2024 Accommodations Tax Funds Request Application

Organization Name: Art League of Hilton Head

Project/Event Name: ATAX Application

Executive Summary

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

2024

Accommodations Tax Funds Request Application

Date Received: 08/31/2023 Time Received: 06:51 PM By: Online Submittal

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

A. SUMMARY OF GRANT REQUEST:

ORGANIZATION NAME: Art League of Hilton Head

Project/Event Name: ATAX Application

Contact Name: Kristen McIntosh Title: Executive Director

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

Email Address:

Event Date: 2024

admin@artleaguehhi.org

Contact Phone: 843-681-5060

Event Location: Art League of Hilton Head Gallery and

Academy

Total Budget: \$530,070.00 **Grant Requested:** \$75,000.00

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

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

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

How does the organization/event either drive tourism to Hilton Head Island or enhance the visitor experience on Hilton Head Island? How is this impact being measured? (100 words or less)

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

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

Customer/tourist/attendee data is collected from:

- enrollment lists
- event data
- digital marketing companies
- partner organizations
- A. Total Number of Physical Tourists Served: 6653

A Tourist is considered a non-resident, traveling more than 50 miles to the Town of Hilton Head Island.

- B. Total Number of Physical Visitors Served: 4022

 A Visitor is considered a non-resident, who travels 50 miles or less to visit the Town of Hilton Head Island.
- C. Total Number of Physical Residents Served: 6758

 A Resident is considered any person who claims their property address within the limits of the Town of Hilton Head Island as their primary residence.
- D. Total Number of Physical Patrons Served (A+B+C=D): 17433

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

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

B. DESCRIPTION OF OPERATIONS:

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

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

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

by volunteering at ALHH Gallery or Academy.

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

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

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

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

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

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

Funds will be used in five areas:

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

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

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

national advertising.			

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

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

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

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

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

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

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

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

Total: 100 %

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

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

- Provide the most prominent visual arts exhibition space on the island, free and open to the public
- Provide low-cost studio space for local artists throughout the area
- Provide exhibition space for NIBCAA's Gullah Celebration exhibit in February, plus a free permanent 12-ft. display wall in the gallery year-round
- Host collaborative, often fundraising, exhibits with other nonprofits
- ALHH artists provide HH Symphony Orchestra with artwork for their annual program
- The gallery is open every night for 90 minutes before every ACCC performance
- Donate the gallery space for ACCC media events, Lean Ensemble's patron appreciation event, and to other local nonprofits (TEDx in 2023)
- Academy space is leased from Island Recreation Center for a nominal fee. In return, we maintain and make substantial improvements to the building and grounds as needed, enabling the IRC to maintain the building with minimal cost to the Town.
- Pop-up galleries at St. Joseph Candler Medical Center, Rose Hill Mansion, and HHI Library
- Donate gift certificates for artwork and classes to local nonprofit fundraisers
- Partner with local community organizations to provide artwork or artists when needed such as; CultureHHI, Chamber, and the Women's Association of Hilton Head Island
- Participate in CultureHHI and Town events to enhance the visual arts further
- In 2023, we hosted a collaborative fundraiser for Sea Turtle Patrol HHI
- In 2023, we began partnering with Sea Pines to offer on-site art classes at Harbour Town Marina
- 7. Additional comments. (250 words or less)

ALHH's cost per tourist:

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

	NG:					
1. F	Please	describe how the	ne organizatior	n is currer	ntly fund	ded. (100 words or less)
	A s	ummary of rev	enue for ALH	IH based	on the	last completed fiscal year, 2022:
		Sales/ Class Tu 5,988 54.7%	uition/ Got Art?	Annual F	undrais	ser/ Collaborative Fundraisers -
	Exh	nibition Fees/ M	embership Driv	ves - \$50,	,952 8	.8%
	Go	vernment Grant	s - \$119,868 2	20.7%		
	Gra	ents - \$11,200	1.9%			
	Individual Donations - \$32,597 5.6 %					
	Corporate Donations - \$4,500 .8%					
	50th Anniversary Income - \$35,717 6.2%					
		er Income (Call ome) - \$7,057	-	s, Raffles	, Interes	st, Miscellaneous Income & Scholarsh
	Tot	al - \$577,879				
2. F	Please	also estimate, a	as a percentag	e, the sou	urce of	the organization's total annual fundinຸດ
	20.7	Government S	ources		7.5	Private Contributions, Donations and Grants
	.8	Corporate Sup	port, Sponsor	S	8.8	Membership, Dues, Subscriptions
	54.7	Ticket Sales, of and Services	or Sales		7.4	Other

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

\$24,868.00

South Carolina Arts Commission

SouthArts \$1,200.00

D. FINANCIAL INFORMATION:

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

Financial Statement Requirements:

1. The <u>upcoming fiscal year's</u> **operating budget** for the organization.

Budget Provided: Yes

2. The <u>previous two fiscal years</u> and <u>current year-to-date</u> **profit and loss reports** for the organization.

Current fiscal year Profit Loss Report Provided: Yes

Previous fiscal year Profit Loss Reports Provided:

2022- Previous FY 1 2021- Previous FY 2

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

Current fiscal year Balance Sheet Provided: Yes

Previous fiscal year Balanace Sheets Provided:

2022 - Previous FY 1

2021 - Previous FY 2

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

Current year IRS Form 990 or 990T Provided: Yes

Previous IRS Form 990 or 990T Years Provided:

2021 - Previous FY 1

2020 - Previous FY 2

E. FINANCIAL GUARANTEES AND PROCEDURES:

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

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

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

F. MEASURING EFFECTIVENESS:

If you received 2022 or 2023 HHI ATAX funds

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

2022 \$95,000.00

2023 \$75,000.00

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

ATAX Funds were used for:

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

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

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

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

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

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

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

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

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

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

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

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

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

G. **EXECUTIVE SUMMARY**

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

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

Signature: Kristen McIntosh

Title/Position: Executive Director

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

Email Address: admin@artleaguehhi.org

Office Phone Number: 843-681-5060

Home Phone Number: 843-681-5060

Daily Log		Date:	5606, 1 ground
Vame: Thuster	2_	AMU	,
Gallery Shift Time: 10-4		5:30	b 7:30
Day Shift Pre-Show	Reception		
Gallery Attendance:	•		
	arks should be equal to the total zip cod	les below.	
			Total:
1, 1, 1, 1, 1	HT HHT III		19
	141		J
Customer Zip Code Track	er:		
29926	29928	29902	29928
27604	14527	27604	271004
29910	29910	29924	29926
29926.	29924	29926.	29924
20028	29910	29909	
1	01110	7 1 1 2 1	
	A		
	14. 19.00		
	,		
	**)		
1			À

Daily Log,		Date: 1/2/2	2
Name: Line			
Gallery Shift Time: 1/3/302	2 12-	-4	
Day Shift Pre-Show Recep	tion		
Gallery Attendance: Daytime: The total number of tally marks should be equal to	to the total zin codes helow		
Pre-shows & Receptions: Use the clicker, no zip codes requ	irad		Total:
1/1	Pre Show		33
	1 30		
Customer Zip Code Tracker:			
42103			
42103			
22630			
*			
			<u>^*</u>
2			
			
			**

Daily Log	Date: 1-3-12
Name: Julia	
Gallery Shift Time: Day Shift Pre-Show Reception	
Gallery Arendance: Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes required.	Total:
Customer Zip Code Tracker:	
46360	
46902	
	1

Daily Log	Date: January 4, 2022
Name: Bristen , Ryan	U U
Gallery Shift Time:	
Day Shift	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total zip codes belowere-shows & Receptions: Use the clicker, no zip codes required.	w. Total:
TH M 11	
Customer Zip Code Tracker:	
29926	
29928	
29928	
29936	
29909	
29936	
29920	
29925	
29928	
29928	
39928	
0 1130	
	i e

Daily Log Name: (MA) Rym McGiven	Date: Je	onnany 5,22
	-, rousen	
Gallery Shift Time: 10-12	12-4	
Day Shift Pre-Show Reception		
Gallery Attendance:		
Daytime: The total number of tally marks should be equal to the total zip co Pre-shows & Receptions: Use the clicker, no zip codes required.	des below.	Total:
H1 H1		
Customer Zip Code Tracker:		*
29928		
29928		
29978		
29909		
2992		
29909		
2999		
29926		
29926		
29936		
		-
		4
	ė)	

Daily Log		Date: Janua	ary 6,2022
Name: Minler		Date. 400	3.03 0700° 4
Gallery Shift Time:			
	eception		
Gallery Attendance:			
Daytime: The total number of tally marks should be Pre-shows & Receptions: Use the clicker, no zip code	equal to the total zip codes below. es required.		Total:
WHITH			
Customer Zip Code Tracker:			
29909		êl_	
32118			
29938			9
29926			3.
29910			
79928			
29910			
29928			
15401			
	2		
			9)

Daily Log	Date: 17/0)2
Name: Sina		
Gallery Shift Time: 0-3		
Day Shift Pre-Show Reception		
Gallery Attendance:		
Daytime: The total number of tally marks should be equal to the total zip codes belongereshows & Receptions: Use the clicker, no zip codes required.	ow. Tota	al:
THE III		"a
'		
Customer Zip Code Tracker:		\$
1422)		
14051		
29909		
29909		
299/0		
29928		
29976		
29928		
29928.		
		**

Daily Log	Date: 1822
Name: <u>Emma</u>	
Gallery Shift Time:	
Day Shift Pre-Show Reception	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total a Pre-shows & Receptions: Use the clicker, no zip codes required.	zip codes below. Total:
CLOS	ED
Customer Zip Code Tracker:	

Daily Log	Date	:119122
Name: <u>SMMA</u>		
Gallery Shift Time:		
Day Shift Pre-Show Reception	_	
Gallery Attendance: Daytime: The total number of tally marks should be equal to the total.	otal zip codes below.	
Pre-shows & Receptions: Use the clicker, no zip codes required.		Total:
Customer Zip Code Tracker:		
79476		
294260		
79978		
29928		
79978		

Daily Log Name: Madi Son		Date:	<u>)12</u> 2
Gallery Shift Time:	9:45 - 4:15		
	tion		
Gallery Attendance:			
Daytime: The total number of tally marks should be equal at Pre-shows & Receptions: Use the clicker, no zip codes required.			Total:
Customer Zip Code Tracker:			
145.355			
29926			
07920(2)			
29928			
1 29928			
48104 (2)			
29928			
29928			
2990Z			

Daily Log	Date:	1/11/22
Name: Madison		1 1
Gallery Shift Time: 9:45-4:15		7
Day Shift Pre-Show Reception		
Gallery Attendance:		
Daytime: The total number of tally marks should be equal to the total z Pre-shows & Receptions: Use the clicker, no zip codes required.	ip codes below.	+45
mill		Total:
Customer Zip Code Tracker:		
29927		
11743		
11743		
29928		
29928		
79928		
29928		
29974		
29928		
79900		
	1	
\		

Daily Log		Date: _	1/12/22
Name:Ma	dison		
Sallery Shift Time:	9:45-7		
ay Shift Pre-Sh	ow Reception		
allery Attendance:		1997	
re-shows & Receptions: Use the	ly marks should be equal to the total zinclicker, no zip codes required.	exptien!	Total:
ustomer Zip Code Tra	cker:		
29910	20020		
29910	29428		
29910	29928		
29910	23188		
29926	29926		
29909	-29926		
29909	28532		
79926	28532		
29928	32092		
07719	32092.		
79976			
01266			
29928			
29920			
29924			
79928			
28630			
30342			
73188			
29979			

Shift Dra-Show D Book	:15				
Rece	ay Shift Time: Reception				
lery Attendance:					
ytime: The total number of tally marks should be equal- -shows & Receptions: Use the clicker, no zip codes req	to the total zip codes below. uired.	Total:			
H[]]		Total:			
stomer Zip Code Tracker:					
29926					
79978					
79978					
29928					
29909					
79926					
06410					
29910					
03905					
	-				

Daily Log	Date: /	14/22
Name: Moldv801		
Gallery Shift Time: 9:45 - 4:15		
Day Shift Pre-Show Reception		
Gallery Attendance:		
Daytime: The total number of tally marks should be equal to the total zip Pre-shows & Receptions: Use the clicker, no zip codes required.	codes below.	1
HIM MIM I		Total:
Customer Zip Code Tracker:		
22701. 102946		
22701.		
2992Ce .		
29928		
79978		0
79928		
79926		
29926		
29909		
79909		
16002		
04926		
7992 E 1989 E 1980 E		
79978		
29978		
79976		
79926		
79910		
79910		
29910		

Daily Log		Date: 1/15/2022
Name: Acre		
Gallery Shift Time:	10-5	
	how Reception	
Gallery Attendance:		
Pre-shows & Receptions: Use the	ally marks should be equal to the total zip codes below. e clicker, no zip codes required.	
WHHHM	. //	Total:
	The state of the s	99
Customer Zip Code Tr	acker:	
29926	07450	
29730	07450	
29544		
29544		
29.544		
BOM 150 -	Cancro Nova Scotia	
299.09	7700.2 5 20 7 100	
299:28		
02982		
02.882		
29909		
44124		
44126		
29928		
29928		
29210		
29210		
29210		
47374		
4-13 74		

Sallery Shift Time: 12-4		Date: 1-14-22
ay Shift Pre-Show	Reception	
Gallery Attendance: Daytime: The total number of tally marks should	he equal to the total via codes below	
Pre-shows & Receptions: Use the clicker, no zip o	des required.	Total:
ustomer Zip Code Tracker:		
29926		
03110		
03110		
299.02		
29901		
03905		
03905		
66212		
29924		
29924		
29926		

Daily Log	Date	1/17/22
Daily Log Name:	4:15-	
Gallery Attendance: Daytime: The total number of tally marks should be equal to the Pre-shows & Receptions: Use the clicker, no zip codes required.	total zip codes below.	Total:
Customer Zip Code Tracker:		
27212		
27212		
29926		
29974		
29910.		
29910		
79926		
79928.		
*		
P()		
· ·		

Daily Log	Date	: <u>118/22</u>
Name: Mudison		
Gallery Shift Time: 9:45-4:15	5	
Day Shift Pre-Show Recept	on 🔲	
Sallery Attendance:		
Daytime: The total number of tally marks should be equal to Pre-shows & Receptions: Use the clicker, no zip codes requin	the total zip codes below. ed.	Total:
14 m		l otal:
MI II		D
ustomer Zip Code Tracker:		•
29928		
29928		
29909		
12533		
7 2 12 12		
29926		
29926		
44406		

Daily Log	Da	te: 1/19/22
Name: Madison		
Gallery Shift Time: 9.45-4	-/5	
Day Shift Pre-Show Rece	eption 🔲	
Gallery Attendance:		
Daytime: The total number of tally marks should be equ Pre-shows & Receptions: Use the clicker, no zip codes re	al to the total zip codes below. quired.	Total:
Customer Zip Code Tracker:		
29926		
29928		
29928		
17325		
29926		
29902		
29102		
#321E4 (Ornadian)		
44011		
44011		
*==		
	<u> </u>	
	<u>\b</u>	

Daily Log Name: Madrson		Date:	120/22
Sallery Shift Time:		7-145-4:1	5
allery Attendance: Paytime: The total number of tally marks should be equal to the tre-shows & Receptions: Use the clicker, no zip codes required.	rotal zip codes below.		Total:
ustomer Zip Code Tracker:			
29926			
29928			
29978.			
79909.			
29909 29926			
29926			

Daily Log		Date:	1/21/22
Name:Mad	(SOV)		///
Gallery Shift Time:	9:45-4:15		
Day Shift Pre-S	how Reception		776-
Gallery Attendance:			
Daytime: The total number of to Pre-shows & Receptions: Use the	illy marks should be equal to the tota e clicker, no zip codes required.	l zip codes below.	- 21
IHY IX			Total:
Customer Zip Code Tra	ıcker:		
79976			
446 91			
44691			
29151			
30109			
30199			
29926			
29926			
54138	-		
11010	+		
		-	

Daily Log		Date: _ / / d	22/22
Name:	no		
Gallery Shift Time:	0-4		
Day Shift Pre-Sh	now Reception		
Gallery Attendance:			
Daytime: The total number of tall Pre-shows & Receptions: Use the	ly marks should be equal to the total zip clicker, no zip codes required.	codes below.	Total:
Customer Zip Code Trad	cker:		4
12414	43425	- 1	
12814	43425		
29929	21210		
24928	21210		
29928			
294.28		I V	
44721			
29928			
44721			
799.28			
49.009			
490.5%			
28134			
28:13(/			
19928			
29928			
1121125			
43425			
		4)	

ame: EMMC 12-4		
ay Shift Pre-Show Reception		
allery Attendance:		
raytime: The total number of tally marks should be equal to the total z re-shows & Receptions: Use the clicker, no zip codes required.	ip codes below.	Total:
ustomer Zip Code Tracker:		
7997:6		
49690		
29978		
7,9928		
29976		
79926		
79976		
701976		

Daily Log	Date:	1/24
Name: Madoson		
Gallery Shift Time: 9:45 - 4:15		
Day Shift		
Gallery Attendance:	7	
Daytime: The total number of tally marks should be equal to the Pre-shows & Receptions: Use the clicker, no zip codes required.	otal zip codes below.	
1) 21 11 11 11 11 11 11 11 11 11 11 11 11		Total:
HI HI XI		15
Customer Zip Code Tracker:		
29928		
02685		
29926		
44087		
29910		
29910		
21146		41 1 = -
01644		
·699 28		
29926		
1422		
29926 1422 29909 29909		
29909		

Daily Log		Date:	1/25		
Jame: Muda	7:45-4815				
Sallery Shift Time:	7.13 -/b/3				
Day Shift Pre-Show Reception					
allery Attendance: Paytime: The total number of tally re-shows & Receptions: Use the c	marks should be equal to the total zip colicker, no zip codes required.	odes below.	Total:		
ustomer Zip Code Trac	ker:				
29910					
79909					
		11			

Daily Log		Date:	1/26
Name: Male	duson		
Gallery Shift Time:	9:45-4:15		
	now Reception		
Gallery Attendance:			
	lly marks should be equal to the total zip cod		
	IN UT UT U	H JH 1111	Total:
. S. C.		/ /	27
Customer Zip Code Tra	cker:		
ARTHUR DE BOOK OF THE STATE OF	29928		
The beautiful	30809		
085341	29928		
08534	29926		
29909	47586		
29909	29928		
29928	79927		
07456	29927		
EYP4R4 (Con	reda) 29928		
01450	79928		
79928	29928		
29926			
47905			
47905			
29928			
29909			
29909			
46260			
79928			
29928			

ame: Madeson		
allery Shift Time: 9:45-4	1/5	
ay Shift Pre-Show Receptio		
allery Attendance:	3,	
nytime: The total number of tally marks should be equal to th	e total zip codes below.	
e-shows & Receptions: Use the clicker, no zip codes required.	. 1	otal:
IH HI IHI I		17
ustomer Zip Code Tracker:		-
29072		
29072		
45069		
19560		
29928		
2,9928		
31406		
31406		
20 29910		
29910		
79910		
29926		
29926		
24976		
29909		
14850		
14850		

Date: 1 / 2 8	
3	
Total:	
	zip codes below.

ame:			
allery Shift Time:			
y Shift Pre-Show Reception			
allery Attendance:			
rtime: The total number of tally marks should be equal to the -shows & Receptions: Use the clicker, no zip codes required.	e total zip codes below.		Total:
stomer Zip Code Tracker:			
PM43180			
E LE TIME			
29909			
29910			
299:28			
16062			
17543			
17543			
29926			
29906			
		i	

aily Log Emma		Date:
allery Shift Time: Recep	tion 🗖	
Ilery Attendance: Itime: The total number of tally marks should be equal and a shows & Receptions: Use the clicker, no zip codes required.	to the total zip codes below. ired.	Total:
stomer Zip Code Tracker:		
79926 79926 79926 79926 79926 79967 77963		

