	40.00						_	100 - 4-	-	-
FORMER PRESIDENT, CEO							X	139,567.	0.	0.

Form 990 (2019)

	990 (2019) ARTS CEN			_						57-103	581'	7 р	'age 8		
Pa	t VII Section A. Officers, Directors, Trus		ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)					
	(A) Name and title	(B) Average hours per week	box offic	not c unle	Pos heck	more rson i	than is bot or/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimat imount other	of		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key emplayee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)					
											U				
-															
	Subtotal Total from continuation sheets to Part VI	L Section A					*00		263,491. 0.	0	_		0.		
	Total (add lines 1b and 1c)								263,491.	0			0.		
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed at	oove	e) wh	io re	eceived more than \$100	0,000 of reportable		121	2		
3	Did the organization list any former officer,											Yes	No		
4	line 1a? <i>If "Yes," complete Schedule J for se</i> For any individual listed on line 1a, is the su										3	X			
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a										4		x		
See	rendered to the organization? <i>If</i> "Yes," <i>com</i> tion B. Independent Contractors										5		х		
1	Complete this table for your five highest co										sation	from	-		
	the organization. Report compensation for t (A)	the calendar ye	ear e	endir	ng w	/ith c	or wi	thin	(B)	1		C)			
	Name and business	address	NC	ONE	3	_		-	Description of s	ervices	Comp	ensatio	n 		
												_			
								_							
			_					_							
	Table and the second	a de alta e tra e	- A - P			41.									
2	Total number of independent contractors (in \$100,000 of compensation from the organiz		ot lir	nited	d to	thos 0		ted	above) who received m	iore than			2		

Form 990 (2019)

	n 990 rt V		2019) ARTS CENTER O				57-1035	817 Page 9
		_	Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 ;	a	Federated campaigns 1a				M FLORE ST	
Grai	1	b	Membership dues 1b				1999	
An An			Fundraising events 1c	54,164.	1.1.1.1.1.1			suis rei i tei
Gif			Related organizations 1d	200 200		の変形で見		
Sin's				389,360.	Page 1		Sec. Sec. 18	
utio	1	f	All other contributions, gifts, grants, and	254,880.				
6 E E E		~	similar amounts not included above 1f 1, Noncash contributions included in lines 1a-1f 1g \$	51,597.				
Contributions, Gifts, Grants and Other Similar Amounts		9 h	Total. Add lines 1a-1f		1,698,404.		CLUCK I	
				Business Code		2012 0 0 0 0 0 0		
8	2 8	а	ADMISSION FEES, ETC	900099	1,027,193.	1,027,193.		
Program Service Revenue	L t	b						
n Se	6	С			1			
Rev	•	d						
č	•	e						
-		r a	All other program service revenue		1,027,193.			
-	3	g	Total. Add lines 2a-2f Investment income (including dividends, intere		1,027,195.			
			other similar amounts)		219,523.			219,523.
	4		Income from investment of tax-exempt bond p					· · · · ·
	5			▶				
			(i) Real	(ii) Personal				
			Gross rents 6a			1. 1. 1. 1. 1.		
			Less: rental expenses 6b		- 34 - 510 8	State of the	Sec all	
			Rental income or (loss) 6c					
			Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other	HALLOND DEALE	Notes and		
	/ 2	3	assets other than inventory 7a					
	ł	b	Less: cost or other basis		Statistica -		8- 8-0 LV	
an			and sales expenses 7b			A CONTRACTOR		
ther Revenue	c	С	Gain or (loss) 7c		Section in			
Re	C	d	Net gain or (loss)	▶				
the	8 8	a	Gross income from fundraising events (not			1.1	1 - A - S -	
0			including \$ of			10- 10 g		
			contributions reported on line 1c). See	54,270.				
		h	Part IV, line 18 8a Less: direct expenses 8b	39,801.		[일본 말할거님 것		
				▶	14,469.			14,469.
			Gross income from gaming activities. See				i ven juixi	
			Part IV, line 19 9a			in a state of the state		
	k	b	Less: direct expenses 9b					a later
			Net income or (loss) from gaming activities	▶				
	10 a	a	Gross sales of inventory, less returns	24.000			and the state	
			and allowances 10a				A State Contacts	
			Less: cost of goods sold 10b	11,527.	23,439.	23,439.	10020030	
		ق	Net income or (loss) from sales of inventory	Business Code	45,455.	4J, 1 JJ.	No. Company	
Miscellaneous Revenue	11 a	3	FACILITY SUPPORT FEE	900099	139,214.	139,214.		
ane			ADVERTISING INCOME	541800	86,843.	86,843.		
sell			OTHER	900099	77,469.	77,469.		
Mis	c	d	All other revenue	900099	129,494.	129,494.		
			Total. Add lines 11a-11d		433,020.	1 105 155		
	12		Total revenue. See instructions	>	3,416,048.	1,483,652.	0.	233,992.

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 Form 990 (2019)
 ARTS CENTER OF COAST.

 Part IX
 Statement of Functional Expenses

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

	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				1232
	and domestic governments. See Part IV, line 21				the set of months
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				A CONTRACTOR
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	0.00 4.01	65 000		144 000
	trustees, and key employees	263,491.	65,873.	52,698.	144,920
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 576 570	1 205 550	101 000	70 100
7	Other salaries and wages	1,576,579.	1,305,558.	191,866.	79,155
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (nonemployees):				
a	o				
b					
C	Accounting				
d					
e ∡	Investment management fees				
f					
g	column (A) amount, list line 11g expenses on Sch O.)				
2	Advertising and promotion	228,238.	203,980.		24,258
3	Office expenses	7,741.	5,806.	774.	1,161
4	Information technology	.,			
5	Royalties	82,538.	82,538.		
6	Occupancy	101,514.	93,477.	2,855.	5,182
7	Travel	31,330.	29,148.	875.	1,307
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	117,172.	92,351.	11,207.	13,614
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	468,675.	431,569.	13,183.	23,923
3	Insurance	126,543.	116,525.	3,559.	6,459
1	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If	1			
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PAYROLL TAXES & BENEFIT	308,289.	251,269.	32,092.	24,928
Ь	MAINTENANCE	211,423.	194,684.	5,947.	10,792
С	SCENERY, PROPS, AND COS	173,757.	170,408.	0.	3,349
d	PERFORMER HOUSING	67,083.	66,558.	0.	525
е	All other expenses SEE SCH O	172,609.	66,732.	37,258.	68,619
5	Total functional expenses. Add lines 1 through 24e	3,936,982.	3,176,476.	352,314.	408,192
3	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 b if following SOP 98-2 (ASC 958-720)				

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Form 990 (2019)

ARTS CENTER OF COASTAL CAROLINA

Part X Balance Sheet

-		Check it Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	451,794.	1	222,374.
	2	Savings and temporary cash investments	101,520.	2	83,765.
	3	Pledges and grants receivable, net	602,044.	3	540,710.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		100	
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined	196 ¹¹ 21 27 27 23		STUDIOS CONTRACTOR
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	17,969.	8	6,122.
Ÿ	9	Prepaid expenses and deferred charges	32,544.	9	40,741.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 12,613,629.			
	b	Less: accumulated depreciation 10b 7,451,886.	5,593,717.	10c	5,161,743.
	11	Investments - publicly traded securities	2,577,201.	11	2,752,389.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	127,144.	15	158,044.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	9,503,933.	16	8,965,888.
	17	Accounts payable and accrued expenses	126,644.	17	97,823.
	18	Grants payable		18	
	19	Deferred revenue	1,087,849.	19	783,261.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
e S	22	Loans and other payables to any current or former officer, director,			
iliti		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties	2,071,139.	23	2,054,312.
	24	Unsecured notes and loans payable to unrelated third parties	319,424.	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	11,726.	25	433,713.
_	26	Total liabilities. Add lines 17 through 25	3,616,782.	26	3,369,109.
S		Organizations that follow FASB ASC 958, check here 🕨 🔀	State Burgh	1.1	
lces		and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	3,222,091.	27	2,931,719.
Ë I	28	Net assets with donor restrictions	2,665,060.	28	2,665,060.
Š		Organizations that do not follow FASB ASC 958, check here 🕨 🛄			
L L		and complete lines 29 through 33.	380 al 2 2 20		
ts	29	Capital stock or trust principal, or current funds		29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balar	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ň	32	Total net assets or fund balances	5,887,151.	32	5,596,779.
	33	Total liabilities and net assets/fund balances	9,503,933.	33	8,965,888.

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

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Form 990 (2019)

	990 (2019) ARTS CENTER OF COASTAL CAROLINA	57-1	035817	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			and the	
			2 41		4.0
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,41		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,93		
3	Revenue less expenses. Subtract line 2 from line 1	3	-52		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,88		
5	Net unrealized gains (losses) on investments	5		2,4	
6	Donated services and use of facilities	6	13	8,1	62
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,59	6,7	79
a	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		- 20		
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	l on a			
	separate basis, consolidated basis, or both:		121		
	X 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 separat	e basis,			
	consolidated basis, or both:		· · · · · ·		1
	Separate basis Consolidated basis Both consolidated and separate basis		N31 8		
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit.			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
ła	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	3a		x
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				<u> </u>
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
_	or addite, explain why on conedule o and describe any steps taken to undergo such addits				(2019

SCHEDULE A (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	OMB No. 1545-0047 2019 Open to Public Inspection						
Name of the organization	Go to www.irs.go	v/Form990 for instruction	ons and t	ne latest l	ntormation,	Employer	identification number
	CENTER OF	COASTAL CAR	OLINA			100000000000000000000000000000000000000	7-1035817
Part I Reason for Public					ee instruction		
The organization is not a private found							
1 🛄 A church, convention of ch							
2 A school described in sec	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3 A hospital or a cooperative					-		
4 A medical research organiz	zation operated in co	onjunction with a hospital	describe	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
city, and state:	ion the honefit of a or			tod by a a	o componiato la	unit des suit	and in
5 An organization operated f section 170(b)(1)(A)(iv). (0		sliege of university owned	or opera	lied by a g	overnmentari	unit descrit	
6 A federal, state, or local go		mental unit described in	section 1	70/b)(1)(A)	(v)		
7 An organization that norma	_					he general	public described in
section 170(b)(1)(A)(vi). (0	-						
8 A community trust describ		(1)(A)(vi). (Complete Par	t II.)				
9 🔲 An agricultural research or	ganization described	d in section 170(b)(1)(A)(ix) operate	ed in conji	unction with a	land-grant	college
or university or a non-land-	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	e or
university:							
10 X An organization that norma							
activities related to its exer			•••				-
income and unrelated busi See section 509(a)(2). (Co		e (less section 511 tax) th	om busine	esses acqu	lired by the o	ganization	aπer June 30, 1975.
11 An organization organized		sively to test for public sa	fety See.	section 5	(3)(4)		
12 An organization organized			-			arry out the	e purposes of one or
more publicly supported o						-	
lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete line	s 12e, 12f, an	d 12g.	
a U Type I. A supporting org	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	' giving
the supported organizati			a majority	of the dire	ctors or truste	es of the s	supporting
organization. You must							
b Type II. A supporting org					-		-
control or management of organization(s). You mus			ame perso	ons that c	ontrol or mana	ige the sup	portea
c Type III functionally into	•		in connec	tion with	and functiona	lly integrat	ed with
its supported organizatio						ily intograt	sa with,
d 🔲 Type III non-functionall			-			rted organi	zation(s)
that is not functionally in	tegrated. The organi	zation generally must sat	isfy a dist	ribution re	quirement an	d an attent	iveness
requirement (see instruct	tions). You must cor	mplete Part IV, Sections	A and D,	and Part	V.		
e Check this box if the org					а Туре I, Туре	II, Type III	
functionally integrated, o							
f Enter the number of supported	organizations						
g Provide the following informatio (i) Name of supported	(ii) EIN	(iiii) Type of organization	(iv) is the orga in your governi	mization listed	(v) Amount of	monetary	(vi) Amount of other
organization		(described on lines 1-10	Yes	ng document? No	support (see in		support (see instructions)
-		above (see instructions))					
Total		down and the second		1.5.6			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

 Schedule A (Form 990 or 990-EZ) 2019 ARTS CENTER OF COASTAL CAROLINA
 57-10358

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-					1	1
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions			THE REPORT			
Ŭ	by each person (other than a			8	1.1.1.1.1.1.1	La transitione de la constante	
	governmental unit or publicly		1994 - 1997 - 299 1997 - 1997 - 299		R. 230.	1.1.1.1.1.1.1	
	supported organization) included			1 . A . I	Concernance	14.201	
	on line 1 that exceeds 2% of the		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			a na 20 a	
	amount shown on line 11,		1.1.1.1.1.1.1	1.00	P. 2.33	R. 1974	
	achuma (A	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	Second Street	
6	Public support. Subtract line 5 from line 4.					1.000	
	ction B. Total Support				1		
-	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	(a) 2015	(0) 2010	(6) 2017	(0) 2018	(6) 2013	(I) I Otal
	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties,						
~	and income from similar sources					·	
Э	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				· · · · · · · · · · · · · · · · · · ·		
	Total support. Add lines 7 through 10					1.0	
	Gross receipts from related activities,	•				12	
13	First five years. If the Form 990 is for				-		
Sec	organization, check this box and stor ction C. Computation of Publ		rcentage				
-				(A)		14	0/
	Public support percentage for 2019 (I						%
	Public support percentage from 2018						
102	33 1/3% support test - 2019. If the c						
	stop here. The organization qualifies						
	33 1/3% support test - 2018. If the c						
	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac			-	•	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th				• •		·······
12122-0	organization meets the "facts-and-circ						Contraction of the second s
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see instruction	s >

Schedule A (Form 990 or 990-EZ) 2019 ARTS CENTER OF COASTAL CAROLINA 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.)

Gale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and				-		
	membership fees received. (Do not						
	include any "unusual grants.")	1,509,642.	1,409,628.	1,431,155.	2,175,545.	1,698,404.	8,224,374
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,275,712.	1,975,728.	2,028,228.	2,541,100.	1,027,193.	8,847,961
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5	2,785,354.	3,385,356.	3,459,383.	4,716,645.	2,725,597.	17,072,335
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0
lt	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c	Add lines 7a and 7b						0
	Public support. (Subtract line 7c from line 6.)	Contraction of the second	2	1.12			17,072,335
See	ction B. Total Support						
_	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	2,785,354.	3,385,356.	3,459,383.	4,716,645.	2,725,597.	17,072,335
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	111,836.	114,669.		25,528.	219,523.	586,670
Ŀ	Unrelated business taxable income	111,0001	111,0051	110/111	2373201	213,523.	500,070
	(less section 511 taxes) from businesses						
	acquired after June 20, 1075				10		
		111,836.	114,669.	115,114.		210 522	FOC (70
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	111,030.	114,009.	115,114.	25,528.	219,523.	586,670
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	594,833.	569,698.	712,251.	180,073.	470,928.	2,527,783
13	Total support. (Add lines 9, 10c, 11, and 12.)	3,492,023.	4,069,723.	4,286,748.	4,922,246.	3,416,048.	20,186,788
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	ation,
Sec	check this box and stop here	ic Support Pe					▶
15	Public support percentage for 2019 (li	ine 8, column (f), d	ivided by line 13, d	olumn (f)		15	84.57 9
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	85.40 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
	Investment income percentage for 20	19 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	2.91 9
_						18	2.32 9
17	Investment income percentage from 2						
17 18	Investment income percentage from 2 33 1/3% support tests - 2019. If the			n line 14. and line	15 is more than 3	33 1/3%, and line 1	7 is not
17 18	33 1/3% support tests - 2019. If the	organization did n	ot check the box o				37
17 18 19a	33 1/3% support tests - 2019. If the more than 33 1/3%, check this box ar	organization did n nd stop here. The	ot check the box c organization qualif	ies as a publicly su	upported organiza	tion	X
17 18 19a	33 1/3% support tests - 2019. If the	organization did n nd stop here. The organization did n	ot check the box c organization qualif ot check a box on	ies as a publicly sı line 14 or line 19a	upported organiza , and line 16 is mo	tion pre than 33 1/3%, a	Ind

Yes

No

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

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

1 2 3a ЗЬ 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9h 9c 10a 10h

Schedule A (Form 990 or 990-EZ) 2019 ARTS CENTER OF COASTAL CAROLINA Part IV Supporting Organizations (continued)

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	Des 1		÷
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1		20.2
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above?/f "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	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	1.00		100
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	S. 1. 1		et de
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	20,8		-
	controlled the organization's activities. If the organization had more than one supported organization,	1111-	1.0	100
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		1.1	2.21
	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	1.24		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			1,11
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	A. 11	1.5.5	103
_	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1.1.2	1.0	
	or management of the supporting organization was vested in the same persons that controlled or managed	1.0		121
	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	114.2	1.1	2.1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1.0		
	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	1.1		
	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		
з	By reason of the relationship described in (2), did the organization's supported organizations have a	2.00		
	significant voice in the organization's investment policies and in directing the use of the organization's	1.9		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1.000		
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions	L.		
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 government entity (see ins	truction	5).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	10.14	1	
	how the organization was responsive to those supported organizations, and how the organization determined	1.5		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20	-	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1.1	
	reasons for the organization's position that its supported organization(s) would have engaged in these		1.5	
		01-		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in</i> Part VI.	За		
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		

Schedule A (Form 990 or 990-EZ) 2019 ARTS CENTER OF COASTAL CAROLINA

Part V Type I 1 Check he

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

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		A	
	instructions for short tax year or assets held for part of year):		1. XV. 3. 12	E
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
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		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

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

Schedule A (Form 990 or 990-EZ) 2019 ARTS CENTER OF COASTAL CAROLINA

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

Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported		
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
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	he organization is responsive)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6		A DAY IN THE REAL OF	
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			1 - J. J J J J J J J.
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
-	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount		l fan Star Staff	
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if	i na stati di stati di		
	any. Subtract lines 3g and 4a from line 2. For result greater	SER. 2 611		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h		2-3-50	
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			A Contract of the
8	Breakdown of line 7:	A DEN NOR DEN		
a	Excess from 2015			
b	Excess from 2016			
	Excess from 2017			
d	Excess from 2018	A STATISTICS		
e	Excess from 2019			

Schedule A	(Form 990 or 990-EZ) 2019 ARTS CENTER OF COASTAL CAROLINA	57-1035817 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit (See instructions.)	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,
-		
	1	

SCHEDULE D (Form 990)

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.