Daily Log lame:	dism		Date:	1/3
ame: (\	01:45			
allery Shift Time: _	1.13	,		
	Show Reception	J		
allery Attendance:	tally marks should be equal to the tot	al sis so de la la		
re-shows & Receptions: Use	the clicker, no zip codes required.	ai zip codes below.		Total:
ıstomer Zip Code T	racker:			

Daily Log	Date: 2-1-2022	
Name: Rim Harding / Lyndsi		
Gallery Shift Time: 10-1 16-4		
Day Shift Pre-Show Reception Gallery Attendance:		
Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes required. HTM THE	Total: 45	

04105	48067	29926	
04046	43016		
29926	43016		
26253	29927		
28715	29927		
12148	29978		
12148	86006		
19473	29928		
19473	15001		
29928	29926		
29926	29926		
29926	03870		
67502	03870		
29501	29926		
20000 313	222093		
18017	21vaz		
18017	54311		
31410	54311		
3140	45205		
16635	42305		

Daily Log	2	Date:	Date: 2-1-22		
lame:	Show Reception Reception				
allery Shift Time:	5:30-	7:300			
ay Shift Pre	-Show Reception				
allery Attendance:	1				
Daytime: The total number of the state of th	of tally marks should be equal to the to the clicker, no zip codes required.	tal zip codes below.	Total:		
ustomer Zip Code T	Fracker:				
		1			

Daily Log		Date: 2/2/22		
Name: Synds	si			
Gallery Shift Time:)-4			
Day Shift Pre-Sh	ow Reception			
Gallery Attendance:				
Daytime: The total number of tall Pre-shows & Receptions: Use the	y marks should be equal to the total zip clicker, no zip codes required.	o codes below.		
HH MH H	H 11 7 TH TH	HT-HT/HT III	Total:	
Customer Zip Code Trac	100.	0211		
	19968.	03466		
21108.	19967	29920		
21108	29928	54893		
08302	30016	54893		
08332	J0016	15042		
68302	22963	29926		
07332	19067	44685		
29909	30075	29928		
14226	30076	29928		
29926	44126			
31419	44126			
75049	44074			
75049	44074			
29926	60605			
29926	48104			
20910	44094			
29928	44094			
29928	3140			
46307	31401			
46845	11201			
46806	,			

Daily Log	Date: 2/3/2022	
Name: 2yndsi		
Gallery Shiff Time: 10-4		
Day Shift Pre-Show Reception		
Gallery Attendance:		
Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes required.	Total:	

29109	302 13	55447	
29910	30213	29926	
29910	29909	29926	
17404	29926	22003	
28469	29978	29672	
16002	2910	29910	
17402	43065	29910	
63022	43065	29928	
63025	29909	29976	
27782	29909	2992Ce	
27282	29910		
28469	29925		
14703	29926		
29926	29928		
44074	DETON 2998		
28692	29928		
(50010	29928		
17015	40386		
55117	40386		
55117	55447		

Daily Log	7	Date:	3-12
Name:	ydia		
Gallery Shift Time:			
Day Shift Pre-S	Show Reception		
Gallery Attendance:			
Daytime: The total number of t Pre-shows & Receptions: Use th	tally marks should be equal to the total zip o the clicker, no zip codes required.	codes below.	Total:
Customer Zip Code Tr	acker:		
\			

Daily Log	Date: 2/4/2022
Name: Lyndsi Paulder	l
Gallery Shift Time: 10-4	
Day Shift Pre-Show Reception	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes required.	Total:
int. I ali maille in all	1 42

53217	29928	29910	
53217	29978	299W	
15208	29928	0,10	
79976	49506		
30458	49505		
30458	49505		
75215	49506		
75215	04544		
2909	53545		
46590	47403		
28715	47403		
44708	44870		
03461	44870		
03461	30033		
29926	30033		
29926	49361		
98506	69361		
53704	49685		
29928	48390		
29928	299 28		

Daily Log	Date:	21	5/22	
Name:	4			
Sallery Attendance:				
Day: 114 171 11 60	Pre-Show:		Total	y
Sales – List artists whose wor	ks sold; all artists must be called if a work Piece Sold	is sold.	Artist Notified	Item Inventorie
Joan Ackerman	Early moving	95	LC	H
Catherine Thier	Notecoud	5	TC	20
Ate Schrava	Mater Delorosa	85	LC	IC
NIBCAR	Posters 2 @ 12 ea	24		fc
1)	Poskrs 2012 ea	24	_	K
NIDCAA	gigned Poster 2 e 25ea	50		FC
Alviu B. Glenn	Tobocco Dollie	55	_	16
Cindy Striceland	Bookmarks 103er	Le	H	-
margi Smith	Note ands 384ea	12	LC	
Cindy low Fancher	NC	6	LC	_

Additional Notes:

Alvin & Blenn

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

	Artist Name	Piece Title & Media	Price	Inventoried?
_				

3000

20 7 20

allery Shift Time:	Dreshow 5:30	-7:3	20p	
allery Attendance: Day:	Pre-Show:	7	Total	ı
0-1	rka cold: all artists must be salled if a cond	, in sold		
Sales – List artists whose wo Artist Name	Piece Sold	Price	Artist Notified	Item Inventor
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 0 1 2 2 2 2 2 3 4 4

Additional Notes:	Quilt Raffle tickets	#80	_
	7.1		

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

	Artist Name	Piece Title & Media	Price	Inventoried?
1				

Daily Log			Dat	e: <u>2</u> -6	- 22
Name:	2-4				
Gallery Attendance:					
Day: HUNN HU Gullah tour	5	Pre-Show:	Rece	ption:	Total:
Customer Zip Code Track					
06375	49723				
06375					
9928					
299.28					
17110					
17110					
32955		1111			
329.55		7111.			
29928	10				
29928					
29906					
79909					
29909					
29909					
29909					
29976					
29926					
30072 30072 49723					
N G 122					

Daily Log	Date: 2/7/2022
Name: Lyndsi Carlder	
Gallery Shift Time:	

Gallery Attendance:

Dar: IN WHITHER	Pre-Show:	Reception:	Total:	
M4 1141 141 63				

29928	19010-	437 85	
29978	12095	20191	
29926	04555	29910	
29926	02150	29909	
29926	20012	2999	
29936	92377	60047	
299 26	20012	67206	
29926	19968	02860	
24926	19968	02860	
29926	85248	30087	
92921, 29921	29926	30087	
29926	29926	29926	
29926	2999	29926	
29976	29926		
99723	55126		
49723	55126		
29909	29928		
29909	67826		
16648	67824		
16648	43788		

Daily Log	Caulder		Date: 2/	8/2022
Sallery Shift Time:	10-4			
Day: ### THE THE	4/11 W 43	Pre-Show:	Reception:	Total:
ustomer Zip Code Trac	cker:			
29910	29928			
02910	29928			
29910	19958	- 11117		
29910	19958			
23/20	04364			
17349	04364			
4.8313	04421		/ -	
48313	04421			
03857	14440			
03857	29926			
17349	03301			
(07020	03301 29909 29909			
21032	29909			
21032 21032 08226 08226	29909			
08226	29909			
08226				

Daily Log		Date:	8-22
Name: Sydi	w		
Gallery Shift Time:	5:30-4:30	2	
Gallery Attendance:			
Day:	Pre-Show:	Reception:	Total:
Customer Zip Code Tracker:			

Daily Log		-	Date:	9/2022
Name:	si Caulder 10-4			
Sallery Attendance:	45			
Day:	HHH IM	Pre-Show:	Reception:	Total:
Customer Zip Code Tra	acker:			
06/17	06877	432	135	
66710	49506			

06117	06877	43235	
06710	49506		
28804	49506		
27705	29928		
13760	26254		
-13760	19807		
00/490	92807		
0998	47119		
64074	15024		
04074	46725		
55421	46725		
55116	29926		
13760	2928		
04704	12309		
29910	29109		
13118	29902		
32259	13617		
53029	13617		
53029	17015		
29020	17015		

Lynd: 36p	Reception:	Total:
Pre-Show:	Reception:	Total:
1		
	- PW	- MW

Daily Log			Date: 2/1	0/22
lame:	Si Caulder			
Gallery Shift Time:				
Gallery Attendance:	50			
Day: THATH	HI 147 AT	Pre-Show:	Reception:	Total:
Customer Zip Code Trac				
30518	NOH 130		7	
30518	NOH 150			
29928	29926		0	
255123	29926			
55011	29928			
55417	40295			
55173	53092			
29909	30088			
29926	30269			
29926 30338				
29909				
29909				
[737-7				
21009				
21042				
4028				
64116				
299 28				
29910				

9-7:30	Reception:	
	Pacantion	
Pre-Show:	Pacantion	
Pre-Show:	Reception	
	песериоп,	Total:
	-	

Daily Log	0	Date: 2	/11/2022
Name: Unds			
Gallery Shift Time:	10-4		
Day Shift Pre-Sho	w Reception		
Gallery Attendance:			
Daytime: The total number of tally in Pre-shows & Receptions: Use the cli	marks should be equal to the total in its control i		Total:
Customer Zip Code Track	ker:		
22485	20169		
29910	11731		
29910			1000
20012			
20012			
70124			
30260			
80230			
30311			
30038			
70124			
30094			
30094			
29926			
35206			
23108			
23108			
24540			
24540			

Daily Log	1.	Date:	2-11-22			
Name:	Sydia					
Gallery Shift Time	: 5:30	- 7:30				
Sallery Attendance	Reception Recept					
Pre-shows & Receptions: L	r of tally marks should be equal to the total Jse the clicker, no zip codes required.	zip codes below.	Total:			
ustomer Zip Code	e Tracker:					
Peter						

Name:	er		
Sallery Shift Time:			
ay Shift Pre-Sh	ow Reception		
allery Attendance:			
re-shows & Receptions: Use the	y marks should be equal to the total zip codes b clicker, no zip codes required.	elow.	Takah
	Aprox 300		Total:
ustomer Zip Code Trac	cker:		1
19928	32244		
24928	29926		
29909	29926		
24909	46033		
35125	46033		
55,25	46033		
55125	64068		
32063	34715		
32217			
322/7			
34471			
32217			
32217			
32217			
29928	6		
M934J 6 Cm	wedn't		
796416 11	(3)		
32244			
LSE31E	(4)		
MSTINUG -	(1)		

Daily Log			Date: 2/12/22
Name:	Lydia		Date. of 10 for
	//		
Day Shift P	Pre-Show Receptio	"N	
Gallery Attendance Daytime: The total numb	er of tally marks should be equal to the	ne total zip codes below.	
Pre-snows & Receptions:	Use the clicker, no zip codes required		Total:
Customer Zip Cod	e Tracker:		
·			
\			

Name:				
e-snows & Receptions: Use ti	tally marks should be equal to the total zip code the clicker, no zip codes required.	Pre Show	Total:	
ustomer Zip Code Tr	acker:			
19720	39200			
29720	37204			
29223	37204			
29223				
29720				
29720				
29910				
29911)				
06002				
06001				
06001				
24927				
29927				
29909				
29909				
3/10/71				
294				
9711				
45/11				
(1 6 1 1				

Daily Log	0	Date:	2/14/2022
Name: Undi	Caulder		
Gallery Shift Time: 10)-4		
Day Shift Pre-Show	Reception		,
Gallery Attendance:			
Daytime: The total number of tally m Pre-shows & Receptions: Use the clic	ker, no zin codes required		
HI HI HH	THE THINK	1111 34	Total:
Customer Zip Code Tracke	er:		
45299	29926		
45249			
iz 64657			
04032			
04657			
29976			
29461			
29461			
12853			
53901			
53901			
29928			
29926			
79907			
29907			
49726			
49783			
49783			
49726			
29926			

Daily Log	· Daulda	Date: 2/15/2022
Name: Lynd	Caulder	
Gallery Shift Time:	10-9	
Day Shift Pre-Sh	ow Reception	
Gallery Attendance: Daytime: The total number of tal.	ly marks should be equal to the total zip codes b	halan.
rie-snows a Receptions: Use the	clicker, no zip codes required.	
IM WIH	1 JHHH HHAMA	HUII
tar	1311	
Customer Zip Code Trac	cker:	
29928	29910	
30022	29926	
30024	C8123	
30223	68123	
30223	29928	
537/4	26928	
53714	23113	
54217	23113	
54217	NGKYA8	
23683	44060	
29928	20190	
5503 3	20191	
55033	200 7/201	
44118		
23693		
45739		
45239		
21666		
21666		
2166Ce		

Daily Log	Lydia	Date:	2-15-22			
Name:	sylla					
Day Shift Pre-Show Reception Sallery Attendance:						
raytime: The total number of	tally marks should be equal to the to the clicker, no zip codes required.	tal zip codes below.	Total:			
ustomer Zip Code T	racker:					
	1100					
			1			
			1 /			

Daily Log		Date: 2/10	12012
Vame: Lunds;	Caulder	Date. 27 10	010-000
Gallery Shift Time:	10-4		
Day Shift Pre-Sh	ow Reception		
Gallery Attendance:			
rie-silows & Receptions: Use the o	marks should be equal to the total zip clicker, no zip codes required. The harmonic content of the content o	4111	Total:
Customer Zip Code Trac	ker:	, 13	
16801	18567	60610	
79928	49770	60610	
29928	30024	07470	
18045	70024	07110	
28562	48104		
29928	19089		
29928	48104		
29928	19184		
29928	02891		
29978	02891		
29928	80550		
13035	80550		
34243	20148		
04074	17403		
04074	17403		
29926	17403		
37027	15143		
29928	15143		
37027	31331		
04074	31331		

Daily Log		Date	2-16-22
Name:	Lydia		
Gallery Shift Time:	71		
	Show Reception L	1	
	Reception		
Gallery Attendance: Daytime: The total number of	tally marks should be equal to the to	tal zip codes helow	
Pre-shows & Receptions: Use t	the clicker, no zip codes required.		Total:
			70
			10
Customer Zip Code Tr	acker:		
	TIME		
			19
V			
			T H I F T T T T T T T T T T T T T T T T T T

Daily Log		Date: _	2/17/22
Name: Lynd	si Caulder		
Gallery Shift Time:	10-4		
Day Shift Pre-Sh	ow Reception		
Gallery Attendance:			
Daytime: The total number of tall Pre-shows & Receptions: Use the	y marks should be equal to the total zip co clicker, no zip codes required.	odes below.	la esta
IH IH HE	MHH M W	TH 111	Total:
Customer Zip Code Trad	cker:		
15232	P2A155		
2.9926	30263		
29926	30263		
29928	29910		
29928	44674		
29928	33469		
29926	29926		
29910	33469		
@175219	25049		
56011	29928 29928		
56011	29928		
43612	24060		
43612	24060		
29926	11784		
30008	18902		
30008	18902		
86996			
06498			
06498			
P2AIS5			

Daily Log	. 1		Date: _ 2 -	17-22
lame:	Lydia	1 5:30-7:30	n.	
ay Shift Pre	-Show Receptio		P.	
allery Attendance: Paytime: The total number of	f tally marks should be equal to th	e total zip codes helow		
re-shows & Receptions: Use	the clicker, no zip codes required.			Total:
ustomer Zip Code 1	racker:			
		4		

Daily Log	0	Date:	18/2022
Name: Lynd	si Caulder		
Gallery Shift Time:	10-4		÷.
Day Shift Pre-Sho	w Reception		
Gallery Attendance:			
	marks should be equal to the total zip o icker, no zip codes required.	codes below.	
		其其其其	Total:
Customer Zip Code Track	ker:		
29926	22012	37204	
21788	22/82	37216	
21788	30064	65802	
38004	30064	65757	
29620	55906	65802	
20020	55972	24060	
20020	55906	55303	
21788	64113		
29620	64113		
10023	14430		
10023	14430		
29909	22802		
29909	22802		
22101	44126		
22/01	44126		
60632	29928		
21032	29928		
115ec 800	29928		
23046	10950		
22046	10950		

Daily Log	1	Date:	2-18-22
Vame:	Lyan		
Gallery Shift Time:	5:3	0-7:3ap	
Day Shift Pre	-Show Reception C	/	
Gallery Attendance:			
Pre-shows & Receptions: Use	of tally marks should be equal to the toto e the clicker, no zip codes required.	al zip codes below.	Total:
Customer Zip Code 1	Fracker:		

Name:	lina	Date: 2/19/5	
Gallery Shift Time: _	10-4		
	Show Reception		
Gallery Attendance:			
Daytime: The total number of t	ally marks should be equal to the total zip codes he clicker, no zip codes required.	s below.	
M HI MI NTI	111 HT HT HI W		Total:
B. C. & B. T. S. M. J. J. V.	and the ill		1
Y	NA CONTRACTOR OF THE PARTY OF T		
Customer Zip Code Tr	acker:		
30458	29917		
30458	22932		
60441	29910		
60441	29910		
29909	20060		
29909	20020		
37922	45387		
31922	45387		
17/10	28754		
17110	33542		
)7/10	20020		
30328	20020		

3,320

55,06

85 020

Daily Log	X	Date:	2/19/22
Daily Log	dia		
Gallery Shift Time:			
Day Shift Pre	-Show Reception]	
Gallery Attendance:			
Daytime: The total number o	f tally marks should be equal to the too the clicker, no zip codes required.	al zip codes below.	Total:
Customer Zip Code 1	racker:		
Y			

Daily Log	40.00		Date: 2/2	0/22
Name: Gallery Shift Time:				
Day Shift Pre-Si	how Recept	tion 🔲		
Gallery Attendance: Daytime: The total number of ta Pre-shows & Receptions: Use the	e clicker, no zip codes requi	o the total zip codes below. red. Matine		Total:
Customer Zip Code Tra	cker:			
29901				
29901				
30458				
30458				
19928				
299:28				
04976				
049.76				
049.74				
04976				
17097				
77047				
29918				
14610				
141610				
29926				
29921.				
29926				
a ing				

Daily Log	0	Date:	2/22/22
Name: Undo	: Carlder		
Gallery Shift Time:	10-4		
Day Shift Pre-Sho	ow Reception		
Gallery Attendance:			
Pro-chawe & Docantians, Heatha	marks should be equal to the total zip codes belicker, no zip codes required.	pelow.	9.33
THE GUILLE ht	THE THE THE CORRESPONDED TO THE CORRESPONDED T		Total:
Customer Zip Code Trac	ker:		
29928	29928		
20009	29926		
29910	02/19		
02139	49525		
23944	99525		
02139			
17050			
56131			
45322			
17050			
56131			
45415			
45415			
02459			
02459			
02459			
33469			
66045			
29928			
01590			

Date: 2/23/22 **Daily Log** Name: Gallery Shift Time: Day Shift Pre-Show Reception Gallery Attendance: Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes required. Total: **Customer Zip Code Tracker:** 29926 14621 14621 53051 14477 61920

4		Date:	124/22
Name: Wndsi	Caulder		
Gallery Shift Time:	10-4		
Day Shift Pre-Show	Reception		
Gallery Attendance:			
Daytime: The total number of tally n Pre-shows & Receptions: Use the clic		THI .	Total:
MIMM	MHH.	HIM HIM HIM) ''••••
Gullah tours	111/111/11/	ILIN III-II-II-II	7
Customer Zip Code Track	er:		
29926	29928	14150	
29926	34761	14150	
04021	20906	39026 37620	
04021	29072	37620	
33614	29072	37686	
33614	28791	37664	
22309	04643		
22309	64043		
29928	04043		
37861	09043		
28715	04043		
29928	04043		
29938	64643		
22309	48025		
29910	12814		
29910	27713		
53074	37664		
53074	37686		
29926	37620		