Department of the Treasury Internal Revenue Service

Name of the organization					
	ARTS	CENTER	OF	COASTAL	CAROLINA

Employer identification number 57-1035817

Pa	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, line		ilar Funds or A	Accounts.Complete if the
	organization answered res on Form 990, Part IV, in	e o. (a) Donor advised fur	ids	(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 v	writing that the assets held in	donor advised fur	nds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any ot	her purpose confe	rring
	impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" or	I Form 990, Part IV	/, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	tion or education)	servation of a histo	orically important land area
	Protection of natural habitat	Pre	servation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contributior	in the form of a co	onservation 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			2b
C	Number of conservation easements on a certified historic stru-			2c
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register	*************		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or termi	nated by the orgar	nization during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the peri		-	
-	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and er	iforcing conservati	ion easements during the year
-				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforci	ng conservation ea	asements during the year
0	\$			
8				
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation			
3	balance sheet, and include, if applicable, the text of the footne			
	organization's accounting for conservation easements.	ote to the organization s lina	ncial statements tr	Tat describes the
Pa	t III Organizations Maintaining Collections of	Art. Historical Treasu	res or Other	Similar Assets
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958		statement and ha	lance sheet works
	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 958			e sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	,		
	(i) Revenue included on Form 990, Part VIII, line 1			. ▶ \$
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS		•	
а	Revenue included on Form 990, Part VIII, line 1			▶ \$
	Assets included in Form 990, Part X			

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

Schedule D (Form 990) 2019

932051 10-02-19

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes Yes Yes Yes b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c 1d 1c 1d 1d 1d 1e 1f 1d 1e 1f 1d 1e 1f 1e 1f 1e 1f 1e 1f 1c 1d 1e 1f 1c 1d	cquisition, accession, and other records, check any of the following that make significant use of its that apply):
collection items (check all that apply): a A public exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes X restart Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes It b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount It c Beginning balance It It It d Additions during the year It It f Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XIII. Yes It 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial a	that apply): d lotan or exchange program e lother e organization's collections and explain how they further the organization's exempt purpose in Part XIII. ganization solicit or receive donations of art, historical treasures, or other similar assets ather than to be maintained as part of the organization's collection? Ves No ustoclial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or t on Form 990, Part X, line 21. t, trustee, custodian or other intermediary for contributions or other assets not included yement in Part XIII and complete the following table: Arrount t t t t t t t t t t t t t t t t t t
a X Public exhibition d Loan or exchange program b Scholarly research e Other	d Loan or exchange program e
b Scholarly research e Other	e ☐ Other
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes X r Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes r b If "Yes," explain the arrangement in Part XIII and complete the following table: Armount 1c 1d 1e 1f 1d 1e 1f 1d 1e 1f 1e	are generations ue organization's collections and explain how they further the organization's exempt purpose in Part XIII. ganization solicit or receive donations of art, historical treasures, or other similar assets ather than to be maintained as part of the organization's collection? Yes ustodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or to n Form 990, Part X, line 21. Yes nt, trustee, custodian or other intermediary for contributions or other assets not included Yes No gement in Part XIII and complete the following table: Amount 1c ar 1d 1d 1d ar (a) Yes" on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No gement in Part XIII. Check here if the explanation has been provided on Part XIII. 1 1 1 Inds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (e) Four years back (e) Four years back (e) Four years back (f) Three years back (f) Prior year 1, 250, 85, 929, 9. 1, 250, 85, 929, 9. 1, 250, 85, 929, 9. 1, 250, 85, 929, 9. 1, 2, 200, 719, 2, 2, 200, 719, 2, 2, 200, 719, 2, 2, 200, 719, 2, 2, 508, 21, 577, 201, 2, 588, 219, 2, 440, 170, 2, 200, 719, 2, 2, 200, 719, 2, 2
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes X r Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes Yes Yes It b If "Yes," explain the arrangement in Part XIII and complete the following table: Arnount Arnount c Beginning balance It It It d Additions during the year It It e Distributions during the year It It f Endowment Funds. Complete if the organization has been provided on Part XIII Part X Ite Ite f Endowment Funds. Complete if the explanation has been provided on Part XIII Part X Ite Ite Ite Ite Ite Ite Ite Ite Ite <t< th=""><th>te organization's collections and explain how they further the organization's exempt purpose in Part XIII. ganization solicit or receive donations of art, historical treasures, or other similar assets ather than to be maintained as part of the organization's collection?</th></t<>	te organization's collections and explain how they further the organization's exempt purpose in Part XIII. ganization solicit or receive donations of art, historical treasures, or other similar assets ather than to be maintained as part of the organization's collection?
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	i-endowment ▶% % 2a, 2b, and 2c should equal 100%.
a Board designated or quasi-endowment	%
	% 2a, 2b, and 2c should equal 100% .
total and the second se	2a, 2b, and 2c should equal 100% .
The percentages on lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization	is not in the possession of the organization that are held and administered for the organization
(i) Unrelated organizations	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	
4 Describe in Part XIII the intended uses of the organization's endowment funds.	
Part VI Land, Buildings, and Equipment.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value	
	basis (investment) basis (other) depreciation
	basis (investment) basis (other) depreciation 900,000. 900,000.
	basis (investment) basis (other) depreciation 900,000. 900,000. 9,413,545. 5,909,197. 3,504,348.
c Leasehold improvements	basis (investment) basis (other) depreciation 900,000. 900,000. 9,413,545. 5,909,197.
d Equipment 2,183,416, 1,432,275, 751,141	basis (investment) basis (other) depreciation 900,000. 900,000. 9,413,545. 5,909,197. 2,183,416. 1,432,275.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019	ARTS	CENTER	OF	COASTAL	CAROLINA
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Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(D) (E) (F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2) (3)	
(3)	
(4) (5) (6)	
(5)	
(6)	
(7)	
(7) (8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

<u>1.</u>	(a) Description of liability	(b) Book value
(1)) Federal income taxes	
(2)	ACCRUED SALARIES & SALES TAX	
(3)	PAYABLE	6,440.
(4)	PAYCHECK PROTECTION (PPP) FUNDING	427,273.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	433,713.
2. Lia	ability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements t	hat reports the

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

Schedule D (Form 990) 2019

Sche	dule D (Form 990) 2019 ARTS CENTER OF COASTAL CA	AROLINA	57-1035817 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	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:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	100
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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.)		
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	8 8	
а	Donated services and use of facilities	2a	The T
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1995 B	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	Phase and the second
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	900 Pr1 / 200 Pr	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	t XIII Supplemental Information.		

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

SCHEDULE G	Suppleme	ental Information Regarding	ı Fun	drais	ing or Gaming	Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				or 19, or if the	2019
Department of the Treasury		Attach to Form 990					Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instr	uctior	is and	the latest informat		Inspection
Name of the organization		NTER OF COASTAL CA	ROI	TNA		57-103	dentification number
Part I Fundrais		Complete if the organization answe		_			
	complete this par						
a Aail solicitati b Internet and c Phone solicit d In-person sol	ions email solicitations ations licitations		tion of tion of fundra	non-g gover aising	overnment grants nment grants events		
		art VII) or entity in connection with p					es No
		viduals or entities (fundraisers) purs	uant to	agree	ements under which	the fundraiser is to	o be
compensated at lea	ast \$5,000 by the	organization.					
(i) Name and address or entity (fund		(ii) Activity	fünd have o or cor	Did aiser ustody atrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by fundraiser listed in col. (i)	
			Yes	No			
		=					
			I				
		n is registered or licensed to solicit		b utions	s or has been notified	d it is exempt from	registration
or licensing.							
				_			

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

		(a) Event #1 GOLF TOURNAMNET	(b) Event #2 GALA	(c) Other events NONE	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
	1 Gross receipts	68,567.	39,867.		108,434
	2 Less: Contributions	31,607.	22,557.		54,164
Ļ	3 Gross income (line 1 minus line 2)	36,960.	17,310.		54,270
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	2,000.			2,000
	7 Food and beverages	7,991.			7,991
	8 Entertainment	14 084	45 (00		
!	9 Other direct expenses		15,439.		29,810
1.	10 Direct expense summary. Add lines 4 throug 11 Net income summary. Subtract line 10 from				39,801 14,469
	1 Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (d
	2 Cash prizes				
;	3 Noncash prizes				
4	4 Rent/facility costs				
ł	5 Other direct expenses			124	
	6 Volunteer labor	└── Yes % └── No	Yes%	Yes % No	
7	7 Direct expense summary. Add lines 2 throug	h 5 in column (d)			
8	8 Net garning income summary. Subtract line i	7 from line 1, column (d)			
	Enter the state(s) in which the organization cond s the organization licensed to conduct gaming a f "No," explain:	ctivities in each of these	states?		Yes No
) f	Nere any of the organization's gaming licenses r				Yes No

 Schedule G (Form 990 or 990-EZ) 2019 ARTS
 CENTER OF COASTAL
 CAROLINA
 57-1035817
 Page 2

 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019 ARTS CENTER OF COASTAL CAROLINA	57-1035817 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	Pa 1040.
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	ords:
Name	
Address 🕨	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the ar	nount
of gaming revenue retained by the third party ►\$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name 🕨	
Gaming manager compensation 🕨 \$	
Description of services provided 🕨	
	2.
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sper	
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