Daily Log		Date:	125/22
Name: Lynclsi	Caulder	79.4	
Gallery Shift Time:	10-4		
Day Shift Pre-Sho	w Reception		
Gallery Attendance:			
	marks should be equal to the total zip	codes below.	
	IN MY TH TH	11 in the	Total:
IN IN IN	The ne IM 11	x tux likt	
Customer Zip Code Trac	kor		
29928	30009	GGGGS	
28710		29928	
The state of the s	21108	29928	Y
78710	21108	31300	
29928	21100	31320	
15232	08204	31300	
15232	29928		
4440	29926		
49770	29576		
49770	29576		
30078	29576		
30078	22405		
60643	29445		
60643	29455		
18938	29466		
BOSIHO	29902		
18938	29902		
13051 HO	29945		
29926	99455		
29928	29466		
22405	29902		

Daily Log		Date: _ 2/2	6/22
Name: Sin			
Gallery Shift Time: _/	0-4		
Day Shift Pre-Sh			
Gallery Attendance:			
Pre-shows & Receptions: Use the	ly marks should be equal to the total z clicker, no zip codes required.		
MI THI HILLI	1 MH 11 4 ap	roy 15 more w/blows	Total:
Customer Zip Code Trac	cker:		
17311	03878		
17311	29928		
95608	29928		
80538	40324		
80538	89.044		
30326	36532		
30326	42629		
30326			
95608			
29483			
294-83			
30082			
30082			
30082			
30082			
30082	I I		
35213			
71110			
03878			
03876			

Daily Log			Date:2	-27-22
Vame:				
Gallery Shift Time:	- 7			
Gallery Attendance:				
Day: 11 11 11 11 11	W W	Pre-Show:	Reception:	Total:
MI XIII	())			
Customer Zip Code Tracl	ker:			
20855	18780	9		
20855	02130			
11234	02130			
29966	55409			
29966	55409			
28202	55409			
29978	11123			
29928	11123			
27713	14610			
27713	06443			
27713	30753			
27707	30253			
27707				
27707				
12866				
12866				
12866				
29976				
27713				
28786				

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

Daily Log		Date:3	18/2022
Jame: Lyndsi Caulder			
Gallery Shift Time: 10-4			
Gallery Attendance:			
Day:	Pre-Show:	Reception:	Total:
Customer Zip Code Tracker:			
29926			
29926		-	
29928			
72162			
32/62			
29646			
29926			
29926			9
93923			ă).
9 2983			
9292			
29928			
29928 29928 29928			9
29928			
29928			

Daily Log	0.112.		Date: $\frac{3/q}{}$	1/2022
Name: Lyndsi Gallery Shift Time:	Caulder			
Gallery Shift Time:	<u> </u>			*0
Gallery Attendance:			· ·	
Day:	HT HT	Pre-Show:	Reception:	Total:
Customer Zip Code Track	er:			
48346	19073			
48642	19073			
48346				
48642				_
43017				
43068				
29910				
29910				
29928				
45429				
03301				
U5429 03301 03301 2290				
2290				
०११८ १०				
44236				
44236				
74924				
44236 24924 29926 60510				
00510				

Daily Log		Date:	10/22
Name: Lyndsi Caulder		W- 11-11-11-11-11-11-11-11-11-11-11-11-11	
Name: Lyndsi Caulder Gallery Shift Time: 10-4			
Gallery Attendance:	T	35	
Day:	Pre-Show:	Reception:	Total:
M WIMIN MI			
Customer Zip Code Tracker:			
29928			
45429			
45429			
54701			
54761			
39976			
29926			
47586.			
9460Ce			
94606			
29928			
99666 29928 47586			
53212 53212 14450			
53212			
14450			
19950			
02061			
62061			

Daily Log Name:		Date:3 /	10
Gallery Shift Time: 5:30 - 7:3	SORW		
Gallery Attendance:	V .		
Day: THE HITH HIM HAM	Pre-Show:	Reception:	Total: 63
Customer Zip Code Tracker:			
53711			
45100			
45429			
			4
			18.

Daily Log	· Oc Ida		Date	: 3/11	12022	
Name: Lynds	Lactor					
Gallery Shift Time:	10-4					
Gallery Attendance:	•			Ñ.		
Day: THE THE	MINIMENT	Pre-Show:	: Reсер	otion:	Total:	
Customer Zip Code Track	Customer Zip Code Tracker:					
29926	11958					
29926	11958					
29910	29492			1.		
29910	29492					
08726	19492					
08226	29492					
30328	03905					
79926	03905					
29910	48154					
2926	48154					
20009	29926 29921					
20009	29921	0				
20009	70					
32/68						
32168 92078						
92078						
22553						
29926						
29926						

Daily Log	Smite			Date: 3	/12/	22
Name:						
Gallery Attendance:						
Day: THE THE	HH III (23)	Pre-SI	now:	Reception:		Total:
Customer Zip Code Track					The second	
30024	20175					
3000	28277					
03782	28277					
041.08						
29928						
24928						
29428					1	
0440/						
03895						
29928				-		
29928						
77978						
7323(
31364				118-		
30809						
30.509				•		<u> </u>
78 731						

Daily Log	mith		Date:	. 13 -	27
Name:	Frith				
Gallery Attendance:			1		
Day: All M		Pre-Show:	Reception:		Total:
Customer Zip Code Tracker:					
18902					
18900					
0 3 360					t
29920				15.	
01574					
01524					
29909					
27909					#
7875 M & Lan	rador				
T T					<u>\</u>
		1			
					1
1			-		

Doily Log		Date:	14/22
Daily Log Name:		Date: <u>¶>> /</u> _	7 () 0-3
Name: Cynasi Caolas			<u> </u>
Gallery Shift Time: 10-4			
Gallery Attendance:			
Day:	Pre-Show:	Reception:	Total:
Customer Zip Code Tracker:			
24592			1
29928			
29926			
29926			
60067			
60067			
60047			
60047			!
49423			,
2962			
29672 49423			
49423			
29926			
4400 49404			
29928 29928			
29928			7
	A	A	

Daily Log		Date:	5/22
- lame: Lyndsi Caulder			
Gallery Shift Time:			
Gallery Attendance:			
	Pre-Show:		Takah
Day:	Pre-snow:	Reception:	Total:
IN IN IN			(10)
Customer Zip Code Tracker:			
29928			
29978			
29928			
17,201			I.
17225			
24926			
29926			
44136			
44126			<u> </u>
32926			
32904 29926			
24926			
2924			
02061			
02061			
07061			
07061			
20854			\\

Daily Log	Caulder			Date: 3	116 j	22
Gallery Shift Time: 10			,			
Gallery Attendance:					:77	
Day:	HAMITH	Pre-S	how:	Reception:		Total 32
Customer Zip Code Tracke	er:					
29926	15017					
2996	15017					
29926	18943	1	- : L			
21403	18944		1144 /	-5-		maja ta
14127	16105					15°
14127	16105					
27330	28207					
27330	45140					
27330	45140					
68526	66085 66085					
68526	66085					
68526	66085					
68526						
454.29						
45429 45429 29926						
89926					_	
29928			-	=		2:
2B3m0G7						
133mog7	-					
29926						

Daily Log

Vame: Lyndsi Carlder

Gallery Quin Date: 3/16/22 **Gallery Shift Time: Gallery Attendance:** Reception: Pre-Show: Day: Total: **Customer Zip Code Tracker:**

Daily Log			3/17/22 =
$\bigcirc_{\text{lame:}} \qquad \boxed{3/17/22} \qquad $	ynds. C	aulder	
Gallery Shift Time:			
Gallery Attendance:			
Day: HI M MHUI	Pre-Show:	Reception:	Total:
Customer Zip Code Tracker:			
06000 06072 1970)9;		e e
06072			√
49920			
29909			
32118			
29926			
29909			
2928			
29928			
29910			
29707			
29707	,		
L7M3Y9 L7M3Y9			
CIM SY9			
30461			
60124			
30461			
60124			1
38578			
79909			

Daily Log	Carlde	,		Date: 3	118	/22
Gallery Shift Time:	04					
Gallery Attendance:						
Day:	wa ing	Pre-Sho	ow:	Reception:		Totak
Customer Zip Code Tracke	r:					
29928						
29928						
27517						
27517			1			٩
29928						
29926						
45011						
29926						
			=			
6	•					
13 , 2 = 1						
					_	
	15.					

Daily Log Name: Sm'.+ Gallery Shift Time: 10-4	h	Date: 3/1	9/22
Gallery Shift Time: 10 - H			
Gallery Attendance:			
Day: THE THE	Pre-Show:	Reception:	Total:
Customer Zip Code Tracker:			
02668			3.
02668			
29928			
79928	11		
29910			
2991.0			
53186			
2928			
128.24		-	
44094			
44094		-	
29928			
29924	2 2		
22621			
29929		-	
T			

Daily Log		Date:	3/20/22
lame:	+N		
Gallery Shift Time:			
Gallery Attendance:			
Day: 1) \(\)	Pre-Show:	Reception:	Total:
2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -			
Customer Zip Code Tracker:			. *
29918			
29928			3
29900			
29905			
29.926			
29926			
A (# A) M			
	792		
± €			
+			

Daily Log		Date: 3/21	122
Gallery Shift Time: 10-4			
Gallery Attendance: Day:	Pre-Show:	Reception:	Total:
Customer Zip Code Tracker:			
01950	100		
01950			* 7.
2999			
29909			
29928			
29928			
29926			
29926			
79926			
20817 29029928 20817 29928			
24817			
76978			
7073			

Daily Log		Date:	3/22	122
vame: <u>Lyndsi</u> Caulder			~	
Gallery Shift Time:				30 (18) (18) (18)
Gallony Attendance				
Gallery Attendance:		T		
Day:	Pre-Show:	Reception	n: 100	Total:
I III	G			109
Customer Zip Code Tracker:				
29926				es de
55113				,
55113	CACIAN	Jane May		THUL
34491				
12306				AA98
29928				
79976				
29928				
*				
_				
				*
T				

Daily Log			Date: <u>8/2</u>	3/2022
vame: Lynds	Caulde	V		
Gallery Shift Time:	0-4			
O all and All and I am and				
Day:	H JH JH	Pre-Show:	Reception:	Total:
Customer Zip Code Track	er:			
29909	03824			1
2999	30093			8
29926	29926			*
29928	20910			
18938	Jaan			
44223	85501			
44223	59501			9
29926	27513			
7-1928	28740	7		
29926	29976	,		
29926	29928			
56001	2928			
56001	,			
Patis5				
P2A155				
29928				
28451				
15905			E4.	
28451	*			
03824				

Daily L _{og}	_	Date: <u>3/</u>	24/22
Name: Lynds: (Paulder		
Gallery Shift Time:	-4		## 5 18 ± -
Day Shift Pre-Show			
Gallery Attendance:	20		
Pre-shows & Receptions: Use the click	arks should be equal to the total zip coder, no zip codes required.	S 50 13 No. 1	Total:
IN MY	MY MY M	M M IN M	1(58)
1 / 11////	THE THE	Hilling A v. X	"()0)
Customer Zip Code Tracke	er:		্ৰ _ন ্ধনৰ সংগ্ৰহণ বহু চহন ব
29926	29909		34
44240	29909		- y
44240	60614	41	
29928	44126		5
2928	44126		
04066	92651	-	5 F
04066	92629		34°
07470	91011		
33511	9265		
12033	30683		
12005	30683		
33511	30683		
53005	60047		
53005	60047		
29926	60047		
00033	00011		
29926			
60467			
60467			

Daily Log	Date: 3/25/22
Name: Lyndsi Caulder	<u> </u>
Gallory Shift Time: 10-4	
Gallery Shift Time: O COLUMN Reception ☐	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total zip code Pre-shows & Receptions: Use the clicker, no zip codes required.	
JH JH I	Total:
Customer Zip Code Tracker:	A PERMIT PARTIES
29910	
29926	
K 35P7	
K155P7	
19928	
29926	
29926	
19938	
29928	
23662	
4976	

Name: Gallery Shift Time: 5 / 30 - 7 / 30 Day Shift Pre-Show Reception	
Gallery Shift Time: 5,30 -7,30	-
	_
Day Shift Pre-Show Reception	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total zip codes below.	
Total:	
Customer Zip Code Tracker:	
,	

Daily Log	na Smith	Date:3_	-26-22
Gallery Shift Time: 10	- h		
Day Shift Pre-Show	Reception	ā	
Gallery Attendance:			
Daytime: The total number of tally mo Pre-shows & Receptions: Use the click	arks should be equal to the total zip cod er, no zip codes required.	les below.	Total:
I M MI			
1 1/2 /(
Customer Zip Code Tracke	er:		
30912			-
30912			
29928			34"
299.28			
63304			
633.04			
66.103			
66103			
66103			
31286			
19343			
19343			
1100		4	
			ys:

Daily Log	Date: 3-27-22
Name: Jydla	
Gallery Shift Time:	
Day Shift Pre-Show Reception 1	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes required.	Fotal:
HT HT 1111	(14)
Customer Zip Code Tracker:	
23452	
38370	
2-8710	2
379.32	(
29936	
3/146	
3993829998	
29938	
19031	
1903) 31906	
31906	
31906	
29926 39926	
5-14.66	
<i>f</i> -	

-

Daily Log		Date: _ 3	69/2022
Name: Lynchi	Cavider		
	0-4		
Day Shift Pre-Show	Reception		
Gallery Attendance:			
Daytime: The total number of tally m Pre-shows & Receptions: Use the clic	arks should be equal to the total zip coa ker, no zip codes required.	es below.	Total:
THE MIM			(13)
Customer Zip Code Track	er:		
17036			
17036			
29928			
2992le			
23059			
23059			
29928			
30044			
30044			
48840			8
48840			4,
48840 48840 48840 48840			
48840			

Daily Log	Date: 3/30/2022
Name: Lyndsi Caulder	
Gallery Shift Time: 10-4	
Day Shift Pre-Show Reception	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes required.	Total:
THE THE THE	30
Customer Zip Code Tracker:	
29926	
64055	4)
64055	V*1
29909	
48455	
4845.5	
2938	
29928	
44126	
44126	
29928	
22926	
45377	
40502	
40507	
29902	
29902	
45459	
29902	
29902	

Daily Log		<u>D</u>	ate: $3/31/22$
Name: Gallery Shift Time:	Laulder		
Gallery Shift Time:	0-4		
Day Shift Pre-Show			
Gallery Attendance:			
Daytime: The total number of tally m Pre-shows & Receptions: Use the clic	parks should be equal to the total zip conservations and the total zip codes required.	odes below.	Total:
Customer Zip Code Track	er:		
48084	48757		
48084	48757		
48084	48757		
19926	29928		
34949.	29309		
34949	37341		
08008.			
08008			
29928			
44011			
44035.			
44011			
97086			
29928			
29928			
10573			
10573			
4401			
44035			
£ 29926		A	

Daily Log		Date: _ '	22.
Name: Lynds Caul	100	Date:	J. F.
0 10-11	M		
Gallery Shift Time: Re			
_	eception		
Gallery Attendance: Daytime: The total number of tally marks should be Pre-shows & Recontinue Health and the	equal to the total zip codes below.		
Pre-shows & Receptions: Use the clicker, no zip code	s required.		Total:
Customer Zip Code Tracker:			
22102			
22107			
32082			
32082			
28374			
28374			
44601			
44721			
44714			
LUA2M8			
LYA2 M8			
29926			
3-9926			
45140			
45140			**
29926			

allery Shift Time:			
allery Attendance:			
nytime: The total number of tally mar e-shows & Receptions: Use the clicke	ks should be equal to the tot	al zip codes below.	
WH 11	, no zip codes required.		Total:
			(12)
			(19)
stomer Zip Code Tracker	•		
01826			
(2,88)			
01810			
1211:Le			
01255		11	
018760			
012.55			
29926			
46902			
46902			
32084			
29926			
0 10 ,			

Daily Log			Date: 4-3 22
Name:	na Smith		
Gallery Shift Time:	12-4		
Day Shift Pre-Sh	now Reception		
Gallery Attendance:			
Daytime: The total number of tal Pre-shows & Receptions: Use the	ly marks should be equal to the total clicker, no zip codes required.	zip codes below.	
THE)			Total:
			(6)
Customer Zip Code Tra	cker:		
29928			
299210			
29909			
29928			
41017		21	
41017			

Daily Log		Date: _ 4/	4/22			
Name: Lyndsi Caulde		7				
Gallery Shift Time:						
Day Shift Pre-Show Rece	Day Shift Pre-Show Reception					
Gallery Attendance:						
Daytime: The total number of tally marks should be equa Pre-shows & Receptions: Use the clicker, no zip codes req	I to the total zip codes below.					
H11 H11 11	aneu.		Total:			
11411			(12)			
Customer Zip Code Tracker:						
1 29926						
20910						
29910						
2893						
02893						
29028						
201928						
29928						
24153						
24153						
	2.112		- 8			

Daily Log	0 11.	Date: 4/5	1/2022
Name: Lynds : Sallery Shift Time:	10-4		
<u>~</u>	how Reception		
allery Attendance:	illy marks should be equal to the total zip co	das halau	
re-shows & Receptions: Use the	e clicker, no zip codes required.	des below.	Total:
ustomer Zip Code Tra	acker:		
14618			
14618			
29928			
29926			
			Je.
			×

		8	7
Daily Log		ے Date:	1/6/22
Name: Lyndsi Cauld	S		
Gallery Shift Time:			
-	eception		8
Gallery Attendance:			
Daytime: The total number of tally marks should be e Pre-shows & Receptions: Use the clicker, no zip codes	equal to the total zip codes below.		
IH M MIH	1		Total:
Customer Zip Code Tracker:			
29938			
2928			
29928.			
30518			
30518			
30518			
40205			
40205			
30269			
40205 30269 30269 54929 15218			
54929			2
15218			
12918			
46077			
32/62			
32162			
32128			
32/64			
98144			
98144		À	A

Date: 4/7/22	Daily Log
	Sallery Shift Time: 10-4
	Sallery Shift Time: 10-4
tion	Day Shift Pre-Show Reception
	allery Attendance:
to the total zip codes below. ired. Total:	Daytime: The total number of tally marks should be equal to the total zip of the shows & Receptions: Use the clicker, no zip codes required.
(D)	HLHI 11
	ustomer Zip Code Tracker:
	29928
	29926
	94566
	28787
	2966
	29909
	79909
	260201
	29928
	79978 30269 30269
	30269
	3020

aily Log	<i>A</i> .	Date:	4/7/22
lame:	Lydia		
Sallery Shift Time:			
ay Shift Pre	-Show Reception		
aytime: The total number	of tally marks should be equal to the e e the clicker, no zip codes required.	otal zip codes below.	Total:
ustomer Zip Code	Tracker:		
1999			
MARKET			

Daily Log	Caulder		Date:	B 4/8/20	
Sallery Shift Time: 10-4 Day Shift Pre-Show Reception allery Attendance:					
Paytime: The total number of tally mark tre-shows & Receptions: Use the clicker	s should be equal to the too, no zip codes required.	al zip codes below.		Total:	
ustomer Zip Code Tracker					
14221					
14221					
29978					
76013				=	
76013					
33009					
07013					
07013					
29928					
39978					
30269 30269 29928					
50269					
79978					
53029					
79976					

Daily Log	0.	Date:	4-8-22
Name:	Lydra		
Gallery Shift Time: _			
	Show Reception		
Gallery Attendance:	/ *		
Daytime: The total number of	tally marks should be equal to the total zi the clicker, no zip codes required.	p codes below.	Total:
Customer Zip Code Tr	racker:		
	1		