57-1035817 Page

Schedule G	(Form 990 or 990-EZ)	ARTS	CENTER	OF	COASTAL	CAROLINA
Part IV	Supplemental Info	rmation (continued)			

3	
	Schedule G (Form 990 or 990-EZ)
	· · · · · · · · · · · · · · · · · · ·

(FC	SCHEDULE J (Form 990) Compensation Information Department of the Treasury Internal Revenue Service For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Name of the organization Attach to Form 990. Name of the organization Employer id 57-1 Part 1 Questions Regarding Compensation							
Pa								
1a	1a Check the appropriate box(es) if the organization provided any Part VII, Section A, line 1a. Complete Part III to provide any rel First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account		nal use sidence	Yes	No			
b	b If any of the boxes on line 1a are checked, did the organization	n follow a written policy regarding payment or	12	1	1.6.1			
	reimbursement or provision of all of the expenses described al	oove? If "No," complete Part III to explain	1t					
2			- A.	1.52	p Vi			
	trustees, and officers, including the CEO/Executive Director, re	garding the items checked on line 1a?		_				
3	CEO/Executive Director. Check all that apply. Do not check an establish compensation of the CEO/Executive Director, but ex Compensation committee Independent compensation consultant Form 990 of other organizations	y boxes for methods used by a related organization plain in Part III. Written employment contract Compensation survey or study X Approval by the board or compensation comp	on to					
4	4 During the year, did any person listed on Form 990, Part VII, Se organization or a related organization:	ection A, line Ta, with respect to the filing	1	100	1.1.4			
а	a Receive a severance payment or change-of-control payment?		4a		x			
b		alified retirement plan?	*CO31000000000000000000000000000000000000	-	X			
	c Participate in, or receive payment from, an equity-based comp			-	X			
•	If "Yes" to any of lines 4a-c, list the persons and provide the ap							
5 a	 Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization For persons listed on Form 990, Part VII, Section A, line 1a, dic contingent on the revenues of: a The organization? 	I the organization pay or accrue any compensation			x			
b	b Any related organization?		5t		X			
6	 If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, dic contingent on the net earnings of: 	the organization pay or accrue any compensatio	n		x			
b	a The organization? b Any related organization?		66	-	X			
~	If "Yes" on line 6a or 6b, describe in Part III.							
7					х			
8								
9	initial contract exception described in Regulations section 53.4 If "Yes" on line 8, did the organization also follow the rebuttable	958-4(a)(3)? If "Yes," describe in Part III			<u>x</u>			
	Regulations section 53.4958-6(c)?							

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 ARTS CENTER OF COASTAL CAROLINA 57-1035817 Part II Officers. Directors. Trustees. Key Employees. and Highest Commensated Employees. Use durificate conties if additional space is peopled	CE	ARTS CENTER OF CO.	COASTAL CAROLINA	L INA lovees. Use duntica	57-1035817 te conies if additional snare	817 Marca is needed		Page 2
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. Section A, line 1a, applicable column (D) and (E) amounts for that individual.	orm 9	ported on Schedule . 990, Part VII. dividual must equal ti	J, report compensation	tion from the organization of the organization	ection A, line 1a, applic	medical organization	ns, described in the ins (E) amounts for that ind	tructions, on row (ii). ividual.
		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denetits	(cr)-(i)(Ħ)	in column (B) reported as deferred on prior Form 990
(1) KATHLEEN BATESON	0	139,567.	• 0	.0	•0	.0	139,567.	0.
FORMER PRESIDENT, CEO	(ii)	• 0	.0			• 0	.0	.0
	()							
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	(i)							
	(iii)							
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	(ii)							
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	(1)							
							Schedu	Schedule J (Farm 990) 2019

932112 10-21-19

Page 3											90) 2019
57-1035817	e this part for any additional information.										Schedule J (Form 990) 2019
Schedule J (Form 990) 2019 ARTS CENTER OF COASTAL CAROLINA	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.										

932113 10-21-19

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Inspection Employer identification number 57-1035817

ARTS CENTER OF COASTAL CAROLINA

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER ACTIVITIES

EXPENSES \$ 463,765. INCLUDING GRANTS OF \$ 0. REVENUE \$ 216,613.

FORM 990, PART VI, SECTION A, LINE 7A:

THE CURRENT BOARD OF DIRECTORS ELECTS THE NEXT INCOMING BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

THE TAX RETURN IS REVIEWED BY BOTH MANAGEMENT AND THE ORGANIZATION'S

TREASURER PRIOR TO BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION CONSISTENTLY HAS DISCUSSIONS WITH THEIR OFFICERS AND BOARD

OF DIRECTORS REGARDING THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PRESIDENT/CEO IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS AND

COMPENSATION IS BASED ACCORDINGLY.

FORM 990, PART VI, SECTION C, LINE 19:

INFORMATION IS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

MISCELLANEOUS OTHER NON-OPERATING EXPENSES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

9,062.

27,000.



OMB No. 1545-0047

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization ARTS CENTER OF COASTAL CAROLINA	Page 2 Employer identification number 57-1035817
FUNDRAISING EXPENSES	14,064.
TOTAL EXPENSES	50,126.
BANK AND CREDIT CARD FEES:	
PROGRAM SERVICE EXPENSES	25,613.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	17,075.
TOTAL EXPENSES	42,688.
EVENT SERVICES:	
PROGRAM SERVICE EXPENSES	6,998.
MANAGEMENT AND GENERAL EXPENSES	2,378.
FUNDRAISING EXPENSES	22,217.
TOTAL EXPENSES	31,593.
PUBLICATIONS AND PRINTING:	
PROGRAM SERVICE EXPENSES	7,121.
MANAGEMENT AND GENERAL EXPENSES	5,053.
FUNDRAISING EXPENSES	15,263.
TOTAL EXPENSES	27,437.
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	20,765.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	20,765.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL 2	A 172,609.

Sched	le O (Form	990 oi	990-EZ) (20)19)								Page
Name	of the organ	ization	ARTS	CENTER	R OF	COASTA	L C	AROLI	NA		Employ 57	ver identification number 7-1035817
FORM	1990,	PAI	RT XII	, LINE	2C:							
THE	PROCE	SS I	S UNC	HANGED	FROM	THAT	OF	PRIOR	YEAR	3		
· · · · · · · · · · · · · · · · · · ·												
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- Anno												
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		_										

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MORTIZATIC
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FORM 990 PAGE 10

	Ending Accumulated Depreciation		,097,956.	, 299, 692.	4,397,648.					
	Current Year Deduction	.0	, E. O	0.1,	0.4,					
	Current Sec 179 Expense									
	Beginning Accumulated Depreciation		,097,956.	, 299, 692.	1,397,648.		10			
	Basis For Depreciation	900,000.	8,932,481.3	1,872,148.1	11704629.4					
	Reduction In Basis									
	Section 179 Expense									
066	Bus % Excl					12		8		
	Unadjusted Cost Or Basis	.000,006	,932,481.	,872,148.	11704629.					
	Line No.		HY16 8	19 1						357
1	Life C		00	00.					-	
	Method		•	SL 7.		1.00		125		
	Date Acquired M	06/30/95 T	06/30/95	06/30/95 s						
FORM 990 PAGE 10	Description	LAND	BUILDING	EQUIPMENT	* TOTAL 990 PAGE 10 DEPR					
ORM 95	Asset No.	1	2	ю				Sal	30	

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

928111 04-01-19

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

b 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.



Department of the Treasury	
nternal Revenue Service	

AF	or the	2018 calendar year, or tax year beginning ${ m SEP}$ 1 , 2018 and e	nding A	UG 31, 2019					
-	Check if			D Employer identifie	cation number				
	Addres	ARTS CENTER OF COASTAL CAROLINA							
	Name change			57-1035817					
	Initial return		Room/suite	E Telephone number					
	Final return/		toom, outo		863945				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 4,924,961					
	Ameno	HILTON HEAD ISLAND, SC 29928	H(a) Is this a group re						
	Applic			for subordinates? Yes X No					
	pendir	⁹ 14 SHELTER COVE LANE, HILTON HEAD ISLAN	D, SC	H(b) Are all subordinates in					
ΙT	ax-exe	empt status: 🚺 501(c)(3) 🛄 501(c) () ◀ (insert no.) 🛄 4947(a)(1) or			list. (see instructions)				
		e: WWW.ARTSHHI.COM		H(c) Group exemption					
κF	orm of	organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year of		State of legal domicile: SC				
	art I	Summary		· · ·					
e	1	Briefly describe the organization's mission or most significant activities: ${ m TO}~{ m EN}$	RICH	AND BENEFIT	THE				
Activities & Governance		COMMUNITY THROUGH THE ARTS							
jr në	2	Check this box $ig>$ if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.				
Ň	3	Number of voting members of the governing body (Part VI, line 1a)		3	15				
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b) \dots			15				
es		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			174				
iviti		Total number of volunteers (estimate if necessary)			400				
Act		Total unrelated business revenue from Part VIII, column (C), line 12			28,919.				
	b	Net unrelated business taxable income from Form 990-T, line 38	<u></u>		0.				
				Prior Year	Current Year				
ne		Contributions and grants (Part VIII, line 1h)		1,431,155.	2,108,439.				
Revenue		Program service revenue (Part VIII, line 2g)		1,966,145.	2,016,301.				
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		115,114.	25,528.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		671,874.	650,379.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,184,288.	4,800,647.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
		Benefits paid to or for members (Part IX, column (A), line 4)		2,260,260.	0.2,367,530.				
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,200,200.					
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	···· –	0.	0.				
Expenses	D 47	Total fundraising expenses (Part IX, column (D), line 25) • 426, 73	<u> </u>	2,491,309.	2,669,845.				
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,751,569.	5,037,375.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·····	-567,281.	-236,728.				
SS	19	Revenue less expenses. Subtract line 18 from line 12	Po	ginning of Current Year					
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		9,786,734.	End of Year 9,503,933.				
Bal	20			3,842,269.	3,616,782.				
Vet / und	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	·····	5,944,465.	5,887,151.				
Pa	art II	Signature Block		5,511,105.	5,007,151.				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and statem	ents, and to the hest of m	knowledge and belief it is				
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of which							
	,	starte Second and the second s		May 25, 2	020				
Sigr	n	Signature of officer		Date Date	040				
Her		JEFFREY REEVES, PRESIDENT/CEO							
	-	Type or print name and title							
			i r)ate					