Daily Log	ina C.	Da	te: 4-9-22			
Gallery Shift Time:						
Day Shift Pre-Sho	ow Reception					
Gallery Attendance: Daytime: The total number of tally	marks should be equal to the tot	al zin codes helow				
Pre-snows & Receptions: Use the o	licker, no zip codes required.	-9	Total:			
MMHHHI			(21)			
Customer Zip Code Trac	ker:					
46033	23114					
46033						
30188						
30188						
23417			× ×			
31605						
3160.5						
3165						
3/608						
23417						
23417						
29928						
\$6673						
06819						
0601.9						
04019						
06017						
24404						
3140)						

Daily Log Name: Sydin Date: 4-9-72					
allery Shift Time:	,)				
ay Shift Pre-Show	Reception				
allery Attendance: aytime: The total number of tally me-shows & Receptions: Use the clici	arks should be equal to the total zip co	odes below.	Total:		
ıstomer Zip Code Tracke	er:				
29910			T .		
29910					
37509					
27607					
10 2000					
1000007					
QUE -					
		*			
		* * * *			
	* ** *.				
			1		

Sallery Shift Time: 12-4 Day Shift Pre-Show Reception Sallery Attendance:					
rytime: The total number of tally e-shows & Receptions: Use the o	marks should be equal to the tot licker, no zip codes required.	al zip codes below.	Total:		
stomer Zip Code Trac	ker:				
27509 27509 29926 29926 111777 111777 29926					

	now Reception			
allery Attendance: aytime: The total number of ta- re-shows & Receptions: Use the	lly marks should be equal to the clicker, no zip codes required.	e total zip codes below.		Total:
ustomer Zip Code Tra	cker:			
29928				
29978				
79976				
16648				
05452				
29910				
29910	1			
29910	1.14			
1290	4 1			
12901 29926 22102				
29926				
22107				
22100				
			_ 11	

Daily Log		Date:	12/22			
Name: Lynd	si Caulder	-	-			
Gallery Shift Time:	10-4					
Day Shift Pre-Show						
Gallery Attendance:						
Pre-shows & Receptions: Use the click	arks should be equal to the total zip codes er, no zip codes required.	below.	Total:			
TH #1	111		14			
Customer Zip Code Tracke	er:					
20639						
20639						
19910			-			
79910			*			
30215						
29928						
29928						
29926						
26101						
3610)						
1910.1						
99/01						
07976						
01976						

Daily Log	. 9	Date:	4/13/21
Name:	ra		
Gallery Shift Time:			
ay Shift Pre-Show Red	ception		
aytime: The total number of tally marks should be eq e-shows & Receptions: Use the clicker, no zip codes i	jual to the total zip codes below required.		Total:
stomer Zip Code Tracker:			
03905			
29938			
31522			
29926			,
22701			
29938			
29936			
29458			
21736			
31236			
29938			
29988			
2995			
39938			
39936			

Daily Log	0	D	ate: 4-14	1-22
Name:	Lydia			
Gallery Shift Time:				
Day Shift Pre-Sho Gallery Attendance:				
Daytime: The total number of tally in Pre-shows & Receptions: Use the cli	narks should be equal to the total 2 cker, no zip codes required.	rip codes below.		Total:
Customer Zip Code Track	er:		-	
1 11787				*
7 79909 3 79909				
7 39969				
5 84730				
6 84088				
84778				
8 89170 9 299x9				
10 39910				
1 29909				
12 29969				
13 39909				

Daily Log		Date: 4-1	15-22
Name:	ydia		
Gallery Shift/Time:			
Day Shift Pre-Show Gallery Attendance:	Reception		
Daytime: The total number of tally marks shoul Pre-shows & Receptions: Use the clicker, no zip	ld be equal to the total zip codes below codes required.	4.	Total:
Customer Zip Code Tracker:			
31522			
3 29988			- R
+ 31522			
5 29936			
6. 33174			
8 33/14			
9 39926			
10 29938			
11 19906			

Daily Log		Date:	4-16-22
lame:	Lygan		
allery Shift Time:			
ay Shift Pre-Sho	w Reception		
allery Attendance:			
Paytime: The total number of tally a tre-shows & Receptions: Use the cla	marks should be equal to the total icker, no zip codes required.	zip codes below.	
	224, 224, 244, 244, 244, 244, 244, 244,		Total:
			10
ustomer Zip Code Track	ker:		
47460	1414221		
31522	1314221		
3 29926			1
19938			
5 39938			
0 29986			
1 29936			
8 30342			
30342			
0 2000 299	28		
1 99938			
	(* C		
	7		
		1	

Daily Log		Da	te: 4/18/22
Name:			
Day Shift Pre-	Show Reception		
Gallery Attendance: Daytime: The total number of Pre-shows & Receptions: Use to	tally marks should be equal to the to the clicker, no zip codes required.	tal zip codes below.	Total:
Customer Zip Code Tr	acker:		
V			A1
		1 1	

	Date:	19/22
yndse		
Pre-Show:	Reception:	Total:
	9.	
	Pre-Show:	yndse

Daily Log	Date: 4/20/22
Name: Lyndsi Caulder	<i>J J J J J J J J J J</i>
Gallery Shift Time: 10-4	
Day Shift Pre-Show Reception	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the Pre-shows & Receptions: Use the clicker, no zip codes required.	e total zip codes below.
1/1 3/13/14/14/14/19/19/19/19/19/19/19/19/19/19/19/19/19/	Total:
THE WIN 111 19	75 Neephy,
Customer Zip Code Tracker:	
05673	
29926	
05673	
29928	
79926	
48104	
48104	
30068	
1,6213	
1,6213	
16648	
29928	
2928	
32507	
32507	
32128	
32128	
32128 29928	
29928	

Daily Log Lyndsi Car	older	Date:	21/22
Gallery Shift Time:			
Sallery Attendance:			
Day: HHM	Pre-Show:	Reception:	Total:
Customer Zip Code Tracker:			
29928			
29926			
75243			
78613			1
78613	1		
75243			
19971			
19971			
45156			=
45150 29928 29928			
74978			
29928			
37721			
21043			illus que un constitución de la
9,8034			
· ·			

Date: 4/22/20 **Daily Log** Name: Lyndsi Caulder Gallery Shift Time: Gallery Attendance: Reception: Pre-Show: Total: Day: **Customer Zip Code Tracker:** 2240

Daily Log		Date: 4/23	3122
Daily Log	Smith		
Gallery Shift Time: /0-1	+		
Gallery Attendance:			
Day:)	Pre-Show:	Reception:	Total:
Customer Zip Code Tracker:			
29929			
29926			
			-d-
· · · · · · · · · · · · · · · · · · ·			
			= 1

Daily Log ame: Smith			y Log Smith Date: 4/24/22		
Pre-Show:	Reception:	Total:			
		1			
		7			
	in the second				
		Smith			

Daily Log		Date: 4/3	15/22
ame: Lynds Callery Shift Time: 10-4	المعالما		
Gallery Attendance:	· · · · · · · · · · · · · · · · · · ·		
Day:	Pre-Show:	Reception:	Total:
Customer Zip Code Tracker:			
29910			
27518			
2926			
29928			
29928			
		A	

allery Attendance:			
M MM III	Pre-Show:	Reception:	Total
stomer Zip Code Tracker			
26253			
2992 le			-
29909			
29928			
55811			
55811			
18239			
28311			
27455			
27455			
26651· 25314 29928·			
25314			
29928			
11373			
71.000			
76092			

Daily Log		Date:	27/2022
ame: Lyndsi Ca	ulder		
Gallery Shift Time: 10-4			-
Gallery Attendance:			
Day:	Pre-Show:	Reception:	Total:
Customer Zip Code Tracker:			
29928			
29926			
29926			
29928			
29938			
28753			
85249			*
28753			
82749			
79923-			

older	Date:	78/10
10000		
Pre-Show:	Reception:	Total:
		*12
		=
		ivlder

Daily Log	1	Date:	29/22
Tyndsi Caulo	der		
Gallery Shift Time: 10-4		7 1	ST Western State
Gallery Attendance:		_	
Day: 11 11 11	Pre-Show:	Reception:	Total:
Customer Zip Code Tracker:			
29928			
29926			
11010			
100			
29926			
19928			.0
749210			
29926			7000
29906			
29906 29906			\$
		1	
h .		of .	
		A	

lame:	in Smit	h		
allery Shift Time:	*			
allery Attendance:				
Day: M HHH	11 HH THE	Pre-Show:	Reception:	Total:
ustomer Zip Code Track	ker:			
30161	299.02			
30161	29902			
90713	29905			
94534	29926			
29528	11772			
90753	29910			
90713	33483			
201928				
31522				
29928				
31522		- 1		
31324				
31324			-	
0.0.				
24849			1	
29928				
29928				
1992C				
29909	÷			
29919			1	

Gallery Attendance:			
Day:)	Pre-Show:	Reception:	Total:
Customer Zip Code Tracker:			
10023			
29928			
29928			
			4

Daily Log	A		Date:	2/22
Name: Lyncis	Laulder			10
Jame: Lynch: Gallery Shift Time: 10	4			
Gallery Attendance:				
Day:	Pr	re-Show:	Reception:	Tøtal:
Customer Zip Code Tracker:				
01944		11		
01944				
2926				*
19701				*
79978				
1000				
20106				
			V	
				E I
		_		
^	•			

ery Attendance:			
##	Pre-Show:	Reception:	Total:
tomer Zip Code Tracker:			
01983			
44001			
44001			
29928			
29926			
2926	 		
29938			
43081			
93001			

Daily Log Name: Lyndsi Gallery Shift Time:	Caulder		Date: 5	14/22
Gallery Shift Time:	10-4			
Gallery Attendance:				
Day:		Pre-Show:	Reception:	Totals
Customer Zip Code Trac	ker:			
29926 29926 29926 29926 29926 29926				

Name: Syo	5:30 - 7:30pr		y 4, 30
Gallery Shift Time:	5:30 - 7:30pp	n	
Sallery Attendance:			
Day:	Pre-Show:	Reception:	Total:
			6/
Customer Zip Code Tracker:			
the state of the			
			
			10,000
· · ·			

Daily Log	2	Date:5/5	5/22
Name: Lyndsi Caul	der		
Gallery Shift Time:			
Gallery Attendance:			
Day:	Pre-Show:	Reception:	Total:
II JAT THE			(13)
Customer Zip Code Tracker:	*		
37419			
37919			
29928			
29926			
29928			
29928			
07092			
07092			35
19707			
19707			
19707			
2992 Le			

Daily Log	. 1	do.	Date:	lay 5, 2020
Vame:	Lyd	ca .		
Sallery Shift Time:	1	sa 5:30-7:	3d sp.	
Sallery Attendance:				
Day:		Pre-Show:	Reception:	Total:
1 1 1				01
Customer Zip Code Trac	ker:			
~ ~ ~ ~ ~ ~ ~				
•				
		k .		
				approximate and a second

Daily Log 'ame: Lyndsi Caul Gallery Shift Time: 10-4	der	Date:5/	6/22
Gallery Shift Time: 10-4			
Gallery Attendance:			
M MH MH	Pre-Show:	Reception:	Total:
Customer Zip Code Tracker:			
29926		-	
79978			
29909			
24502			
74503			
24503			
24502			
29926			
29928			
20016			
79928			
29928			2,
49307			
29978			
2992le			

Daily Log	4,		Date:	16/22
Gallery Shift Time:	- Syding 5	:30-7:30	op.	
Gallery Attendance				
Day:		Pre-Show:	Reception:	Total:
Customer Zip Code	Tracker:			
,				
-				

Day: THE MI	Pre-Show:	Reception:	Total:
			(3)
ustomer Zip Code Tracker:			
23465			
01040			
29928			
01040			
0,040			
37067			
37667			372
01301			
01301			
29928 29928 29928			
29928			
29928			
29928			

Daily Log			Date: 5-7-22		
lame:	Lydra 5	:30- 1:30y	<i>)</i> .		
allery Attendance:					
Day:		Pre-Show:	Reception:	Total:	
customer Zip Code Trac	ker:				
i.					
\					

Daily Log		Date:	8-22
	Smith		
Gallery Shift Time: 12-3	,		
Gallery Attendance:			
Day: THE	Pre-Show:	Reception:	Total:
Customer Zip Code Tracker:			
29928			
29928			
95747			
95747			
			171
			€ "

Daily Log	م ما ما ه ح	Date:	9/22
Daily Log Name: Lynds, C Sallery Shift Time: 10-1			
allery Attendance:			
Day: HI HI MI MI	Pre-Show:	Reception:	Total:
Gustomer Zip Code Tracker:			
29926			
29926			
28443			
29928			
20026			
Jaarle			
29926			
29926			
29926			-9
30017			
79976			*
29928			
29928			
29938			
29926			
29926 48085			
48085			

Daily Log Name: Lynds: Caulder Gallery Shift Time: __ Gallery Attendance: Reception: Pre-Show: Total: Day: **Customer Zip Code Tracker:** 29926 29910

Daily Log	Pudid	Date:	1-22
Sallery Shift Time:	Sydia 5: 30-7.	30p	
Gallery Attendance:			1
Day:	Pre-Show:	Reception:	Total:
Customer Zip Code Tracker:			
			HIND SECTION SECTION
			,
		-	

lame: Lyndsi Carlane: 10-4			
Sallery Attendance:			
M+ 11 11 11 11 11 11 11 11 11 11 11 11 11	Pre-Show:	Reception:	Total:
Customer Zip Code Tracker:			
28681			
28681			
29926			
29909			
29720			
29720			
65401			
65401.			
29926.			
29926 55337. 55123			
5533°t.			
55123			
03472			<i>p</i> **
02974			
34410			
21014			

Daily Log			Date: 5-11-22		
Vame:	5:30-1	ysia 300			
Sallery Attendance:					
Day:		Pre-Show:	Reception:	Total:	
Customer Zip Code Tracke	er:		1/		
*					
*					
•				3,5	
	· ·				

Jame: Lynds: Cauld Sallery Shift Time: 10-7			
Gallery Attendance:			
Day: MI	Pre-Show:	Reception:	Total:
ustomer Zip Code Tracker:			
29926			
37067			
37067			
36207			
36267			
36267 29928			
63025			
63301			
29926			- فر
28031 28031			* * =
28631			
28031			

Daily Log		Date:	5-12-22
Vame:	Lyden 5:3	10-7.30p	
Gallery Attendance:			
Day:	Pre	-Show: Reception:	Total:
Customer Zip Code Track	er:		
i .			
- Company			

me: Lyndsi Ca	iulder		
lery Attendance:			
	Pre-Show:	Reception:	Fotal:
stomer Zip Code Tracker:			
29926			
29926			
29928			
29928			
53946			\$
53946			
29928			
79926			

Daily Log				Date: 5	13-22
_Vame:	Lye	(ia)			
Vame:	1	5:30-	-7:304	0.	
Gallery Attendance:					
Day:		Pre-	Show:	Reception:	Total:
Customer Zip Code Tr	acker:				
		451			
			-	-	
			-		
			1		

		n met			

Daily Log	0	Date: 5-16	4-22
Yame:	Sydia 109-4pm		
4	, , , , ,		
Gallery Attendance:			
Day: WT LHT 1111	Pre-Show:	Reception:	Total:
Customer Zip Code Tracker:			
18702			
18702			
460.16			
79938			
29938			
98365			
29910			:
29936			
21222			
20123 80121 80121 29612			
80121			
19612			
29678			

0-7:30p.	
e-Show: Reception:	Total:

Daily Log	2	Date:	5-15-22
Name:	ydia 12-4 pr	n	
Gallery Attendance:			
Day: TILL HEL IIII	Pre-Show	Reception:	Total:
Sustomer Zip Code Tracker:			
11655			
21655			
30083			
30083			
29926			
3 3307			
29926			
52307			
29909			
29909			
29909			*
399h			-
39910			
48446			
48448,			
29938			
29938			
09910			
31405			1

Daily Log		Date: _ 5 /	16/22
Name: Lyndsi Caulder Gallery Shift Time: 10-4			
Gallery Attendance:			
Day: 11	Pre-Show:	Reception:	Total:
Customer Zip Code Tracker:			
29926			
29926			
0807			**
08071			
29926			
5)916		-	
53419			
110730			
40330 29206 19206			
19206			
(200			
	74		
\			

Daily Log			Date:5-/	6-22
Name:	Zydi 5	i 30-71	Date:	
Gallery Attendance:				
Day:	P	Pre-Show:	Reception:	Total:
Customer Zip Code Tracke	er:			
*				

Company of the Compan				

Daily Log Jame:						
Gallery Attendance:		1				
Day:	411	Pre-Show:	Reception:	Total:		
Customer Zip Code Trac	ker:					
29928	29910	29	928	29928		
29976	12/59	299	10	29926		
28607	12159	08	043	\$ 08043		
28607	29910	6	500	CSD'		
33473	29909					
33473	29926					
29910						
29910						
		-				
	-					
	2					
-						

allery Attendance:			
Day:	Pre-Show:	Reception:	Total:
ustomer Zip Code Tracker:			
29910			
29910			
29910	,		
29910			
29910			
29910			
01867			
29928			
32963			
29910			
29928			

Daily Log Name: Lynclsi Co	idac	Date: _5/	18/22
Gallery Shift Time:	1		
Gallery Attendance:			
Day:	Pre-Show:	Reception:	Total:
Customer Zip Code Tracker:			
79977			
29927			
29926			
26554			
26554			
80003			400
80003			, h
80003			
79976			
			146

Daily Log	ń			Date:	18-22
Vame:	Lydi	w	-		
Gallery Shift Time:	Sydi	5:30	7:300		-
Gallery Attendance:					
Day:		Pre-S	show:	Reception:	Total:
Customer Zip Code Tra	cker:				
					·····
-: - * =					- 110
	17				

aily Log me: Lyndsi Caul me: 10-4	der		
allery Shift Time: 10-4			
llery Attendance:			
Day:	Pre-Show:	Reception:	Total:
stomer Zip Code Tracker:		***************************************	
37027			
37027			
47374			
47374			
44628			
44628			
			P
			N

Daily Log	1	Date:5	
ame:	Jydia		
Daily Log Name:	5:30-7:3	30p	
		1	
Sallery Attendance:		1	1
Day:	Pre-Show:	Reception:	Total:
	(1/22		
	100		
ustomer Zip Code Tracker:			
	1		-
			THE STATE OF THE S
H .			
			•
			dos
			4 12
			Contract of the contract of th
			-

ame: Lyndsi Caulden allery Shift Time: 10-4			
allery Attendance:			
Day:	Pre-Show:	Reception:	Total:
ıstomer Zip Code Tracker:			
29926			
29926			
0/603			
29926			
44321			
44321			*1
29926			*
2992le			
11 109			
2021			
09918			
29928 29926			
V (10 G			

Daily Log Date: 50000 (Property Shift Time: 6 - 7:30)						
llery Attendance:						
Day:	Pre-Show:	Reception:	Total:			
ustomer Zip Code Tracker:						
See .			176.5			
~						
			_			

allery Shift Time:			
allery Attendance:			
Day: 111/	Pre-Show:	Reception:	Total:
ustomer Zip Code Tracker:	and the second s		
29928,			
29928			
29926			
29926			-
29990			
29924			
0 205 6			
03030			
			- by-

aily Log	C.		Date:	21-22
ame:	Seglia 5:30-7	20-		
	5.50-1	SOP.		
allery Attendance: Day:		Pre-Show:	Reception:	Total:
ustomer Zip Code Track	er:		/	
				<u></u>

Gallery Shift Time: 12 - 4	sallery Shift Time: 12 - 4						
Sallery Attendance:							
Day: 1\//	Pre-Show:	Reception:	Total:				
Customer Zip Code Tracker:							
29910							
29910		1					
29909		-					
7910							
	1						

Daily Log Name: Lynds: Caulder Gallery Shift Time: 10-4						
ame: <u>unds</u>	adder					
allery Shift Time:	4					
allery Attendance:						
Day:	Pre-Show:	Reception:	Total:			
ustomer Zip Code Tracker:						