	Print/Type preparer's name	Fiehaiei S Sidilaine	Date Check PTIN					
	C. THOMAS DEWITT, CPA		05/21/20 ^{if} self-employed P00853970					
	Firm's name 🕞 ROBINSON GRANT &		Firm's EIN 57-0735924					
Use Only	Firm's address 🕨 P.O. DRAWER 2295							
	HILTON HEAD ISLA	ND, SC 29925	Phone no.843-815-6161					
May the IF	Aay the IRS discuss this return with the preparer shown above? (see instructions)							

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	n 990 (2018) ARTS CENTER OF COASTAL CAROLINA	57-1035817 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u>X</u>
1	Briefly describe the organization's mission:	
	TO PROVIDE CULTURAL ENRICHMENT ON HILTON HEAD ISLAND ANI	
	RESIDENTS AND VISITORS TO HAVE ACCESS TO CULTURAL ACTIV	[TIES.
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
•	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
4	If "Yes," describe these changes on Schedule O.	management by avpapage
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	revenue, if any, for each program service reported.	rs, the total expenses, and
4a		1,607,519.
та		RIENCE LIVE
	THEATRE.	
4b	(Code:) (Expenses \$646,915. including grants of \$) (Revenue)	
	PRESENTING SERIES OF PERFORMING ARTIST TO ALLOW THE PUBL	LIC TO SEE LIVE
	PERFORMANCES BY RENOWED ARTISTS.	
4c	(Code:) (Expenses \$ 290, 426. including grants of \$) (Revenue	ue \$ 178,812.)
-10	VISUAL ART PRESENTATIONS IN THE CENTER'S GALLERY	
4d	Other program services (Describe in Schedule O.)	
		373, 4 85.)
4e	Total program service expenses 4,154,879.	

Form 990 (2018)	ARTS	CENTER
Part IV	Checklist of	Required	Schedules

ARTS CENTER OF COASTAL CAROLINA

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	~		х
4	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	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	~~~~	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	115		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes,"</i>			х
20-	complete Schedule G, Part III	19 20a		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		- 23
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~ ~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
Pa	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	л	
ı al	Check if Schedule O contains a response or note to any line in this Part V			
			 V	
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	Х	
	(gambling) winnings to prize winners?	1c	43	

Form 990	
Part V	Sta

			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 174					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a						
	any contributions that were not tax deductible as charitable contributions?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37		
	to file Form 8282?	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7e				
e						
f	5 , 5 , 1 , 1 , 5 , 1					
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h o						
8						
0	sponsoring organization have excess business holdings at any time during the year?					
9						
a h	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?	9a 9b				
ь 10	Section 501(c)(7) organizations. Enter:	90				
	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					
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders 11a					
	Gross income from other sources (Do not net amounts due or paid to other sources against					
~	amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans					
с	Enter the amount of reserves on hand 13c					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		Х		
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2018)

Form	990 (2018) ARTS CENTER OF COASTAL CAROLINA 57-103	5817	F	Page			
-	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a						
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.						
	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15	5					
	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 in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15	5					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a	Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	Х				
	Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X			
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13						
b	• Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
10	in Schedule O how this was done						
13 14	Did the organization have a written whistleblower policy?						
14	Did the organization have a written document retention and destruction policy?						
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
2	The organization's CEO, Executive Director, or top management official	15a	x				
	Other officers or key employees of the organization	15a		x			
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	150					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
104		16a		x			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104					
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
		16b					
Sec	exempt status with respect to such arrangements?	_ 100					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright SC						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3	s only) avail	ahle			
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website X Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	ıd finar	icial				
	statements available to the public during the tax year.						

035817 Page **6** for a "No" response

Form 990 (2018)								
Part V		G	0١	/ei				

Х

Х

Х

No

Х

Х

Х

Х

Х

Yes No

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

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 is 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week					1		from	from related	other
	(list any hours for	Individual trustee or director				Ð		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			insate		(W-2/1099-MISC)		organization
	organizations	l trust	nal tru		oyee	ompe				and related
	below	vidua	In stitutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	Higher	For			
(1) ROBERT LEE	5.00									0
CHAIRMAN		х		X				0.	0.	0.
(2) JAMES MACLEOD	5.00									
FIRST VICE CHAIR		Х		х				0.	0.	0.
(3) ANN D. GRINDSTAFF	5.00									
SECRETARY		х		X				0.	0.	0.
(4) WILLIAM MCHUGH	5.00									
TREASURUER		Х		X				0.	0.	0.
(5) RICHARD SPEER	5.00									
IMMEDIATE PAST CHAIR		Х						0.	0.	0.
(6) ROBERT M. CHELL, PH. D	5.00									
BOARD MEMBER		Х						0.	0.	0.
(7) OPAL ABBINK	5.00									
BOARD MEMBER		Х						0.	0.	0.
(8) STEPHEN ALFRED	5.00									
BOARD MEMBER		Х						0.	0.	0.
(9) RONALD SOLDO	5.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MICHAEL WATERS	5.00									
BOARD MEMBER		Х						0.	0.	0.
(11) BETH MAYO, COUNSEL	5.00									
BOARD MEMBER		Х						0.	0.	0.
(12) EMORY S. CAMPBELL, PH. D	5.00									
BOARD MEMBER		Х						0.	0.	0.
(13) LESLIE RICHARDSON	5.00									
BOARD MEMBER		Х						0.	0.	0.
(14) HEATHER WILCAUSKAS	5.00									
BOARD MEMBER		Х						0.	0.	0.
(15) FRED BEARD	5.00									_
BOARD MEMBER		х						0.	0.	0.
(16) KATHLEEN BATESON	40.00								_	_
PRESIDENT, CEO		X		X				182,500.	0.	0.
		4								

	990 (2018) ARTS CEN	FER OF C	202	AST	ΓAI	L (CAR	0	LINA	57-10	35	817	Pa	age 8
Part	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, and	d Hi	ghes	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson i	than c is both pr/trust	ı an	(D) Reportable compensation from	(E) Reportable compensatior from related	ı	Est amo	(F) imate ount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		comp fro orga	oensa om the inizati relate	e ion ed
с	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A					J		182,500. 0. 182,500.		0.0.0.			0.0.
	Total number of individuals (including but n compensation from the organization),000 of reportable	-			1
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s				-	·	•		highest compensated e			3	Yes	No X
	For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab 0,000? <i>If "Yes,</i>	le co " <i>co</i>	ompe mple	ensa ete S	atior Sche	n and e <i>dule</i>	otl J f	her compensation from for such individual	the organization		4	x	
	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> ion B. Independent Contractors	-				-			-			5		Х
	Complete this table for your five highest co the organization. Report compensation for										pensa	ation fr	om	
	(A) Name and business	address	N	ONE	3				(B) Description of s	services	C	(C) ompen		n
								_						
								_						
	Total number of independent contractors "	poluding but	<u></u>	mit -	d +-	+6-	00 110			ages than				
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot II	mte	u (0		se lis)	tec	a above) who received h	lore than				

Forn	n 990) (2	2018) ARTS	CENTER O	F COASTA	L CAROLINA		57-1035	817 Page 9
Pa	rt V		Statement of Reven	nue					
			Check if Schedule O conta	ains a response	or note to any li	ne in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 ;	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	I	b	Membership dues	1b					
Am (с	Fundraising events	1c					
lar Iar		d	Related organizations	1d					
imi,		е	Government grants (contributi	ions) 1e	480,752.				
rior S	1	f	All other contributions, gifts, grant						
<u>i</u> E			similar amounts not included abov	/e 1f 1 ,	627,687.				
and the second	9	g	Noncash contributions included in lines	1a-1f: \$	71,481.				
<u>a Ö</u>		h	Total. Add lines 1a-1f		🕨	2,108,439.			
					Business Code				
ice	2 8	а	ADMISSION FEES,	ETC	900099	2,016,301.	2,016,301.		
er.	1	b							
n S en	•	С							
grar Rev		d							
Program Service Revenue		е							
а.			All other program service reve						
		g	Total. Add lines 2a-2f			2,016,301.			
	3		Investment income (including			25,528.			25,528.
			other similar amounts)			25,520.			23,520.
	4		Income from investment of tax	• •	-				
	5		Royalties	(i) Real					
	6	_	Gross rents	(i) Real	(ii) Personal	-			
			Gross rents			1			
			Rental income or (loss)			-			
			Net rental income or (loss)		└►				
			Gross amount from sales of	(i) Securities	(ii) Other				
		-	assets other than inventory	() 000000000	() Currer	1			
		b	Less: cost or other basis			1			
			and sales expenses						
		с	Gain or (loss)			1			
			Net gain or (loss)		►				
Ð	8 8	а	Gross income from fundraising	g events (not					
nuə			including \$	of					
seve			contributions reported on line						
erF			Part IV, line 18		110,725.				
Other Revenue			Less: direct expenses		100,900.				
•			Net income or (loss) from fund	-	<u></u>	9,825.			9,825.
	9 8	а	Gross income from gaming ac						
			Part IV, line 19			-			
			Less: direct expenses			•			
			Net income or (loss) from gam	-	····· >				
	10 8	а	Gross sales of inventory, less	returns	80 /13				
		L.	and allowances	a		-			
			Less: cost of goods sold Net income or (loss) from sales			56,999.	56,999.		
		<u>с</u>	Miscellaneous Revenue		Business Code	-			
	11 -	а	FACILITY SUPPOR		900099	225,547.	225,547.		
			ONLINE TICKET F		900099	108,114.			
		С	RENTAL INCOME		900099	77,082.	77,082.		
		d	All other revenue		900099	172,812.	143,893.	28,919.	
			Total. Add lines 11a-11d		>	583,555.			
	12		Total revenue. See instructions			4,800,647.	2,627,936.	28,919.	35,353.

 Form 990 (2018)
 ARTS
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 Part IX
 Statement of Functional Expenses
 ARTS CENTER OF COASTAL CAROLINA

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respon				<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ŭ	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,				
Ŭ	trustees, and key employees	182,051.	45,513.	36,410.	100,128.
6	Compensation not included above, to disqualified	- ,	- ,		
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,185,479.	1,773,695.	280,288.	131,496.
8	Pension plan accruals and contributions (include		. , -		
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а					
b	Legal				
с	•				
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	307,617.	276,929.	228.	30,460.
13	Office expenses	7,889.	5,917.	789.	1,183.
14	Information technology				
15	Royalties	186,801.	186,801.		
16	Occupancy	112,013.	102,599.	4,284.	5,130.
17	Travel	62,432.	58,908.	1,337.	2,187.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	133,848.	107,055.	12,371.	14,422.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	454,487.	416,291.	17,382.	20,814.
23	Insurance	117,262.	107,407.	4,485.	5,370.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DAVDOLL MAYER C DENEETM	366,734.	302,675.	37,610.	26,449.
b	SCENERY, PROPS, AND COS	258,374.	257,657.	717.	
С	MAINTENANCE	222,821.	204,095.	8,522.	10,204.
d	PERFORMER HOUSING	195,957.	195,714.		243.
е	All other expenses SEE SCH O	243,610.	113,623.	51,341.	78,646.
25	Total functional expenses. Add lines 1 through 24e	5,037,375.	4,154,879.	455,764.	426,732.
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 Figure if following SOP 98-2 (ASC 958-720)				

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га		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	501,244.	1	451,794
	2	Savings and temporary cash investments	61,924.	2	101,520
	3	Pledges and grants receivable, net	756,865.	3	602,044
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	10,340.	8	17,969
	9	Prepaid expenses and deferred charges	25,552.	9	32,544
		Land, buildings, and equipment: cost or other			- , -
	Ь	basis. Complete Part VI of Schedule D10a12,576,928.Less: accumulated depreciation10b6,983,211.	5,624,201.	10c	5,593,717
	11	Investments - publicly traded securities	2,588,505.	11	2,577,201
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14			14	
	15	Intangible assets Other assets. See Part IV, line 11	218,103.	15	127,144
	16	Total assets. Add lines 1 through 15 (must equal line 34)	9,786,734.	16	9,503,933
	17	Accounts payable and accrued expenses	461,855.	17	126,644
	18	Grants payable		18	
	19	Deferred revenue	1,140,642.	19	1,087,849
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
6	22	Loans and other payables to current and former officers, directors, trustees,		21	
itie	~~	key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
Ľ.	23	Secured mortgages and notes payable to unrelated third parties	1,969,590.	23	2,071,139
	24	Unsecured notes and loans payable to unrelated third parties	260,629.	24	319,424
	25	Other liabilities (including federal income tax, payables to related third		27	
	20	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	9,553.	25	11,726
	26	Total liabilities. Add lines 17 through 25	3,842,269.	26	3,616,782
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ç		complete lines 27 through 29, and lines 33 and 34.			
ЭС С	27	Unrestricted net assets	3,306,693.	27	3,222,091
alaı	28	Temporarily restricted net assets		28	
Ö	29	Permanently restricted net assets	2,637,772.	29	2,665,060
Š		Organizations that do not follow SFAS 117 (ASC 958), check here	, ,		
Net Assets or Fund Balances		and complete lines 30 through 34.			
ţs	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ë	32	Retained earnings, endowment, accumulated income, or other funds		32	
Re	33	Total net assets or fund balances	5,944,465.	33	5,887,151
	33	Total liabilities and net assets/fund balances	9,786,734.	34	9,503,933
	0-1	ו טומו וומטווונוסט מות דוכו מסטכנטי ועדע שממושכט	5,.00,.010	07	Form 990 (2018

Form 990 (2018) ART

Dort Y	Balance Sheet
FailA	Dalatice Sheet

	ARTS CENTER OF COASTAL CAROLINA	57-103	35817	Pag	je 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	4,800	7,3	75.
3	Revenue less expenses. Subtract line 2 from line 1	3	-236		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,944		
5	Net unrealized gains (losses) on investments	5		7,28	
6	Donated services and use of facilities	6	152	2,1:	26.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,887	7,1	51.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Х
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	x	
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Image: Separate basis Image: Consolidated basis Image: Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		2b		X
c	consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th				
Ŭ	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?	0	За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired audit	3b		
			Form		0010

Form **990** (2018)

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1	Form	990	or	990-EZ
1		550		

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.

OMB No. 1545-0047
2018
Open to Public Inspection

	epartment of the Treasury Attach to Form 990 or Form 990-EZ. Open to Public Inspection ternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection ame of the organization Employer identification number										
Nan	ne of	the	e organizati								identification number
_						COASTAL CAR					7-1035817
	Reason for Public Charity Status (All organizations must complete this part.) See instructions.										
The	orga	niza	ation is not a	a private found	lation because it is:	(For lines 1 through 12, o	check only	one box.)			
1		A	church, co	nvention of ch	urches, or association	on of churches describe	d in sectio	on 170(b)(*	1)(A)(i).		
2		A	school des	cribed in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		A	hospital or	a cooperative	hospital service org	anization described in s	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5		A	n organizati	on operated fo	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental u	unit descrik	bed in
		s	ection 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A	federal, sta	te, or local go	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7		A	n organizati	on that norma	Ily receives a substa	antial part of its support	from a gov	ernmental	unit or from t	he general	public described in
		se	ection 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A	community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		A	n agricultura	al research org	ganization described	l in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		01	r university o	or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state o	f the colleg	e or
		u	niversity:								
10	Х	A	n organizati	on that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	nd gross receipts from
		a	ctivities rela	ted to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its support	t from gross investment
		in	icome and L	Inrelated busi	ness taxable income	e (less section 511 tax) fr	om busine	sses acqu	ired by the o	ganization	after June 30, 1975.
		S	ee section	509(a)(2). (Coi	mplete Part III.)						
11		A	n organizati	on organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4).		
12		A	n organizati	on organized a	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to c	arry out the	e purposes of one or
		m	nore publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section &	5 09(a)(3). (Check the box in
	_	lir	nes 12a thro	ough 12d that	describes the type o	of supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.	
а			Type I. A se	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	r giving
			the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or truste	ees of the s	supporting
			organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b			Type II. A s	supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	ving
			control or n	nanagement o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
			organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
С			Type III fur	nctionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,
			its supporte	ed organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.		
d			Type III no	n-functionally	y integrated. A supp	oorting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)
			that is not f	unctionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness
			requiremen	t (see instruct	ions). You must cor	nplete Part IV, Section	s A and D,	and Part	V.		
е			Check this	box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III	
			functionally	integrated, o	r Type III non-functio	nally integrated support	ing organi:	zation.			
f	Ent	ter t	he number	of supported o	organizations						
g	Pro				about the supporte	ed organization(s).		<u> </u>			
		(i) N	lame of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	-	(vi) Amount of other
			organizatior	1		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)

Schedule A (Form 990 or 990-EZ) 2018 ARTS CENTER OF COASTAL CAROLINA

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

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

Sec	tion A. Public Support		_				_			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3									
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.									
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
7	Amounts from line 4									
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources \dots									
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10									
12	Gross receipts from related activities,	etc. (see instruct	ions)			12				
13	First five years. If the Form 990 is for						_			
0	organization, check this box and stor						▶∟_			
	ction C. Computation of Publ		-			11				
	Public support percentage for 2018 (14	%			
15	Public support percentage from 2017					15	. %			
16a	33 1/3% support test - 2018. If the o									
la la	stop here. The organization qualifies									
D	33 1/3% support test - 2017. If the o	-								
17~	and stop here. The organization qual 10% -facts-and-circumstances tes									
178		-								
	and if the organization meets the "fact									
L.	meets the "facts-and-circumstances"									
D D	10% -facts-and-circumstances tes									
	more, and if the organization meets the				• •					
10	organization meets the "facts-and-cire									
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 🕨									