Daily Log	0 11 -		Date:5/8	24/22
	Cavider 1-4			
allery Attendance:				
Day:	MHH	Pre-Show:	Reception:	Total:
ustomer Zip Code Track	er:			
29928	40515			
29926				
28465				×
29928				+*
29928				
29926				
29926				
30083				
30083				
29860				
29860				
40324			/ (d)+, ~
40324				
29928				
29926				
39928				
29926				
40515				
40515	141			
40515				

Daily Log	0		Date:5-	24-22
Name:	Fry	5:30	-4:30m	
Gallery Attendance:			P	
Day:		Pre-Show:	Reception:	Total:
Customer Zip Code Tra	acker:		1	
7				
				19

me: Lyndsi C			
THAM I	Pre-Show:	Reception:	Totali
stomer Zip Code Tracker:			
24409			
29909			
29926			
29926			
29909			
29909			
2999			
2999			
29909			
29909 29909			
29909	-		

Daily Log		Date: 5/2	5/2004
Vame: Lyndsi Cavid Gallery Shift Time: 5-7	Reception		
Gallery Attendance:			
Day:	Pre-Show:	Reception:	Total:
Customer Zip Code Tracker:			
	*		

Daily Log			Date:5-	25-12
Vame:	dia			
Gallery Shift Time:	5:3	0-7:30p	1	
Gallery Attendance:			1	1
Day:		Pre-Show:	Reception:	Total:
Customer Zip Code Tracker	:			
	41			

Sallery Shift Time:	Caulder U-4 ow Reception		
allery Attendance: Daytime: The total number of tall tre-shows & Receptions: Use the	ly marks should be equal to the clicker, no zip codes required.	total zip codes below.	Total
ustomer Zip Code Tra	cker:		
29926			
29926		- 1	
29928			
19978			
30009			
30009			· ·
29910			
	4		

Daily Log		Date:3	-26-22
Name:	Lyder		
Gallery Shift Time:	5:30	1-1:50p	
Day Shift Pre-	-Show Reception	J	
Gallery Attendance:			
Daytime: The total number o Pre-shows & Receptions: Use	f tally marks should be equal to the total z the clicker, no zip codes required.	ip codes below. 75 presko	Total:
Customer Zip Code T	racker:		
	-1		

Daily Log		Date: _	5-27-2022
Name: Fanoula		Lydin 1-40.	
Gallery Shift Time: 10-1		1-40.	
Day Shift Pre-Show	Reception	, ,	
Gallery Attendance:			
Daytime: The total number of tally marks sho Pre-shows & Receptions: Use the clicker, no z	uld be equal to the total zip code ip codes required.	s below.	
111	HT III	(/	Total:
Customer Zip Code Tracker:			
29928.			
29926			41
29926			
29926			
299110			
39910			
57123			- P+1
87183			P4
29936			

Daily Log	Lydia	Date: 5	-27-32
sallery Shift Time:	5:30-	7.50	
ay Shift Pre-Show		1.50	
	Reception		
allery Attendance: Paytime: The total number of tally marks sho	uild be equal to the total in the		
re-shows & Receptions: Use the clicker, no zi	ip codes required.	s below.	Total:
			Total.
Sustomer Zip Code Tracker:			
determent zip dode fracker.			

Daily Log	,	Date: $\frac{5}{2}$	128/22
Name:	1-4		
Day Shift Pre-Sho	Reception		
Gallery Attendance: Daytime: The total number of tally Pre-shows & Receptions: Use the cl	marks should be equal to the total zip codes be licker, no zip codes required.	elow.	Total:
Customer Zip Code Trac			
30097	29928		
30092	29928		
3031.5	2991G		
20019			
9 94.28			
29928			
29909			
29909			*
19.09			
71.2'00			
31.326			
30009			
62893			
12693			
29926			
24926			
29600			
29928			

Daily Log		Date	5,28-22
Name:	Zydea		
Gallery Shift Time:	1 5:30	7:300	
	-Show Reception	V	
Sallery Attendance:	\wedge		
Daytime: The total number o	f tally marks should be equal to the total the clicker, no zip codes required.	zip codes below.	Total:
Customer Zip Code T	racker:		
YI			

me:		
llery Shift Time: 12 -4		
y Shift Pre-Show Red	ception 🔼	
lery Attendance: time: The total number of tally marks should be eq	rual to the total zin codes holow	
shows & Receptions: Use the clicker, no zip codes	required 73	Total:
stomer Zip Code Tracker:		
9928		
60614		
20141		
79928		
29928		2.
60674		4.
29909		
29909		
29.909		
27526		
27526		

Daily Log	Date:	5/3//22
Name: Lyndsi Cauldur Gallery Shift Time: 10 - 4		
Gallery Shift Time: 10 - 4		*
Day Shift Pre-Show Recept	ion	
Sallery Attendance:		
Daytime: The total number of tally marks should be equal to Pre-shows & Receptions: Use the clicker, no zip codes requin	the total zip codes below.	
#1 # 111		Total:
ustomer Zip Code Tracker:		
29910		
29926		
46142		
46142	E No.	
46142		
37922		
31922		
29926		
29926		
29609		
24609		
29928		
29609 24609 24928 24926		
all's		

ame: Lyndsi	Caulder	0 - 1		
allery Shift Time:O ay Shift Pre-Show			es 1	- K (**
allery Attendance:				
Daytime: The total number of tally mar Pre-shows & Receptions: Use the clicke	ks should be equal to the to r, no zip codes required.	otal zip codes below.		Total:
ustomer Zip Code Tracke	r:			
7999				
32118				
201926				
23015				
23015				
29938				
17110				
17110				
43209				Α.
93807				
30909 30909 29928				
20928				
89(18)		2000	(c	
		The state of the s	F	
		2000///		
		000		
	4.	Wille		
Mes	When			

Daily Log Name: Lyndsi Car	ulder.	Date: 6/5	1/22
Gallery Shift, Time: 10-4		-	
Day Shift Pre-Show	Reception		
Gallery Attendance:			
Daytime: The total number of tally marks should Pre-shows & Receptions: Use the clicker, no zip o			Total:
Customer Zip Code Tracker:			
29926			
30062			
30062			
30016			
30016			
29926			
29926			
67705			
67705			
29926			
29926			
			0
- (*)			F:
			,
			34-1-0

	,	
Daily Log	Date: 6/3	1/22
vame: Lyndsi Caulder		
Gallery Shift Time: 10 -4		
Day Shift Pre-Show Reception		
Gallery Attendance:		
Daytime: The total number of tally marks should be equal to the total zip codes be Pre-shows & Receptions: Use the clicker, no zip codes required.	pelow.	Total:
MHHIII		12
Customer Zip Code Tracker:		
29926		
29926		
29928		
02360		
02474		
02474		
02360		
01880	- T V	
313909		
29928		
65810		14
63810		

Daily Log	sith	Date:	14/22	
Gallery Shift Time: Day Shift Pre-Show Reception				
Gallery Attendance: Daytime: The total number of tally marks should be equipmer-shows & Receptions: Use the clicker, no zip codes re	al to the total zip codes below. equired.		Total:	
Customer Zip Code Tracker:				
29926				
29924				
3222				
29909				
29909				
29909				
33407				
29928				
29928				
33487				
33487				
21617	- 1111			
21617				
43054				
29928				
21109				

	.th	Date:	15/22		
Gallery Shift Time: 12-5 Reception Reception					
Daytime: The total number of tally marks should be equipere-shows & Receptions: Use the clicker, no zip codes re	al to the total zip codes below. quired.		Total:		
ustomer Zip Code Tracker:					
45069					
45069					
06001			>		
06007			- 41		
06019					

Daily Log		Date: 0/6/	22
Daily Log Name: Lyndsi Cauld Gallery Shift Time: 10-4	.×		
Gallery Shift Time: 10 9 Rec			
,	eption 🗀		
Ballery Attendance: Daytime: The total number of tally marks should be equivalent to the should be equivalent to	ual to the total zip codes below. equired.		Total:
ustomer Zip Code Tracker:			
21502			
29910			
37919			
29928			
50080			
30280			
30319			
29.938			
44685			
47685			
20603			
7000			*

Daily Log	Date:	6/7/22
Name: Lynclsi Cau	lder	
Gallery Shift Time: 10-4		
—	Reception	
Gallery Attendance:		
Daytime: The total number of tally marks should Pre-shows & Receptions: Use the clicker, no zip c	be equal to the total zip codes below. odes required.	Total:
Customer Zip Code Tracker:		
28604		
28604		
29926		
29926		
29909		
22508		
22508		
27508		
29928		
29909		
29909		-
66216		
66716		

Daily Log		Date:	18/22
ame: Lyndsi Caulde	7		
sallery Shift Time:			
ay Shift Pre-Show Rece	eption 🔲		
allery Attendance:			
aytime: The total number of tally marks should be equivershows & Receptions: Use the clicker, no zip codes re	al to the total zip codes below. quired.		Potal:
stomer Zip Code Tracker:			
29926			
29928			
29909			
29909			
29926			
29928			
22550			
22556			
45840			
43840			8
0-1410			

Sallery Shift Time:	aulder	Date: 6/9/22
ay Shift Pre-Show Rec	eption	
aytime: The total number of tally marks should be equiver-shows & Receptions: Use the clicker, no zip codes re	al to the total zip codes below.	Total:
ustomer Zip Code Tracker:		
29910		
47429		
47429		
47429		
47429		
97429		
2821		
28326		
70177		
		8
30621		
29928		
29928		
29926		
29926		

Daily Log	Date: 6/10/22
Name: Lyndsi Caul Gallery Shift Time: 10-4	der
Day Shift Pre-Show R	eception
Daytime: The total number of tally marks should be Pre-shows & Receptions: Use the clicker, no zip cod	equal to the total zip codes below. es required. Total:
Customer Zip Code Tracker:	
2a910.	
29978	
31401	
31401	
66539	
50003	
51301	
66539-	
29928,	
29928, 29910, 29928 63017, 29926	
29928	
65017	
29926	
97	

aily Log	-Smith	Date:	.1 00-
llery Shift Time: 1 € 7 4 y Shift Pre-Show	Reception		
lery Attendance:			
aytime: The total number of tally marks or re-shows & Receptions: Use the clicker, n	ihould be equal to the total zip codes be	low.	
THE II	o zip codes required.		Total:
stomer Zip Code Tracker:			
37040			
37040			
30704			
29926			
29926			
29910			
29910			
· ·			
	- 1		
			3/

Daily Log	1- 0:11	Date:	6-12.22
Name:	lene mith		
Gallery Shift Time: _	12-4		
Day Shift Pre- Gallery Attendance:	Show Reception		
Daytime: The total number of	f tally marks should be equal to the total zip of the clicker, no zip codes required.	rodes below.	Total:
Customer Zip Code T	racker:		
		,	
			2
			i

Daily Log	1	Date:	13-22
Name:	Sydia		
Gallery Shift Time:	10a-4p.		
Day Shift DV Pre-Show	Reception		
Sallery Attendance:			
Daytime: The total number of tally me Pre-shows & Receptions: Use the click	arks should be equal to the total zip codes b er, no zip codes required.	elow.	
		26	Total:
ustomer Zip Code Tracke	er:		
29958	94501		
29938	94507		
29936	29910		
29938	33913		
18064	2992/2		
29926	29928		
29926	0 17:0		
19916			
79958			
29938			
29926			
29926			
29936			£ .
29910			
29910			
2990			
29926			
29956			
29928			
2992			

Daily Log ame:	109-1201	11-4 ph	Date: 6-14-22
ay Shift Pre-Shallery Attendance:) P	
aytime: The total number of tai	lly marks should be equal to the tota clicker, no zip codes required.	l zip codes below.	Total:
stomer Zip Code Tra	cker:		
20853			
10853	75.748		
29926	75248		
29976	34481		
29926	34481		
29938	29928		ž.
21986	29928		
	403/4		
	70,777		
-	-		

ery Shift Time:/0	<u>Д-1р.</u>	Juni 1-4	p	
ery Attendance:				
ows & Receptions: Use the clicke	rks should be equal to the total zip co er, no zip codes required.	des below.	111	Total:
HIMIM 11			l	
omer Zip Code Tracke				
3017	15234			
29910	29938			
29910				
29938				
39978				
1998				
1 1036				
1696				
39976. 29976 3998				
7 66 re				
	~			
29938 29936 29924				
29926				
79924				
7 1				

Daily Log		Date: 6-16-22
Name: Lydin	Dir	in
Gallery Shift Time: 104-10.	1-1	4p.
Day Shift Pre-Show Reception	on 🔲	V
Gallery Attendance:		
Daytime: The total number of tally marks should be equal to t Pre-shows & Receptions: Use the clicker, no zip codes required	he total zip codes below. d.	
BY M M M-11		Total:
Customer Zip Code Tracker:		
29938 37922		
19936 37922		
7976		
130		
12012		
79921		
29921		
11918		
11768		
29926		
29924		
29928		
39938		
29938		
1926		
29936		
0500	- 1	
29923 945XI		

Daily Log		Date: 6-17-22
Name: Jydi	<u>ن</u>	
Gallery Shift Time: //	4-40.	
Day Shift Pre-Show Gallery Attendance:		
Daytime: The total number of tally mari Pre-shows & Receptions: Use the clicker	ks should be equal to the total zip codes below , no zip codes required.	Total:
Customer Zip Code Tracker		
21615	29938	
79938	29988	
39988	23101	
32819	39631	
29936	47006	
29928	47806	
39938	27587	
30 230	27589	
39909	0 1001	
39969		
29926		
1990		
294 Ho		
39936		
29936		
24926		

aily Log	th	Date: 6/18/22
allery Shift Time: 10 - 4		
	ion 🗀	
allery Attendance: aytime: The total number of tally marks should be equal t	o the total zin codes holow	
re-snows & Receptions: Use the clicker, no zip codes requi	red.	Total:
111/ 4111	4.0	(q)
stomer Zip Code Tracker:		
49424		
191121		
4/100		
401011		
0 6 9 0 9		
29707		
200077		
2087		
300-19		
		*
		i.

Daily Log	mith	Date:	,-19-22
eallery Shift Time: 12-4 Pay Shift ☑ Pre-Show ☐ Rec	eption		
allery Attendance:			
aytime: The total number of tally marks should be equivershows & Receptions: Use the clicker, no zip codes re-	al to the total zip codes below.		
THE DI	quirea.		Total
ustomer Zip Code Tracker:			
15143			
15143			
11233			
29910			
29910			
29910			
29910			
29909			
29909			
V 1 09			16

ery Shift Time:		
Shift Pre-Show Reception)	
llery Attendance: vtime: The total number of tally marks should be equal to the tot	tal zin codes helow	
shows & Receptions: Use the clicker, no zip codes required.		Total:
1744 111		R
		1(9)
stomer Zip Code Tracker:		
29976		
29926		
29926	4	
29928		
29926		
20164		
20164		
29926		
		*
	1.1.5	\$:
	7 14	

Daily Log		Date:	121/22
Vame: Lynds;	Caulder	- 5.10.1	1000
Gallery Shift Time:	10-4		
Day Shift Pre-Sh	ow Reception		_
Gallery Attendance:			
Daytime: The total number of tall Pre-shows & Receptions: Use the	y marks should be equal to the total zip code clicker, no zip codes required.	es below.	
HH HH			Total:
Customer Zip Code Trac	ker:		-
12545			
12545			
44805			
44805			
79909			
29928			
29938			
29928			
29926			
79976			
			3

Daily Log		Da	ate: June 82, 2022
Name: Lyndsi	Carlder		
Gallery Shift Time:	0-4		
Day Shift Pre-Sh	ow Reception		
Gallery Attendance:			
Daytime: The total number of tall Pre-shows & Receptions: Use the	y marks should be equal to the to clicker, no zip codes required.	otal zip codes below.	Total:
Customer Zip Code Trac	ker:		
37923			
37923			
37923			
37923			
29910			
39910			
40509:			
40509			
29976			
29976 29926 29926 2996			
29926			
29000			
29676			
29676 29926			
79938			
29926			

Daily Log	. 0 (1	Date: 6	23/22
Name:	Si Couller		
Gallery Shift Time:	si Coulder 10-4		
	how Reception		
Gallery Attendance:			
Daytime: The total number of to Pre-shows & Receptions: Use the	ally marks should be equal to the total zip co e clicker, no zip codes required.	odes below.	Total:
Customer Zip Code Tra	acker:		
29926			
29926			
29909			
29928			
2928			
		7	

		-	()
Daily Log	^	Date: 6	124/22
Name: Lyndsi Gallery Shift Time:	Coulder		
Gallery Shift Time:	10-4		
Day Shift Pre-Sho	ow Reception		
Gallery Attendance:			
Daytime: The total number of tally Pre-shows & Receptions: Use the c	y marks should be equal to the total zip co clicker, no zip codes required.	des below.	
	THEMI		Potal:
Customer Zip Code Trac	ker:		
47401	29910		
47401	1 1		
29926			
45106		*	
19978		2,1	
29910			
29926			
29926			
29928 29928			
79928			
29910			
22701 22701 20105 20105 24206			3
22701			
20105			
26105			
29206			
23113			
23113 29910 29910			
29910			
29910			

Daily Log		Da	ate: 6/25/03
Vame:	ina Sm	ith	
Gallery Shift Time:	10-4	,	11
Day Shift Pre-S	how Reception		
Gallery Attendance:			
Daytime: The total number of to Pre-shows & Receptions: Use th	ally marks should be equal to the e e clicker, no zip codes required.	total zip codes below.	Total:
Customer Zip Code Tra	acker:		
30518			
29926			
		4	
	1		
	i		

Daily Log		Date: 6/	27/22
Name: Lyndsi Caula	der		
Gallery Shift Time:			
Day Shift Pre-Show Rec	eption 🔲		
Gallery Attendance:			
Daytime: The total number of tally marks should be equivalent of t	ual to the total zip codes below. equired.		Total:
Customer Zip Code Tracker:			
79976			
29928			
19938			
11561			
1156			
29926			
29928			
29926			
299W			80
7			

Daily Log		Date:	6/28/22
Name: Lynds	Carlder		
Gallery Shift Time:)-4		7
Day Shift Pre-Show	Reception		W
Gallery Attendance:		- v	7
	narks should be equal to the total zip cod ker, no zip codes required.	es below.	
	H### H	4 111	Total:
Customer Zip Code Track	er:		
29928	29928		
29928	30339		
22724	30339		
27724	29928		
30076	29910		
30076	29909		
300 68	29909		
30068	66437		
34229 29909	28277		
29909	28277 27703 27703		
20854	27703		
20854	97703		
29928	17517		
29928	29928		
29909			
78240			
28270			
29926 29928 29928			
29928			
29928			

Daily Log	0	Date: 6	128/22
Name:	Sydia		
Gallery Shift Time:		1:300	
Day Shift Pre-Show			
Paytime: The total number of tally more-shows & Receptions: Use the clic	arks should be equal to the total zip coker, no zip codes required.	odes below.	Total:
ustomer Zip Code Track	er:		
			-
	FI.		ure t
	<u> </u>		

Daily Log Name:	Caulder - 4 Reception	Date:	6/29/22
Gallery Attendance:			
Daytime: The total number of tally m Pre-shows & Receptions: Use the click	ker, no zip codes required.	codes below.	Total:
Customer Zip Code Tracke	er:		
29909			
29909			
29928		1 2	
95650			
95536			
29909			
29909			
29926			
29909			*
29909 29928			
4/105			
97703			
29926			

Daily Log	4	Date:	4/39/22
Name:	Bydia		/
Gallery Shift Time:	. //	30-7:30p	Ti 41 Ti 1
Day Shift Pre	-Show Reception C		*
Gallery Attendance: Daytime: The total number of Pre-shows & Receptions: Use	of tally marks should be equal to the tot e the clicker, no zip codes required.	al zip codes below.	Total:
Customer Zip Code	Гracker:		
11.5			