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 ARTS CENTER OF COASTAL CAROLINA 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	ction A. Public Support	elow, please comp	bete i art ii.)							
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
	Gifts, grants, contributions, and	(4) 2014	(6) 2010	(0) 2010	(4) 2011	(0) 2010	(i) rotai			
•	membership fees received. (Do not									
	include any "unusual grants.")	1,611,275.	1,509,642.	1,409,628.	1,431,155.	2,175,545.	8,137,245.			
•	Gross receipts from admissions,	1,011,273.	1,000,012.	1,105,020.	1,101,100.	2,175,515.	0,10,,210.			
Z	formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,603,564.	1,275,712.	1,975,728.	2,028,228.	2,541,100.	9,424,332.			
3	Gross receipts from activities that									
	are not an unrelated trade or bus-									
	iness under section 513									
4	Tax revenues levied for the organ-									
	ization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities									
	furnished by a governmental unit to the organization without charge									
6	Total. Add lines 1 through 5	3,214,839.	2,785,354.	3,385,356.	3,459,383.	4,716,645.	17,561,577.			
	Amounts included on lines 1, 2, and	-	-	-	-	-	·			
	3 received from disgualified persons						0.			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.			
	amount on line 13 for the year						0.			
	Add lines 7a and 7b									
8	8 Public support. (Subtract line 7c from line 6.) 17,561,577.									
	Section B. Total Support									
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
	Amounts from line 6	3,214,839.	2,785,354.	3,385,356.	3,459,383.	4,716,645.	17,561,577.			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	109,998.	111,836.	114,669.	115,114.	25,528.	477,145.			
b	Unrelated business taxable income (less section 511 taxes) from businesses									
	acquired after June 30, 1975	100 000	111 020	114 660	115 114	25,528.				
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	109,998.	111,836.	114,669.	115,114.	25,528.	477,145.			
12	Other income. Do not include gain or loss from the sale of capital	469.310.	594,833.	569,698,	712,251.	180.073.	2,526,165.			
13	assets (Explain in Part VI.)	3,794,147.	3,492,023.	4,069,723.	4,286,748.	4,922,246.	20,564,887.			
						, ,	, ,			
14	First five years. If the Form 990 is for	the organization s			2		auon, ▶ □			
<u>So</u>	check this box and stop here	ic Support Po								
	-					15	85.40 %			
	Public support percentage for 2018 (I						01 01			
<u>16</u>	Public support percentage from 2017					16	81.96 %			
Sec	ction D. Computation of Inves		-				<u> </u>			
17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17							2.32 %			
18	Investment income percentage from 2					18	2.98 %			
19a	1 33 1/3% support tests - 2018. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3% , and line 1				
	more than 33 1/3%, check this box a	nd stop here. The	organization qualif	ies as a publicly s	upported organiza	tion	►X			
b	33 1/3% support tests - 2017. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	and			
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The organ	nization qualifies a	s a publicly suppo	rted organization	▶□			
20	Private foundation. If the organizatio									
	23 10-11-18		, ·	,		edule A (Form 990				

Schedule A (Form 990 or 990-EZ) 2018 ARTS CENTER OF COASTAL CAROLINA

(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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*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.*
- 5a 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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

Schedule A (Form 990 or 990-EZ) 2018 ARTS CENTER OF COASTAL CAROLINA Part IV Supporting Organizations (continued)

			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 (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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		
	ction 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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	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		
Ser	ction C. Type II Supporting Organizations	2		
000			Vaa	Na
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
<u>Sec</u>	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (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		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	: Left The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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	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		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 ARTS CENTER OF COASTAL CAROLINA

1	Type III Non-Functionally Integrated 509(a)(3) Supportin			Part VI.) See instruction
	other Type III non-functionally integrated supporting organizations must co	-		,
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
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		
5	Income tax imposed in prior year	5		

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

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

Schedule A (Form 990 or 990-EZ) 2018

6

Schedule A (Form 990 or 990 EZ) 2018 ARTS CENTER OF COASTAL CAROLINA

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
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	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2014			
-	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 ARTS	CENTER OF	COASTAL	CAROLINA	57-1035817 Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Pa (See instructions.)	, 4b, 4c, 5a, 6, 9a, 9t d 3; Part IV, Section I	o, 9c, 11a, 11b, a E, lines 1c, 2a, 2l	and 11c; Part IV, Section B, line b, 3a, and 3b; Part V, line 1; Pa	es 1 and 2; Part IV, Section C, Int V, Section B, line 1e; Part V,

)

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.



Name of the organization		Name	of the	organization
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ARTS CENTER OF COASTAL CAROLINA

Employer identification number 57-1035817

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, li	ne 6.						
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2								
3								
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in		sed funds					
	are the organization's property, subject to the organization's exclusive legal control?							
6	Did the organization inform all grantees, donors, and donor							
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring					
	impermissible private benefit?							
Pa	t II Conservation Easements. Complete if the or	rganization answered "Yes" on Form 990,	Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).						
	Preservation of land for public use (e.g., recreation or	education) Preservation of a hist	orically important land area					
	Protection of natural habitat	Preservation of a cert	tified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form						
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b								
С	Number of conservation easements on a certified historic st							
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ure					
	listed in the National Register							
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax					
	year ►							
4	Number of states where property subject to conservation ea							
5	Does the organization have a written policy regarding the pe							
	violations, and enforcement of the conservation easements							
6	Staff and volunteer hours devoted to monitoring, inspecting	i, handling of violations, and enforcing con	servation easements during the year					
_								
7	Amount of expenses incurred in monitoring, inspecting, han	idling of violations, and enforcing conserva	ation easements during the year					
•								
8	Does each conservation easement reported on line 2(d) abo	• •						
•	and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports conservation	•						
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for					
Pa	conservation easements. t III Organizations Maintaining Collections of	of Art Historical Treasures or O	other Similar Assets					
I U	Complete if the organization answered "Yes" on Forr							
19	If the organization elected, as permitted under SFAS 116 (A		ment and balance sheet works of art					
iu	historical treasures, or other similar assets held for public ex							
	the text of the footnote to its financial statements that desci							
h	 b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historic 							
	treasures, or other similar assets held for public exhibition, e							
	relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1		► \$					
	(ii) Assets included in Form 990, Part X							
2	If the organization received or held works of art, historical tre							
<u> </u>	the following amounts required to be reported under SFAS		- Jan ., protico					
а	Revenue included on Form 990, Part VIII, line 1		• *					
	Assets included in Form 990, Part X							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18

Schedule D (Form 990) 2018

Sche		NTER OF COA						7 Page 2			
Pa	rt III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or Ot	her Simil	lar Asse	ts(contin	ued)			
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant	use of its	collection	items			
	(check all that apply):										
а	X Public exhibition	d		hange programs							
b	Scholarly research	e	Other								
С	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Pai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X line 21										
	reported an amount on Form 990, Part X, line 21.										
1a	a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included										
	on Form 990, Part X?					L	Yes	└── No			
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:			1					
					-		Amount				
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
f	Ending balance Did the organization include an amount on F					I	Yes	No			
	0					····· └─-					
Pa	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i										
		(a) Current year	(b) Prior year	(c) Two years back	-	vears hack	(a) Four	years back			
10	Beginning of year balance	2,588,219.	2,440,170.			156,636.		284,613.			
	Contributions	2,300,213,	1,250.			100,000.	,	201,010.			
	Net investment earnings, gains, and losses	137,515.			142,488.		-17,979.				
	Grants or scholarships	46,073.			•	,		_,,,,,,,			
	Other expenditures for facilities										
C	and programs										
f	Administrative expenses	57,091.	-9,284.	17,920		-98,405.		109,998.			
	End of year balance	2,577,201.	2,588,219.					156,636.			
2	Provide the estimated percentage of the cur	, ,	, ,		, ,	,	, ,	,			
	Board designated or quasi-endowment		%								
	Permanent endowment	%	_^_								
	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse		ation that are held a	nd administered for	the organi	ization					
	by:	Ū			•		- F	Yes No			
	(i) unrelated organizations						3a(i)	X			
	(ii) related organizations							X			
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on Schedule R?				3b				
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.								
Pai	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part	X, line 10.						
	Description of property	(a) Cost or ot	ther (b) Cost	or other (c)	Accumulat	ed	(d) Book	value			
		basis (investm	,	. ,	epreciatior	۱					
1a	1a Land 900,000. 900,000.										
b	b Buildings 9,411,313. 5,652,960. 3,758,35						3,353.				
	Leasehold improvements										
d	Equipment				,221,1),855.			
	Other		11	3,659.	109,1	50.		1,509.			
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part .	X, column (B), line 1	0c.)		. 🕨 🗌	5,593	3,717.			