Daily Log	a doloc	Date: 6	130/22
Gallery Shift Time:	adder y		
Gallery Attendance:			
Day: HHMMII	Pre-Show:	Reception:	Fotal:
Customer Zip Code Tracker:			
29926			
29928			
22701			
22701			
29910	1.1.		
29910			
29910			
29926			
29938			
29928			
29926			
79926			
79926			
29710,			
24710			
76092			
29928 29926 29926 2990 2990 2692 76092			
			mi 6

6/30/22

Reception Ild be equal to the total zip o codes required.	codes below.	Total:
Reception		Total:
uld be equal to the total zip o codes required.	codes below.	Total:
ald be equal to the total zip o codes required.	codes below.	Total:

711/22

Lundsi	· Carloler		
allery Shift Time:	0-4	* 1 3 _	# 1 J + 1
Day Shift Pre-Sho	w Reception	\$- E F	·
Gallery Attendance:			
Daytime: The total number of tally Pre-shows & Receptions: Use the cl	marks should be equal to the total zip c icker, no zip codes required.	odes below.	
	HIMITHIN	MIMIMIM	Total:
Customer Zip Code Tracl	ker:		
30345	30288	29910	
29976	11434	29910	
29926	21144	29910	
29928	11106	29349	
20194	01886	29349	
20194	01886	29928	
29910	29928	29928	
29928	29928	29928	7
29926	29928	29928	1
29926	29928	29928	
31014	29928	29928	
30339	29926	29928	5
30339	29926	29928 29928 29928	1 12
30040	29926		27
20187	29910		100
20187	29928	J. P.	
20187	29928	Part of the state	
11433	29928		
28726	29928 29926 29926	-	
11106	29926		

Vame:Gallery Shift Time	nds: / dylic		7-	1-22
Day Shift P	re-Show Reception	× 48		
Daytime: The total number	er of tally marks should be equal to the Use the clicker, no zip codes required.		iow 32.	Total:
Customer Zip Code	Tracker:			
009				
			21	

M.	in Cille		
Vame:	10-1		
Gallery Shift Time: Day Shift Pre-Sh	now Reception		
Gallery Attendance:	Neosphon 🗖		
Daytime: The total number of tar Pre-shows & Receptions: Use the	lly marks should be equal to the total zip clicker, no zip codes required.	codes below.	Total:
Customer Zip Code Tra	cker:		c
29926			
29928			
11596			
29926			
			1
			-
		1	

7-2-22

ame:allery Shift Time:	Lypin	:	
	re-Show Reception	опП	
		on 🗀	
allery Attendance	r of tally marks should be equal to		
re-shows & Receptions: U	Ise the clicker, no zip codes require	the total zip codes below. ed.	Total:
ustomer Zip Code	Tracker:		
-			
			1 1 1

7/3/22

Gallery Shift Time: Day Shift Pre-Show Reception Gallery Attendance: Daytime: The total universe of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes required. IIII Day 9 2 C Customer Zip Code Tracker: 29926 29926 29920 37514 39920	Min a	N: 2		
Day Shift Pre-Show Reception Gallery Attendance: Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes required. Total: 29926 29926 29920 27514 29920	Name:	DMITH		-1
Sallery Attendance: Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes required. IIII Sustomer Zip Code Tracker: 29926 29926 27514 29920	Day Shift A Pre-Show	Pagantian		, , , , , , , , , , , , , , , , , , ,
Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes required. Total: Total: 29926 29926 27514 29920		Reception		
111) Total: 29926 29920 27514 29920	Daytime: The total number of tally marks sho	uld be equal to the total zip co	des below.	
29926 29920 27514 29920		p codes required.	ReShow 26	Total: (26)
	Customer Zip Code Tracker:			
	29926			
	29920			
	27514			
	29920			
			1	
				~
	10.5			
				-

7			J. A.	12010
2:	4 , ,		July 5	10000
Name:	Sydu:		0	•
Gallery Shift Time:	5:30	-7:300		
	re-Show Reception	3 6		
Gallery Attendance				
Pre-shows & Receptions: U	r of tally marks should be equal to the to Ise the clicker, no zip codes required.	tal zip codes below.	47	Total:
Customer Zip Code	Tracker:			

П	
_	
total zip codes below.	
	Total:
== 4	
	15
	total zip codes below.

Levelie		
5-70		
	(FO)	
WE Reception 12	08)	
narks should be equal to the total z	ip codes below.	
cker, no zip codes required.	- 50	Total:
· Me		
ser:		
· .		
140	1	
F.		
*.		
.*		
· ·		
* .		
*3		
	cker, no zip codes required.	marks should be equal to the total zip codes below. cker, no zip codes required. ser:

/ `	eption	
ery Attendance: ime: The total number of tally marks should be equiphows & Receptions: Use the clicker, no zip codes re	ral to the total zip codes below. equired.	
tomer Zip Code Tracker:		
29928		
22101		
00613		
29928		
29910		
29928		
31411.		-
31411.		
299281		
200120		
24900		
1996		
-1997 P		
27020		
7921		
29926		
*		

7/1/2022

Name: Sydia			
Gallery Shift Time: 5:30-7:30 pm			
Day Shift Pre-	Show Reception C		
Gallery Attendance: Daytime: The total number of Pre-shows & Receptions: Use t	tally marks should be equal to the to he clicker, no zip codes required.	rtal zip codes below.	
	ne sisiler, ny zip asaes requires.		Total:
Sustomer Zip Code Ti	racker:		
		- 1	

Name: Umds	Caulder		
Gallery Shift Time:	-4		
Day Shift Pre-Show	Reception		
Gallery Attendance:			
Daytime: The total number of tally m Pre-shows & Receptions: Use the click	arks should be equal to the total zip cod ker, no zip codes required.	les below.	Total:
Customer Zip Code Tracke	er:	T. I.	
29928.	299210		
29910	29926		
29910	29926		
45067.	29920		
45067.	29920		
34668	160PG #XXXX		
45067	29976.		
29978	32119.		
29928	29926		
11	29926		
	29926		
	\$ 1		
\/			
11 /1			
29928	-		
0 - 0 00	4		4.

7/8/22

	L.		.75/0
ame:	Dydia	7.2	
allery Shift Time:	0.3	0.7:30 p.	
ay Shift Pr	re-Show Reception		
allery Attendance	h: /		
Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes required. Total:			
ustomer Zip Code	Tracker:		
			1

7/9/22

Name: _ Hen	e Smith		
Gallery Shift Time: 10	-4		-
Day Shift Pre-Sho			
Gallery Attendance:			
Pre-shows & Receptions: Use the cli	marks should be equal to the total zip cker, no zip codes required.	codes below.	Total:
Customer Zip Code Track	ser:		
29926			
02106			
02106			
20857			
299.28			
29928			
29926			K.
29926			1
29926			
03906			
01001			
7997			
29976			
01921 2992C 29924 02908			,T
8			

7/9/22

	4		/ /	
lame:	· . Tydia			
allery Shift Time: _	5	30p -7:30p		
	Show Reception C		4	
allery Attendance:	f tally marks should be equal to the to			N. C.
Pre-shows & Receptions: Use	the clicker, no zip codes required.	tal zip coaes below.	42	Total:
ustomer Zip Code T	racker:			

otal zip codes below. mati	ree Total:
68	Total:
68	ree Total:
otal zip codes below. Mati	Total:
- 7	

Name: UML Caller Gallery Shift Time: 0 - 4 Day Shift Pre-Show Reception Gallery Attendance: Doytime: The total number of tailly marks should be equal to the total zip codes below. Pre-show & Receptions: Use the clicker, no zip codes required. Totalis. UY	1,0010	1100		
Customer Zip Code Tracker: 1997	Name: Uy/(1)\	aulder		
Gallery Attendance: Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptians: Use the clicker, no zip codes required. Totals: Y Customer Zip Code Tracker: J9910 29926 29936 21704 20836 29910		9		
Doytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes required. Totals: 1996	Day Shift Pre-Show	Reception L		
Customer Zip Code Tracker: 1997	Gallery Attendance:			
79976 29976 29976 20856 21704 20856 29910	Pre-shows & Receptions: Use the clicker, no	zip codes required.	odes below.	Totali:
J9976 J9976 J9976 J9976 J9976 J1704 J1704 J0856 J9910 J9910 J9910 J9910 J9910	Customer Zip Code Tracker:			
29926 29926 20836 21704 20836 29910 29910 29910 29910 29910 29910 29910	29910			
29926 29836 21704 21704 20836 29910 29910 29910 29910 29910	29926			
29936 21704 21704 20836 29910 29910 29910 29910 29910	29926			
20856 21704 20856 29910 29910 29910 29910 29910 29910	29928			
21704 20856 29910 29910 29910 19910	20856			
21704 20856 29910 29910 19910	21704			
20856 29910 29910 19910	21704			
29910 29910 19910	20856			
29910 29910 19910	29910			
79910 79910	29910			
Jaq10	29910			
	29910			

allery Shift Time: ay Shift Pre-Show Rec allery Attendance: aytime: The total number of tally marks should be eques to the clicker, no zip codes received.	eption ual to the total zip codes below.	Total
stomer Zip Code Tracker:		
29910		1111
29928.		11/2
29910		
24401		
29907		
29907		-
29928		4.
29926		
79978.		

lame:	Lung	u)	
allery Shift Time:	5	:30-7:30 p	
	-Show Reception		
		_	
dallery Attendance: Daytime: The total number of	of tally marks should be equal to the	total zip codes below.	
Pre-shows & Receptions: Use	the clicker, no zip codes required.		Total:
			56
ustomer Zip Code 1	Tracker:		

Name: Limely.	Caulder		
Gallery Shift Time:	10-4		
Day Shift Pre-Show	Reception		
Gallery Attendance:			7
Daytime: The total number of tally m Pre-shows & Receptions: Use the click	arks should be equal to the total zip	codes below.	
HI 111	HI THI THI	111	Tetal:
1111 1111	in livinti	111	(29)
Customer Zip Code Tracke	er:		
29928	2992Le		
29928	2992/		
31406	75248		
31406	30342		
29928	30342		
29926	37153		
29926	37153		*
29928.	37215		
29928	29928		
29926.			
29926.			
29926.			
34481 · 29926 ·			
711/16			
34481. 30269.			
20269		-	
30269			
2.010			
30269			
) (01			

7-13-22

ame:	Typ	5130-7:30p		
allery Shift Time: _	7/	5130-1:30p		
ay Shift Pre-S	Show Reception C] '		
allery Attendance:	/)			
Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes required. Total:				
ustomer Zip Code Tr	racker:			
		4 -		
	1			
			4	

Name: 7 1	1/22 luni	di Calder	
Gallery Shift Time:	0-4		
Day Shift Pre-Show	w Reception		
Gallery Attendance:			
Pre-shows & Receptions: Use the cli		codes below.	Total:
THE THE	+ HI III		24
West Chilly List	111/111		21
Customer Zip Code Track	ker:		
29926	29926		
49404	29926		
29926	29909		
29926	29909		
29976			
7928			Σ
29938			
29978			
29910			
29910			
29928			
47711			
47711			
53545			
5354S 90177	V		
00+11			
90207			
46207			
29926			

Daily Log		Date:	7-14-22
Name:	Zydi	a)	
Gallery Shift Time: _	5	:30-7:30p	
Day Shift Pre-S	Show Reception C	,	
Gallery Attendance:			
Daytime: The total number of a Pre-shows & Receptions: Use t	tally marks should be equal to the toto he clicker, no zip codes required.	al zip codes below.	Total:
Customer Zip Code Tr	acker:		
		71	

Daily Log		Date:7//	15/22
Name: Lynds	i Caulder	-	
Gallery Şhift Time:	10-4		
Day Shift Pre-Show	w ☐ Reception ☐		
Gallery Attendance:	, iooopiion		
	marks should be equal to the total zip codes belo	w.	1
THE THEY	A Wall of the sequired.		Total:
Customer Zip Code Track	er:		
29926	19976		
29926	30907		
29928	35242		
30126	30907		
45504	35242		
45504	29978		
29928	29928		
29928			
29928 29928 29928 29926 29928			
29928			
29928			
29926			
29928			
JU 9 IX			
29926			
29926 29926 29928			
29928			
29928			
29928 29921			
29921			

Daily Log		Date: _	7-15-22		
Vame:	Lydia				
Gallery Shift Time:	5:300	2:30p			
-	-Show Reception				
Gallery Attendance:					
Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes required. To					
Customer Zip Code 1	racker:				

Daily Log	W. J	Date:	7-16-22
Name: Ulmo	- OMITA		
Gallery Shift Time: / Ŏ Day Shift Pre-Show ☐			
	Reception		
Gallery Attendance: Daytime: The total number of tally marks sh	ould be equal to the total zin cou	das halavu	
re-snows & Receptions: Use the clicker, no .	ip codes required.	ies below.	Total:
Ji			
ustomer Zip Code Tracker:			
17402			
17402			
23120			X.
30294			
00820			
23220			
23220			
30294			
00820			
29926		×	
29924			

den	1 /
on 🔲	
the total zip codes below. d.	Total:
	the total zip codes below.

Daily Log	D	ate: 7/17/22
Name:	^	
Gallery Shift Time: 12-4		
Day Shift Pre-Show Reception		
Gallery Attendance:		
Daytime: The total number of tally marks should be equal to the Pre-shows & Receptions: Use the clicker, no zip codes required.	total zip codes below. Pro She	500
M TH W TH!	31	Total:
	17	
Customer Zip Code Tracker:	7	
29926		
29926		
29909		
32118		
29.926		
19926		
72701		
727.01		
399.26		
29976		
29928		
29928		
29909 29910		
27910		
15473		
15473		
29921		
29926		

Daily Log	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date:	7/18/22		
Name: While Time	: Caulder				
Z	Day Shift Pre-Show Reception				
	marks should be equal to the total i licker, no zip codes required.	zip codes below.	Total:		
Customer Zip Code Trac	ker:				
29926					
29909					
29910					
29910					
19910					
30309					
30309					
			-		

Daily Log		Date	: July 19, 202
Vame: Muste	in .		0 0
Gallery Shift Time:	0-4		
Day Shift Pre-Sho	ow Reception		
Daytime: The total number of tally Pre-shows & Receptions: Use the c	marks should be equal to the tota licker, no zip codes required.	l zip codes below.	Total:
Customer Zip Code Trac	ker:		
31411			
31411			
27/04			
39938			X.
08054			
28054			

Daily Log		Date:	7-19-22	
Name:	ydia			
Gallery Shift Time:	5:30-7	:500		
Day Shift Pre-Show Reception				
Gallery Attendance:				
Daytime: The total number of tally marks should Pre-shows & Receptions: Use the clicker, no zip c	be equal to the total zip codes be odes required.	dow.	Total:	
Customer Zip Code Tracker:				
		ì		

Daily Log		Date:	20/22
Name: Lyndsi Caulder Gallery Shift Time: 10-4		7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Gallery Shiff Time: 10 - 4			
Day Shift Pre-Show Reception	on 🔲		
Gallery Attendance:			
Daytime: The total number of tally marks should be equal to Pre-shows & Receptions: Use the clicker, no zip codes require	the total zip codes below.	. ()	Total:
TH 111 / 100 A	row (CO	ud)	9
Customer Zip Code Tracker:			
30004			
30004			
29928			÷
29928			
29976			
29926			
29928			
31410			
31410			

allery Shift Time: U ~ \	Reception	
Illery Attendance: sytime: The total number of tally marks should b	e equal to the total zip codes below.	
e-shows & Receptions: Use the clicker, no zip coo	des required.	Total:
stomer Zip Code Tracker;		
29978		
29926		
29926		
29910		
29910		
29910		
22207		
22207		
22207		
60618		
20012		
20012		
20170		
20170		
31411		
J: 111		

Paily Log Name:				
Gallery Attendance: Daytime: The total number of Pre-shows & Receptions: Use	f tally marks should be equal to the tota the clicker, no zip codes required.	l zip codes below.	Total:67	
Customer Zip Code Tr	acker:			

- Linds	Caulder		
Name: Lynusi	0-4		
Gallery Shift Time:	Reception		
/	/ Keception	Re!	
	narks should be equal to the total zip o	codes below.	il I
Pre-shows & Receptions: Use the click	~ ;		Total:
HIMI	H- HHI	THHHM	1 58
Customer Zip Code Track	er:		
28204	2992le	80534	
29928	29928	90046	
75002	37919	29926	1.
20155	37919	29926	
14618	37919	29926	
11213	37919	29976	~
309.07	37919	29928	p.
30907	29926	29928	
30907	29928	29928	
29926	Jagn	29926	
29928	19926 29926 29926 29926 29926	29926	
29928	29926	29926	
(n) 200	29928	79926	<u> </u>
29928	29926	32250	
30338	29926		
72157	29926		
30338 30338 92152 92152	29926 29928 29928		
22152	29928		
82152	29928		
29910	50543		

Daily Log	Ludi	Date	: 7/22/22		
Gallery Shift Time:	Gallery Shift Time:				
Gallery Attendance:					
Daytime: The total number of to Pre-shows & Receptions: Use the	ally marks should be equal to the tota e clicker, no zip codes required.	l zip codes below.	Total:		
Customer Zip Code Tra	acker:	· ·			
	-				
		11			
	4				
	-				

Daily Log	~ Smith	Date:	13/22
lame:	~ m,th		
ay Shift \(\overline{\overline} \) Pre-Show \(\overline{\overline} \)			
allery Attendance: aytime: The total number of tally mark	s should be equal to the total zip codes belov	λ.	1
Pre-shows & Receptions: Use the clicker	no zip codes required.		Total:
ustomer Zip Code Tracker			
29916			
29910			
29488			
29926			
63122			
63120			
08080			-
0.8080			
08080			
08080			

Daily Log Date: 7/ 23/2:			
lame:		ydia	/ /
Sallery Shift Time: _		5:30-7:3	ขอก ของ
	Show		T
allery Attendance:	T		
Daytime: The total number of	tally marks should be equal to the the clicker, no zip codes required.	total zip codes below.	Total:
ustomer Zip Code Tı	acker:		
	A.I.		

aily Log	L	Date:	24-22
allery Shift Time:ay Shift 4 Pre-Show Reception			
ay Shift Pre-Show Reception	nL		
allery Attendance: aytime: The total number of tally marks should be equal to the	ne total zin codes helow		1
re-shows & Receptions: Use the clicker, no zip codes required	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Total:
WT 11 (1)	7 7	1	
ustomer Zip Code Tracker:			
29909			
29909			
29928			
29909			
299.10			
20020			
20071			
29770			

		7/25/22
Daily Log	Date:	1/03/00
Name: WMOSI Call	Ider Date.	
Gallery Shift Time: 10-9		
Day Shift Pre-Show Rece	ption	
Gallery Attendance:		
Daytime: The total number of tally marks should be equal Pre-shows & Receptions: Use the clicker, no zip codes req		Total: 2
Pre-shows & Receptions: Use the clicker, no zip codes req		The state of the s
Customer Zip Code Tracker:		
29928		
29910		
29910		
29910		
29910		
29910		-
29910		3
2910		
29910		
15 29910		
29910		
29910		
15243)H	
15243		
29907		
29907		
29909		
29909		

Daily Log	0	Date:	6/22
Name: Lunds	Caulder	1.	
Gallery Shift Time:	10-4		
Day Shift Pre-Shor	w Reception		
Gallery Attendance:			
	marks should be equal to the total zip	o codes below.	
H HH M			Total:
Customer Zip Code Track	cer:		
29926	47750		
29928	02370		
29978	02370		<i>y</i>
17360	2) 0		
16823			
16823			
60827			
60652			
29909			
29910			
29910			
29910			
19920			
29920 29920 29910			
29910			
29910			
60050			
60050			
26253			
45150			

Daily Log	0	Date:	7/36/22		
Name: Gallery Shift Time:		1:30p.			
Day Shift Pre-Show Reception Callery Attendance: Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes required. Total:					
Customer Zip Code Tr	acker:				
`					

Deibalon			7/27/22
Daily Log	Caulder	Date: _	1/2//20
Name: LONGO	1-4		
Callety drift Twife.			
Day Shift Pre-Show	v Reception		
Gallery Attendance: Daytime: The total number of tally m	narks should be equal to the total zi	p codes below.	
Pre-shows & Receptions: Use the clic	ker, no zip codes required. NO DHOW!	(covid)	Total:
Customer Zip Code Track	er:		
29926			
29928	-		
29926			
43209			
43209			
20817			
20817			
29910			
29910			
29926			
79978			
	h .		
			4

Daily Log	1	Date:	128/22
Name: Lynds: (Paulder	•	
Gallery Shift Time: 10-	-4		
Day Shift Pre-Show	Reception		
Gallery Attendance: Daytime: The total number of tally mark	s should be equal to the total zin c	rades helaw	-
Pre-shows & Receptions: Use the clicker,	no zip codes required.		Total:
MM			10
Customer Zip Code Tracker:			
29926			
20026			
29934			
29926			-
29924			•
126067			
06067			
06067			
06067			
	Ł		

Daily Log		Date: 7/38/32			
Name: Sygna Gallery Shift Time: 5'.30-7:30 P. Day Shift Pre-Show Reception Gallery Attendance:					
Daytime: The total number of tally marks should Pre-shows & Receptions: Use the clicker, no zip c	be equal to the total zip codes below. odes required.	Total:			
customer Zip Code Tracker:					

lame: Musters		Date:	0 10
sallery Shift Time:	<u> </u>		
	ception 🔲		
allery Attendance: Daytime: The total number of tally marks should be edited. Pre-shows & Receptions: Use the clicker, no zip codes	qual to the total zip codes below.		
THE THE II	no show (a	ould)	Total:
ustomer Zip Code Tracker:			
14125			
29910			
29938			
29928			
29938			
52606			
20224			
30336			N 1
29916 29938			
19408			
17368			

Daily Log Name: Gina Gallery Shift Time: Day Shift Pre-Show Reception **Gallery Attendance:** Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes required. Total: Customer Zip Code Tracker:

Jaga Ce	Gallery Attendance: Daytime: The total number of tally n Pre-shows & Receptions: Use the clic	narks should be equal to the total a ker, no zip codes required.	zip codes below.	Total:
2992Co	ustomer Zip Code Track	er:		
	29926			
	3 1 1 1 1 1 1 1 1 1			
	141			
				-
		110		

Daily Log	Date: 8/1/22
Name: Lynds. Caulder	Date. Of the land an
Gallery Shiff/Time: 10-4	
Day Shift Pre-Show Reception	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total zip of Pre-shows & Receptions: Use the clicker, no zip codes required.	
THL# 1111	Fotal:
Customer Zip Code Tracker:	
29910	
29910.	
29910	
29910.	
29928	
29976	
29926.	
29910	
29910	
29451-	
29451.	Š.
29451	,
29451	
29464	

Shift Pre-Show Reception Reception		
e: The total number of tally marks should be equal to the total zip code ws & Receptions: Use the clicker, no zip codes required.	es below.	9
mer Zip Code Tracker:		
1976 .		
79909		
45213		
29910		
29910		
29910.		
29926.		
2998.		
30459 ·		

Daily Log	Lydia	Date:	8/2/22		
Gallery Shift Time: 5'.30-7:30 Day Shift Pre-Show Reception Gallery Attendance:					
Pre-shows & Receptions: Use th	ally marks should be equal to the total e clicker, no zip codes required.	zip codes below.	Total:		
Customer Zip Code Tra	acker:				
		1			

Daily Log		Date:	8/3/22
Name: Lundsi Ca	ulder		
Gallery Shift Time.			(L) with the
	eception		- other
Gallery Attendance:			
Daytime: The total number of tally marks should be ended in the control of tally marks and tally marks should be ended in the control of tally marks and tally marks a	equal to the total zip codes below. s required.		Total:
Customer Zip Code Tracker:			
29928.			
19541.			
44202.			
44202			
44702.			
44202			2
28310.			
2831.0			
29926			

lame:		Ludi	Date: 8/3/32
allery Shift Time:		5:30-1	7:300
ay Shift Pr	re-Show Reception		
allery Attendance	9:		
aytime: The total numbe re-shows & Receptions: L	r of tally marks should be equal to a lse the clicker, no zip codes required	the total zip codes below. d.	Total:
stomer Zip Code	Tracker:		

Daily Log	0 110	Date: 8/4/22
Name: 4	i Caulder	and the same of the same
Gallery Shift Time:	0-4	151W = (15-1-159-44
Day Shift Pre-Show	Reception	A STATE OF THE STA
Gallery Attendance:	4	0 h 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
Daytime: The total number of tally n Pre-shows & Receptions: Use the clic	narks should be equal to the total zip codes below. cker, no zip codes required.	Att.
M M M	_111	Total:
Customer Zip Code Track	er:	
29928		
29928		
29928		
29928		
29803		
29803		
46530		*
46530		
46530		
46530		
29970		
29976		
29907		
29909		
29902		
20020		
0 9 9		

Daily Log		L.	Date: 7/4	4/22
Gallery Attendance:	e-Show Reception	•	':30p	
Pre-shows & Receptions: Use	e the clicker, no zip codes required.	e total zip codes below.		Total: 50 —
Customer Zip Code	Fracker:			

Daily Log		Date: 8/	5/22
Name: Lynds, Caulde Gallery Shift Time: 10-4	er	Date:	3 70 0
Gallery Shift Time: 10-4	2	Y-14	1004
Day Shift Pre-Show Rece	eption		
Gallery Attendance:			
Daytime: The total number of tally marks should be equipmere-shows & Receptions: Use the clicker, no zip codes rec	al to the total zip codes below.		
MMM 11	****		Total:
Customer Zip Code Tracker:			
28037			
30306			
30306			
30306			
29926			
29926			
20832			, is
2433			(4)
78620 78620			
78620			
48085		H	
2001			
48164			
48104			
24928			

Daily Log	Ludia		Date: 8/5/32
allery Shift Time	5:	30-7:30p	
	re-Show Reception		
allery Attendanc	e:		
rytime: The total numb e-shows & Receptions:	Total:		
stomer Zip Cod	e Tracker:		
		_ 14 (1	

Daily Log	n Hh	= 8/6/22
allery Shift Time:		
	eception	
allery Attendance: aytime: The total number of tally marks should be e-shows & Receptions: Use the clicker, no zip coa	equal to the total zip codes below.	
1742 12	es requirea.	Total:
stomer Zip Code Tracker:		
088857		
08857		
33556		
299.09		
33556		
29936		1
21011		
20742		
70143		-

Daily Log	D		Date: &	16/22
Name:	J.	Jdra 5:30-1	7	73-302-
Gallery Attendance:	Show Reception		300	
Daytime: The total number of Pre-shows & Receptions: Use t	tally marks should be equal to the he clicker, no zip codes required.	total zip codes below.		Total:
Customer Zip Code Tr	acker:			

Daily Log	- 0	Date:	3-7-22
Name:	a Smit	N	
Gallery Shift Time:	2-4		
Day Shift Pre-Show	w Reception		
Gallery Attendance:	7		
Daytime: The total number of tally r Pre-shows & Receptions: Use the clic	marks should be equal to the total zip cocker, no zip cocker, no zip codes required.	odes below.	
THY HHT	32		Total: 42
Customer Zip Code Track	er:		
.29928			
29928			
29909			
22485			
29909.			
29909			4
29901			
2990.1.		1 - 1	
29901.			
29901 -			
	-1		
	*		
V			

Daily Log		Date:	An 8 2022
Name:	rdy Strickland 10 - 215	Horiston.	med to b
Gallery Shift Time:	10-215	215-	4
Day Shift Pre-Sho		0	
Gallery Attendance:			
Daytime: The total number of tally Pre-shows & Receptions: Use the cli	marks should be equal to the total zip o	odes below.	
HH HH			Total:
Customer Zip Code Track	ker:		
Australia Mai			
28277			
29928			
29926			
29926			
31328			
29928			1
14227			
29910			IA I
37604			-
39928			
australia			
29928			
29928			
29928			

Daily Log		Date:	3/9/2022
Name: Cindy Gallery Shift Time:	5./_		2 market
Gallery Shift Time:	10 - 3		
Day Shift Pre-Show	Reception		
Gallery Attendance:	1		
Daytime: The total number of tally mar Pre-shows & Receptions: Use the clicker	ks should be equal to the total zip co r, no zip codes required.	des below.	Total:
HH HH	THL		
Customer Zip Code Tracker			
12603			
34748			
2/237			
29928			
299 26			
29928			
29466			
29926			
		3	

Daily Log	D	Date:	8/9/22
Name:	Lydia		/ /
Gallery Shift Time:	5:	30-7:30p.	
	how Reception		
Gallery Attendance:			
Daytime: The total number of to	ally marks should be equal to the toto ne clicker, no zip codes required.	ıl zip codes below.	Total:
Customer Zip Code Tra	acker:		
V " - " - " - " - " - " - " - " - " -			

Daily Log	0 110 -	Date:	8/10/22
Name: Lynd Si	Caulder		
Gallery Shift Time:			-
Day Shift Pre-Sho	w Reception		
Gallery Attendance:			- + santon
Daytime: The total number of tally Pre-shows & Receptions: Use the c	marks should be equal to the total zip of licker, no zip codes required.	codes below.	Was Allen
IM IMI	#1_		Total:
Customer Zip Code Trac	ker:		
29928			
75089			
75089			
75089			
29926			
33626			
33626			
33626			24
34683			
29926			
27549			
29909 29928 29926 15236			
29928			
29926			
15236			

Daily Log	`	f .	Date: 8//0	1/22
lame:		Dydia		
Ballery Shift Time: _		1 5:30-	7:30 p.	
oay Shift Pre- allery Attendance:	Show			
aytime: The total number of	tally marks should be equal to the t the clicker, no zip codes required.	otal zip codes below.	Т	04
ustomer Zip Code T	racker:			

Gallery Shift Time:	Caulder 0-4 Reception		3/11/2022
Sallery Attendance: Daytime: The total number of tally mo Pre-shows & Receptions: Use the click	arks should be equal to the total zip er, no zip codes required.	codes below.	Total:
ustomer Zip Code Tracke	er:		
29910			
			0

Daily Log	D	Date:	8/11/22
Name:	3	ydra	The same of the sa
Gallery Shift Time:	/	5:30-7:30A.	
Day Shift Pre-Show	w Reception		
Gallery Attendance: Daytime: The total number of tally n	marks should be equal to the total zip	codes below.	
Pre-shows & Receptions: Use the cli	cker, no zip codes required.		Fotal:
Sustomer Zip Code Track	er:	T	

Daily Log	Date: 8/12/22
Name: Lynds I Call	der
Gallery Shift, Time:	
Day Shift Pre-Show Reception	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the Pre-shows & Receptions: Use the clicker, no zip codes required.	e total zip codes below.
WI I	Total.
114	
Customer Zip Code Tracker:	
29926	
129926	
34102	
29926	
29926	
54102	

Daily Log		Dat	e: 8/12/21
lame:	Lu	Idea	012-111-2021
Sallery Shift Time: _	/ '0	5:30-7:30 p	
ay Shift Pre-S	Show Reception	J	
allery Attendance:			
aytime: The total number of t	tally marks should be equal to the tota he clicker, no zip codes required.	l zip codes below.	Total:
ustomer Zip Code Tr	acker:		
			_ = 1 / 2

allery Shift Time: 10 - 4			
y Shift Pre-Show Reception			
lery Attendance:			
time: The total number of to shows & Receptions: Use th	ally marks should be equal to the t ee clicker, no zip codes required.	otal zip codes below.	Total
			otal:
tomer Zip Code Tra	acker:		
7408			
29926			
29926			
	1		

Daily Log		Date:	8/13/22
Name:	- Sy	Idea	7 7
Gallery Shift Time:		5:30-1:30p.	
Day Shift Pre-S Ballery Attendance:	Show Reception D		
Daytime: The total number of t	ally marks should be equal to the tota ne clicker, no zip codes required.	l zip codes below.	Total:
ustomer Zip Code Tr	acker:		
		1	
		14	

Daily Log		Date: _8/)4	122
Name:	- Smith	Date	
Sallery Shift Time:	-4		
ay Shift Pre-Show	Reception		
allery Attendance:			
re-shows & Receptions: Use the clicker, no	hould be equal to the total zip codes below. o zip codes required:		Total:
167	/ 29		Total.
ustomer Zip Code Tracker:			•
29909			
29909			
29909			
			4
			A >

Daily Log Name: _____ Gallery Shift Time: ____ Day Shift Pre-Show Reception Gallery Attendance: Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes required. Total: **Customer Zip Code Tracker:**

in tunds co	1)de/	
Name: 10-4	000	The state of the s
Gallery Shift Time:	eption	
/ V	:ption 🗀	
Gallery Attendance: Daytime: The total number of tally marks should be equal to the control of tally marks.	al to the total zip codes below.	
Pre-shows & Receptions: Use the clicker, no zip codes rec	guired.	Total:
Customer Zip Code Tracker:		
29928		
29928		
29926		
29926		
29928		Ψ.
29926		
30052		
30057		
30052		
30057		
30050		11 44 1
29926		
29926		
29926		
30057 30057 30057 29976 29976 29978 02830		
02830		

me:	si Caulo		- 74%
Shift Pre-Show	Reception		
ery Attendance: time: The total number of tally n	narks should be equal to the t	rotal zip codes helow.	
shows & Receptions: Use the clic	ker, no zip codes required.		Total:
tomer Zip Code Track	er:		
29926			
29926			
92508.			
34986.			
29928			41
45502			
807454			
27450			
29926			
29926			

Daily Log Name:	eception & lece of un	Date: 8/17/22
Gallery Attendance: Daytime: The total number of tally marks should be early pre-shows & Receptions: Use the clicker, no zip codes	equal to the total zip codes below.	Total: 9/
Customer Zip Code Tracker:		
1		- 3/

Daily Log	. 0	Date:	4606/81/8
Name: Unds	Laulder		-4_
Gallery Shift Time:	0-4		
Day Shift Pre-Show	Reception Reception		
Gallery Attendance:			
Daytime: The total number of tally me Pre-shows & Receptions: Use the click	er, no zip codes required.	oaes below.	Potal:
Customer Zip Code Tracke	er:		
29926	24503		
35043	24503		4
35043 .	27605		
2928	27605		
L 43953 .	29926		
15637	30044		2
79909	30044		
29909.	30044		
21013			
2/013			
23185			
23602 23602 23608 23608			
23608			
23608			
) 1 / 10			
30236 .			
37416.		la constant	
37416			
2992ie.			

Daily Log	Date: 8/19/22	
Name: Lyndsi Cavider	Valle	
Gallery Shiff Time:		
Day Shift Pre-Show Reception		
Gallery Attendance:		
Daytime: The total number of tally marks should be equal to the t Pre-shows & Receptions: Use the clicker, no zip codes required.		
THI THI	Total:	
1114		
Customer Zip Code Tracker:		
29926		
29926		-
07461		
07461		
32176		
34479		
29928		
30907		
30907		
29926		
		_

Daily Log	Smith	Date: 8/20/22
allery Shift Time:	+	
ay Shift Pre-Show R	eception	
allery Attendance: sytime: The total number of tally marks should be	equal to the total zip codes below.	
e-shows & Receptions: Use the clicker, no zip code	required.	Total:
stomer Zip Code Tracker:		
29909		
24909		
299K9		
29919		
79509		2
V 170.		g-=
29928		
29928		
29928		
2968/		
Z9681 Z9681		
31324		

me:	12-4	-N	
y Shift Pre-Sho		1	
lery Attendance:			
time: The total number of tally shows & Receptions: Use the c	marks should be equal to the to	tal zip codes below.	
H 11)	mener, no zip coues requirea.		Total:
11) > 11.			(8)
	-50-		
tomer Zip Code Trac	ker:		
9928			
29928			
2992les			
2992Ce			
29926			-
29926.			3
299Zer.			
		===	
		- 1	

Daily Log Name:	s: Caulder	Date:	8/22/22
Gallery Shift Time: Day Shift Pre-Sho	Reception		
Gallery Attendance:			
Pre-shows & Receptions: Use the c	marks should be equal to the total zij licker, no zip codes required.	o codes below.	Total:
Customer Zip Code Trac	ker:		
29926			
29938			
22264			
2920			
22015			

aily Log	· 0 11.	Date:	123/22
ame:	Caulder 10-4		
Ilery Attendance: ytime: The total number of tally a shows & Receptions: Use the class	marks should be equal to the total zip	codes below.	
Shows a neceptions. ose the ca	cker, no zip coues requirea.		Total:
stomer Zip Code Traci	ker:		
2996			
2996			
10009			
20101			
19971			
29926.			
		-	
	1	-	

Daily Log Name:	Caulder	Date: 8	124/22
Gallery Shift Time:	-4		
Day Shift Pre-Show	Reception		
Gallery Attendance:			
	arks should be equal to the total zip cod	les below.	
MHHI	4711		Total:
Customer Zip Code Tracke	er:		
11767	29909		/
11767	29803		
29910			
29909			
T 29926			
29920			
29928			
29928			
299/0			
29910			2
29910			4
29928			
21215			
37215			
11792			
11792			
37215			
11792			
12603			
12602			

- Linds Dans	lder	
() 10 -11	<u>uer</u>	
Gallery Shift Time: 10 9 Day Shift Pre-Show R		
	eception	
Gallery Attendance: Daytime: The total number of tally marks should be	equal to the total zip codes below.	
Pre-shows & Receptions: Use the clicker, no zip code	es required.	Total:
ustomer Zip Code Tracker:		10
55025		
55025		
55110		
55110		
2 1035		
29926		
29926		
27104		
27104		
29926		
	1	

8/26/22

Name: Lindsi (00.100		
1.	<u>-4</u>		
Gallery Shift Time: Day Shift Pre-Show	Reception		······································
Gallery Attendance:			
Daytime: The total number of tally marks Pre-shows & Receptions: Use the clicker,	s should be equal to the total zip co no zip codes required.	des below.	Total:
Customer Zip Code Tracker:			•
9 29926			
29926			
2990			
29910			
29926			
29926			
29910			
			°6.
-			
<u> </u>			

8/27/22

llery Shift Time: 10 -	Reception	
Illery Attendance: The total number of tally marks she-shows & Receptions: Use the clicker, no	ould be equal to the total zip codes below. zip codes required.	Total:
stomer Zip Code Tracker:		
29926		
80439		
2997Ce		
80439		
804011		
2992Ce		*-
1991Ce		
J-192Cp		

Daily Log Name: Gallery Shift Time:	Jena Smit	Date: 8	h8/22
Day Shift Pre-S Gallery Attendance: Daytime: The total number of to Pre-shows & Receptions: Use the	Show Reception ally marks should be equal to the total zip one clicker, no zip codes are required.	rodes below.	Total:
Customer Zip Code Tra	acker:		
29909			
			Ĭ
`			

Daily Log	Date: 8/29/22
Name: Lyndsi Caulder	
Gallery Shift Time:	
Day Shift Pre-Show Reception	
Gallery Attendance: Wativee	
Daytime: The total number of tally marks should be equal to the total. Pre-shows & Receptions: Use the clicker, no zip codes are required.	zip codes below.
M MM M/	24/48
Customer Zip Code Tracker:	
29928 : 0611	
29926 29909	
29036 32081	
29926 . 3208 .	
29909	
29976.	
01056	
0/056:	
29909	
29909.	
16317	
10317	
10312	
29909	
31904	
98052	
2909	
29909	
0611	
(10)	