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 ARTS CENTER OF COASTAL CAROLINA
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Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		

(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ACCRUED WAGES AND SALARIES & SALES	
(3)	TAX PAYABLE	9,020.
(4)	MISCELLANEOUS OTHER	1,555.
(5)	SALES TAX PAYABLE	1,151.
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	11,726.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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No	

	chedule D (Form 990) 2018	ARTS	CENTER	OF	COASTAL	CAROLINA
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ı a	rt XI Reconciliation of Revenue per Audited Financial S		•	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
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:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	······································			
3	Subtract line 2e from line 1			
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		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		5	
_				
_	rt XII Reconciliation of Expenses per Audited Financial	Statements With Expe		
_	rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV,	Statements With Expe line 12a.	nses per Return.	
_	rt XII Reconciliation of Expenses per Audited Financial	Statements With Expe line 12a.	nses per Return.	
Pa	rt XII Reconciliation of Expenses per Audited Financial \$ Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	Statements With Expe	nses per Return.	
Pa 1	rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	Statements With Expe	nses per Return.	
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	Statements With Expe	nses per Return.	
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	Statements With Expe line 12a. 2a 2b 2c	nses per Return.	
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	Statements With Expe line 12a. 2a 2b 2c 2d	nses per Return.	
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	nses per Return.	
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	nses per Return.	
Pa 1 2 a b c d e	rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	nses per Return.	
Pa 1 2 b c d e 3	rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2a 2b 2c 2d 2d 2d 2d	nses per Return.	
Pa 1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2a 2b 2c 2d 2d 2d 2d	nses per Return.	
Pa 1 2 a b c d e 3 4 a b	rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2a 2b 2c 2d 2d	1 1 2e 3 4c	

Part XIII Supplemental Information.

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

SCHEDULE G	Suppleme	ntal Information Regarding	g Fun	drais	ing or Gaming	Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" or organization entered more than \$1				or 19, or if the	2018
Department of the Treasury Internal Revenue Service		Attach to Form 990	0 or Fo	rm 99	0-EZ.	_	Open to Public Inspection
Name of the organization		to www.irs.gov/Form990 for inst	ruction	is and	the latest informat		er identification number
		NTER OF COASTAL CA	AROL	INA			035817
	complete this par	 Complete if the organization answ t. 	ered "Y	es" oi	n Form 990, Part IV,	line 17. Form §	990-EZ filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, P highest paid indiv	f Solicita g Specia or oral agreement with any individua 'art VII) or entity in connection with p viduals or entities (fundraisers) purs	ation of ation of I fundra al (inclue profess	non-g gover aising ding o sional f	overnment grants nment grants events fficers, directors, tru undraising services?	stees, or	Yes No
(i) Name and addres or entity (func		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount p to (or retaine fundraise listed in col	d by) to (or retained by)
			Yes	No			
Total		·					
3 List all states in whi or licensing.	ch the organizatio	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt f	from registration

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		5 5	1		÷ .	ots greater than \$5,000
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF TOURNAMNET	GALA	NONE	(add col. (a) through
					(total number)	col. (c))
			(event type)	(event type)	(total number)	
anilanau		Que en en estate	41,325.	69,400.		110,725
	1	Gross receipts	±1,525•	05,400.		110,725
	2	Less Contributions				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	41,325.	69,400.		110,725
+	<u> </u>		,			
	4	Cash prizes				
	5	Noncash prizes				
3						
5	6	Rent/facility costs	2,000.	6,021.		8,021
	7	Food and beverages	9,037.	17,189.		26,226
Í						
	8	Entertainment				
	9	Other direct expenses	10 (10	54,005.		66,653
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		►	100,900
	11	Net income summary. Subtract line 10 from			•	9,825
a	rt I	Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
				bingo/progressive bingo		col. (a) through col. (c
+	1	Gross revenue				
	_					
3	2	Cash prizes				
	_					
2	3	Noncash prizes				
ξ.						
ś	4	Rent/facility costs				
	-	Other direct evpenses				
+	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor			□ Tes %	
	0	Volunteer labor				
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		•	
	'	Direct expense summary. Add intes 2 throug				
	8	Net gaming income summary. Subtract line 7	7 from line 1 column (d)		•	
_	<u> </u>	Net gaming meetine summary. Subtract line i				
		tor the state(s) is which the ergenization cond	ucts gaming activities:			
,	Ent			states?		Yes No
		ter the state(s) in which the organization cond the organization licensed to conduct gaming a	ictivities in each of these			
а	ls t	he organization licensed to conduct gaming a				
а	ls t					
а	ls t	he organization licensed to conduct gaming a				
a b	ls t If "	he organization licensed to conduct gaming a			year?	Yes No
a b a	ls t lf "	he organization licensed to conduct gaming a No," explain:	evoked, suspended, or t	erminated during the tax	-	Yes N

Sch	hedule G (Form 990 or 990-EZ) 2018 ARTS CENTER OF COASTAL CAROLINA 57-1	.035	817	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	└── No
13	Indicate the percentage of gaming activity conducted in:			
á	a The organization's facility	13a		%
k	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
k	o If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
	of gaming revenue retained by the third party ▶\$			
c	c If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	└── No
k	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year 🕨 \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III, lii	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

57-1035817	Page 4
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SC	EDULE J Compensation Information		OMB No. 1545-0047		
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2010)
•	Compensated Employees		2018)
Dene	tment of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to	Publ	ic
	Transition to Form 990. ► Attach to Form 990. ■ Attach to Form 990. ■ Attach to Form 990. ■ Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	-	mployer ider			mber
_	ARTS CENTER OF COASTAL CAROLINA	57-10	3581	7	
Pa	rt I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99	90,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal				
	Travel for companions Payments for business use of personal resid	lence			
	Tax indemnification and gross-up payments				
	Discretionary spending account	chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		1b		
~	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	Indicate which, if any, of the following the filing organization used to establish the compensation of the organizatio	on'e			
3	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization				
	establish compensation of the CEO/Executive Director, but explain in Part III.	110			
	Compensation committee Written employment contract				
	Independent compensation consultant Compensation survey or study				
	Form 990 of other organizations	nmittee			
		innittee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?		4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b		X
с	Participate in, or receive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:				
	The organization?				X
b	Any related organization?		5b		X
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earnings of:				37
	The organization?				X
b	Any related organization?		6b		X
_	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v
~	not described on lines 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v
~	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?		9		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule	J(⊢orr	n 990)) 2018

Schedule J (Form 990) 2018

57-1035817

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and		(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	 other deferred compensation 	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) KATHLEEN BATESON	(i)	182,500.	0.	0.	0.	0.		0.
PRESIDENT, CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2018

SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Employer identification number 57 - 1035817

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER ACTIVITIES

EXPENSES \$ 606,612. INCLUDING GRANTS OF \$ 0. REVENUE \$ 373,485.

ARTS CENTER OF COASTAL CAROLINA

FORM 990, PART VI, SECTION A, LINE 7A:

THE CURRENT BOARD OF DIRECTORS ELECTS THE NEXT INCOMING BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

THE TAX RETURN IS REVIEWED BY BOTH MANAGEMENT AND THE ORGANIZATION'S

TREASURER BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION CONSISTENTLY HAS DISCUSSIONS WITH THEIR OFFICERS AND BOARD

OF DIRECTORS REGARDING THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PRESIDENT/CEO IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS AND

COMPENSATION IS BASED ACCORDINGLY.

FORM 990, PART VI, SECTION C, LINE 19:

INFORMATION IS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

BANK AND CREDIT CARD FEES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

46,161.

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization ARTS CENTER OF COASTAL CAROLINA	Page 2 Employer identification number 57-1035817
FUNDRAISING EXPENSES	30,774.
TOTAL EXPENSES	76,935.
MISCELLANEOUS OTHER NON-OPERATING EXPENSES:	
PROGRAM SERVICE EXPENSES	43,572.
MANAGEMENT AND GENERAL EXPENSES	16,883.
FUNDRAISING EXPENSES	1,984.
TOTAL EXPENSES	62,439.
PUBLICATIONS AND PRINTING:	
PROGRAM SERVICE EXPENSES	15,197.
MANAGEMENT AND GENERAL EXPENSES	5,024.
FUNDRAISING EXPENSES	36,104.
TOTAL EXPENSES	56,325.
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	27,813.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	27,813.
EVENT SERVICES:	
PROGRAM SERVICE EXPENSES	8,693.
MANAGEMENT AND GENERAL EXPENSES	1,621.
FUNDRAISING EXPENSES	9,784.
TOTAL EXPENSES	20,098.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 243,610.

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Page 2 Employer identification number
ARTS CENTER OF COASTAL CAROLINA	57-1035817
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THAT OF PRIOR YEARS.	
THE TROCEDS HAD NOT CHARGED FROM THAT OF TRICK TEARS.	

Internal Revenue Service

Date: December 4, 2002

Arts Center of Coastal Carolina C/O Jeffrey S. Reeves 14 Shelter Cove Lane Hilton Head, SC 29928-3543 Department of the Treasury

P. O. Box 2508 Cincinnati, OH 45201

Person to Contact: Ms. Benson #31-07273 Contact Representative Toll Free Telephone Number: 8:00 a.m. to 6:30 p.m. EST 877-829-5500 Fax Number: 513-263-3756 Federal Identification Number: 57-1035817

Dear Sir:

This letter is in response to your correspondence dated October 11, 2002, requesting a copy of your organization's determination letter, which reflects the name change of the organization from Self Family Arts Center, Inc. to the name shown above. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in March 1996, granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

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

Arts Center of Coastal Carolina 57-1035817

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

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

This letter affirms your organization's exempt status.

Sincerely,

John & Richards

John E. Ricketts, Director, TE/GE Customer Account Services