Daily Log	di Caulde		Date: 8/20	9/22
Gallery Shift Time: Day Shift Pre Gallery Attendance	Show Reception	,30		
Daytime: The total number Pre-shows & Receptions: Us	of tally marks should be equal to the e the clicker, no zip codes are require	total zip codes below. d.		Total:
Customer Zip Code	Tracker:			
1				
		-		

Daily Log Name: Lyndi	Caulder	Date:	130/22
Gallery Shift Time: 10	-9		
Day Shift Pre-Show	Reception		
Gallery Attendance: Daytime: The total number of tally mark	ks should be equal to the total zin co	dec helew	
Pre-shows & Receptions: Use the clicker,	, no zip codes are required.	ues below.	Total:
Customer Zip Code Tracker:	:		
32926			
21093			
21093			
21093			
3742			
29926			4
29926.			
2992le.			
29907			
29907			
29907.			0.0
29976. 29976.			9
21926			
\			

Name: Lyndsi Cavider Gallery Shift Time: 10-4	3172
Gallery Shift Jime: 10-4	
Day Shift Pre-Show Reception	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes are required.	Total:
Customer Zip Code Tracker:	
29910	
29910	
299W	
21093	
QQQ 92701	
22701	
29926	
29928	
20021	
29926	
71976	**
	12

Daily Log		Date: 0 9	1/22
Name: Lyndsi C	aulder		
Gallery, Shift Time:			
	eception		-
Gallery Attendance:			
Daytime: The total number of tally marks should be e Pre-shows & Receptions: Use the clicker, no zip codes	equal to the total zip codes below. s are required.		Total:
HT JW 1111			14
Customer Zip Code Tracker:			
30033			
30033			
29928			
29926			
11413		111	
37919			
53906			
53406			
29978			~
29928			
29938			
29900			

Daily Log	0	Date:	09/2/22
Name: Whd'	i Caulder		
Gallery Shift Time:	10-4		-
Day Shift Pre-Show	v Reception		
Gallery Attendance:	narks should be equal to the total zip ca	rdes helow	
Pre-shows & Receptions: Use the clic	ker, no zip codes are required.	des below.	Total:
Customer Zip Code Track	er:		
28078			
28078			
29910			
29910			
79910	7		
29485			
29926			
29921			1-1
<i>O</i> (10 %)			

Daily Log Jame:	Smith	Date:		
Day Shift Pre-Show Reception				
callery Attendance: Daytime: The total number of tally marks should be earershows & Receptions: Use the clicker, no zip codes	equal to the total zip codes below. s are required.	Tota	J)	
ustomer Zip Code Tracker:				
29926				
29924				
29928				

Daily Log Name: Gallery Shift Time: Day Shift Pre-Sho Gallery Attendance:	S. Caulder 5:30 -7:30 WA Reception	Date:	9/3/22
Daytime: The total number of tally in Pre-shows & Receptions: Use the cli	marks should be equal to the total zip co icker, no zip codes are required.	odes below.	Total:
Customer Zip Code Track	ker:		
			>
1			

Daily Log	na Conth	Date: _	9/4/22
Gallery Shift Time: Day Shift Pre-Sho		1910W 5	:95-7:30
Daytime: The total number of tally Pre-shows & Receptions: Use the C	r marks should be equal to the total zi clicker, no zip codes are required.	codes below.	Total: 303
Customer Zip Code Trac	ker:		
29910	29909	299210	
29910	29909	29924	
29926	104052	29920	
29926	29910	15090	
29926	29910	1 15090.	
29926	29910	07090	
29926	29910	07090	
2992.8	29910	94978	
24928	29910	29936	
29605	29910	7998	*5
27 605	29909	94196	
	0000		
	299210		
	29922		
	21324		
	31324		
	299210		
	299211		
	200210		

Gallery Shift Time:	
Sallery Shift Time.	
Day Shift Pre-Show Reception	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes are required.	Total;
Customer Zip Code Tracker:	
30269	
30269.	
29926.	
11940.	
11940	
29928	
29918	
20008	
20008	
	7
	King.

Name: AM Gallery Shift Time: 10 am Day Shift Pre-Show Reception **Gallery Attendance:** Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes are required. Total: **Customer Zip Code Tracker:**

Daily Log

ytime: The total number of tally n -shows & Receptions: Use the clic	arks should be equal to the total zip codes below. ker, no zip codes are required.	
M. M.	HHH	Total:
stomer Zip Code Track	er: Cluss	
29928	29910	
29978	29910	
29928	29910	
20010	29910	
2002	29910	
46074	19910	
40074	29910	
77399	29910	
29910	2110	

Daily Log		Date:	9/9/22
Name: Lynds	i Carlder		1
Gallery Shift Time:	-4		
Day Shift Pre-Show	Reception		
Gallery Attendance:	_		
	narks should be equal to the total zip co	odes below.	
MM	MMH	H_	Total:
Customer Zip Code Track	er:		
29928	23181		
07932	2990		
34677	23185		
60525	970934		
43320	97034		
43320			
43320.			
29926			
94582			
61752			
01752			
01609			
28210			
07940			
45208			
31088			
29926			
31088			
63021			
63021			

Name: Shift Time: 10 - H				
Pre-Show Re Re Re Relative Attendance: Paytime: The total number of tally marks should be expressions: Use the clicker, no zip codes	equal to the total zip codes below.	Total:		
ustomer Zip Code Tracker:				
30904				
29909				
29909				
29910				
299,10				
500 20				
50 By 1				
		*		

Daily Log Name:				
aytime: The total number of tally marks should be e re-shows & Receptions: Use the clicker, no zip codes	qual to the total zip codes b are required.	pelow.	Total:	
ustomer Zip Code Tracker:				
29926				
03801				
27703		H		
27703				

Daily Log Name: Lynds: Cauld	le c	Pate: 9/17/22
Gallery Shift Time:		
	eption	
Gallery Attendance:		
Daytime: The total number of tally marks should be equipper-shows & Receptions: Use the clicker, no zip codes are	ial to the total zip codes below. re required.	Total:
Customer Zip Code Tracker:		
37027		
37007		
29928		
29928		
29926		
11261		
11201		
2821		
2821) 52241 52741		
52241		
52241		
29407		
29926		
29928		
01669		

Daily Log Name: Knisten	Date:	7/13/22
Gallery Shift Time: 10-4 Day Shift Reception Gallery Attendance:		
Daytime: The total number of tally marks should be equal to the Pre-shows & Receptions: Use the clicker, no zip codes are required.	total zip codes below. ed.	Total:
Customer Zip Code Tracker:		
37027		1
29926		
29910		
43235		
43235		111
45213		
44003		
37830		-
40601		
29926		
29926		
27013		
29407		
29407		
52241		

3-4 on the total zip co	odes below.		N I	Total:
the total zip co juired.	odes below.			Total:
				*
				~
			-	
			-	
			+	
			-	
ing I	MHADIC	ritin	18.84	alid okani

Name: Kristen	Date	9/15/22
Gallery Shift Time: 10-4 Day Shift Pre-Show Reception Gallery Attendance:		
Daytime: The total number of tally marks should be equal to the Pre-shows & Receptions: Use the clicker, no zip codes are require	total zip codes below. d.	Total:
Customer Zip Code Tracker:		
29910		
29909		
07901		
29938		
29928		
29928		
29928		
37027		-6
37027 37027		- F
5.702.1		
Low and into it	or 131 or 1533	ntin't with
LOW EPT 1965 CONTRACTOR OF STATE OF STA	ig sines of	A 31

lery Shift Time: / Shift Pre-Show Re	ception	
lery Attendance:		55
ytime: The total number of tally marks should be e -shows & Receptions: Use the clicker, no zip codes	qual to the total zip codes below. required.	Total:
IH 11		7
stomer Zip Code Tracker:		
29926		N. C.
29910.		
29924		
2992Le		
29926		
299210		
29926		
		*

aily Log		Date:	17.22
ame: Vena mi	th		
Sallery Shift Time:/O			
ay Shift Pre-Show Reception			
lery Attendance:			
rtime: The total number of tally marks should be equal -shows & Receptions: Use the clicker, no zip codes are r	to the total zip codes below. required.		Total:
HH 1111	(9)		Total.
stomer Zip Code Tracker:			
29926			
29926			
23060			
23060			
20:171			
23,454			
MBlele			
43564			3.
79928			Á.
3			

Daily Log	M' CILL			
Name:	lina mi			
Gallery Shift Time: _	A			
Day Shift Pre-S	ft Pre-Show Reception			
Gallery Attendance:				
Daytime: The total number of	tally marks should be equal to the tot he clicker, no zip codes are required.	al zip codes below.	65:32	
t[][Tøtal:	
Customer Zip Code Tr	racker:			
47025				
47025				
29909		11 11 - 1		
29909		3412		
	Q			
	11			

Daily Log	0	Date:	1/19/22
Name: UMCS.	Caulder		
Gallery Shift Time:	-4		
Day Shift Pre-Show	Reception		
Gallery Attendance:			
Daytime: The total number of tally marks Pre-shows & Receptions: Use the clicker, n	should be equal to the total zip codes to zip codes are required.	s below.	Total:
Customer Zip Code Tracker:			
29928			
27106			
75219			
29926			
80126			
29926			
80126			
24926			
37659			
31634			sude.
7			

Daily Log		Date:	9/20122
Name: Lynds	i Caulder		10 10
Gallery Shift Time:	0-4		
Day Shift Pre-Sho	w Reception		
Gallery Attendance:			
Pre-shows & Receptions: Use the cli	marks should be equal to the total zi icker, no zip codes are required.	ip codes below.	Total:
Customer Zip Code Tracl	ker:		
29910			
29926			
29910			
44646			
44648			
29909		4	
29909			
			~

Daily Log	i Caulder	Date:	9/21/22	
Gallery Shift Time: Day Shift Pre-Sho	Shift Time: Reception			
Gallery Attendance: Daytime: The total number of tally Pre-shows & Receptions: Use the control of the control	marks should be equal to the total z licker, no zip codes are required.	ip codes below.	Total:	
Customer Zip Code Trac	ker:			
45249 45140 45249 29926 29910 29910 45140				
			*	

Daily Log		Date: 9/2	2/22
Name: Lyndsi Caulde	21	ı	
Gallery Shift Time: 10-4			
Day Shift Pre-Show Rece	eption		0
Gallery Attendance:			9
Daytime: The total number of tally marks should be equ Pre-shows & Receptions: Use the clicker, no zip codes ar	ial to the total zip codes below. re required.		Total:
Customer Zip Code Tracker:			
97213			
97213			
29072			
186.18			
29926			
29929			
27518			
27518			
45102			14
45107			
91017			
91091			
2909 29909			
29909			
79909			
79909 42303			
42303			

me: The total number of tally	marks should be equal to the tota	ll zip codes helow	-
shows & Receptions: Use the cl	icker, no zip codes are required.	rzip codes below.	Total:
tomer Zip Code Trac	ker:		
2999			
27502			
29926			
			<u> </u>

Daily Log		Date: 9	-24-22
Name:	na Smith		
Gallery Shift Time:	10-4		
Day Shift Pre-Show	v		
Gallery Attendance:			
Daytime: The total number of tally n Pre-shows & Receptions: Use the clic	narks should be equal to the total zip code	es below.	
141	ker, no zip codes die required.		Total:
			(13)
Customer Zip Code Track	er:		
30055			
30055		1	
44023			
44023			
29928			
29928.			
04330			
04330.			
29907.			
80027.			
80027.			
80027. 80027. 32082 32258.			÷
32238			1 2

Daily Log	ino Smit	Date: 9	-25-22
Name:	ma Smit		
Gallery Shift Time:	12 - 4		
Day Shift Pre-S	how Reception		
Gallery Attendance:			
Daytime: The total number of to Pre-shows & Receptions: Use th	ally marks should be equal to the total zi le clicker, no zip codes are required.	ip codes below.	Total:
Customer Zip Code Tra	acker:		
1			
			*
V			

Daily Log Name:Co-	uldr	Date: _ 9 /3	26/22
111-1			
Gallery Shift Time: Day Shift Pre-Show F	Reception		
Sallery Attendance:	reception		
Daytime: The total number of tally marks should be Pre-shows & Receptions: Use the clicker, no zip cod	e equal to the total zip codes below.		
TH 11	nes are required.		Total:
1111/11			
ustomer Zip Code Tracker:			
01524			
19341			
89138			
20021			
79976			
78259			
70001			
			e.
			-

Daily Log Name:	-4	Date:	1/27/22
*			
Daytime: The total number of tally many pre-shows & Receptions: Use the click	arks should be equal to the total zip co er, no zip codes are required.	odes below.	Total:
Customer Zip Code Tracke	er:		
29926			
29926			
29928			
29928			
37643			
37643			
17543			
44060.			
44060		~	
44060 29926 29926 10023.			***
29926			-8.
10023.			
		1	
4			

Daily Log	. 1	Date: 9 28	122-
Vame: amu/Lyndsilt) - 4		
Gallery Shift Time: 10-4 Day Shift Pre-Show Reception	π d		
Gallery Attendance:	/ \		
Daytime: The total number of tally marks should be equal to the Pre-shows & Receptions: Use the clicker, no zip codes are required to the Pre-shows & Receptions: Use the clicker, no zip codes are required to the Pre-shows & Receptions: Use the clicker, no zip codes are required to the Pre-shows & Receptions: Use the clicker, no zip codes are required to the Pre-shows & Receptions: Use the clicker, no zip codes are required to the Pre-shows & Receptions: Use the clicker, no zip codes are required to the Pre-shows & Receptions: Use the clicker, no zip codes are required to the Pre-shows & Receptions: Use the clicker, no zip codes are required to the Pre-shows & Receptions: Use the clicker, no zip codes are required to the Pre-shows & Receptions: Use the clicker, no zip codes are required to the Pre-shows & Receptions: Use the clicker, no zip codes are required to the Pre-shows & Receptions: Use the clicker, no zip codes are required to the Pre-shows & Receptions: Use the clicker, no zip codes are required to the Pre-shows & Receptions &	e total zip codes below. ed.		Total; / 16/43
Customer Zip Code Tracker:			1
27106			
2710ie		1911	
28148		~	
30040			
30040			
30040			
26040			
20010			
29928			
17360			
28451	= 11		
28451	_1111		
		V.	V.
		77	

Pre-Show Reception	ame:Gallery Shift Time:		:30
Pre-shows & Receptions: Use the clicker, notific codes are required. Total: 15/3/24 Pre-shows & Receptions: Use the clicker, notific codes are required. Total: 15/3/24 Pre-shows & Receptions: Use the clicker, notific codes are required. Total: 15/3/24 Pre-shows & Receptions: Use The clicker, notific codes are required. Total: 15/3/24 Pre-shows & Receptions: Use The clicker, notific codes are required. Total: 15/3/24 Pre-shows & Receptions: Use The clicker, notific codes are required. Total: 15/3/24 Pre-shows & Receptions: Use The clicker, notific codes are required. Total: 15/3/24 Pre-shows & Receptions: Use The clicker, notific codes are required. Total: 15/3/24 Pre-shows & Receptions: Use The clicker, notific codes are required. Total: 15/3/24 Pre-shows & Receptions: Use The clicker, notific codes are required. Total: 15/3/24 Pre-shows & Receptions: Use The clicker, notific codes are required. Total: 15/3/24 Pre-shows & Receptions: Use The clicker, notific codes are required. Total: 15/3/24 Pre-shows & Receptions: Use The clicker. Pre-sh	Gallery Attendance:		
29928	Pre-shows & Receptions: Use the clic	arks should be equal to the total zip codes below. ker, no zip codes are required.	Total: 15/3
29910 39910 39920 29910 39920 39920 29910 39920 39920 29910 39920 39920 29910 00878 29920 00878 29920 39938 29932 39938 29932 39938	ustomer Zip Code Track	er:	
29910 39910 39926 29910 39926 39926 29910 39926 39926 29910 06878 29926 06878 29926 29938 29932 39938 29932 39938	29928	29926: 2991	09
29910 · 29974: 29910 29910 · 29974: 29974 29910 · 04878: 29924 · 29936: 27606: 29938: 27932 · 29938. 27932 · 29910 ·	29928	29910 . 299	109
29910 · 29974: 29910 29910 · 29974: 29904 29910 · 04878: 29924 · 04878: 29924 · 299306: 27606: 29938: 27932 · 29938.	29910	29910: 290	861
29910 · 29974 · 29974 29910 · 00878 · 29924 · 00818 · 29924 · 29936 · 27606 · 29938 · 27932 · 29938 · 27932 · 29910 ·	29910	29926 299	120
29924 : 06818 : 29924 : 29936 : 27606 : 39938 : 27932 : 39910 :	29910 .	29974: 299	110
29924 DU818: 29924 29900: 27606 29938: 27932 29910.	29910	29974 29	926
29924 · 29936 · 29938 · 27932 · 29970 ·	29910	06878	
27606. 34928.	19926	06818:	
27932. 29978.	29924	29906	
27932. 29978.	27606	24928	
	17932.	29938.	
29926 39970 29926 39970 29926 39970 39970	27932.	29910.	
29926 39900 29926 39900 39900	276.06	29910	
29926 29900 39900 39900-	29926	29928	
3990U-	29926	29900	
29904-		39900	
		3990U-	

Daily Log	Da	te://0/2/22
	Reception	
allery Attendance: Daytime: The total number of tally marks should be bre-shows & Receptions: Use the clicker, no zip coo	e equal to the total zip codes below. des are required.	Total:
ustomer Zip Code Tracker:		
45247		
30135		
30135		*
29909		
29909		

Daily Log	5	Date:	10/3/22
Gallery Shift Time: Day Shift Pre-Show Gallery Attendance:	Reception		
Daytime: The total number of tally marks : Pre-shows & Receptions: Use the clicker, n	hould be equal to the total zip o o zip codes are required.	codes below.	Total:
Customer Zip Code Tracker:			
PR3OTA (UK)			
X 9	The contract of the contract o		
			~
			*
46			

Daily Log Name: Lynds: Caulder	Date: 10/4/22
Name: Unas Caulas	
Gallery Shift Time:	
Day Shift Pre-Show Reception	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes are required.	7-11
THIM	Total:
Customer Zip Code Tracker:	
27983	
27983	
29926	
79051	
29051	
29907	2
28715	
28713	
79976	
29926	
299 28	

Daily Log		Date:	15/23
Name: Undsi	Carlder		
Gallery Shift Time:	0-4		
Day Shift Pre-Show	Reception A		
(v Gallery Attendance:			
	arks should be equal to the total zip code	es below.	1
HH HH	1 HHMM	3964	Total:
Customer Zip Code Track	er:		
29978	44011		
29928	44011		
29909	18940		
29928	18940		
79928	22033		4
29926	22033		*
2926	18940		
29928	18940		
29938	16321		
29926	46321		
24926			
37919			
29909 29909			
29909			
29909			
29909 22902 29928			
74978			
29928			
29978			
29974			

Daily Log		1	0/6/22
- 1	Caulder	Date:/	10/07
Name: UMCLS1	Lavaer		
Gallery Shift Time:	10-9		
Day Shift Pre-Show	Reception L		
Gallery Attendance:	marks should be equal to the total zip c	radas halau	
Pre-shows & Receptions: Use the clic	cker, no zip codes are required.	ning HH HH HHHHH	55 Total:
IM TH	WH 10/ HH	nung HHT HHT HHT HHT L HHT HHT LHT LHT LHT	HT (71)
Customer Zip Code Track	er:		
29909			
29909			
65011			
65011			
29909			
29910			
29926			*
29926			n
27606			
27932			
27932			
27606 27606 27932 27932 37932 53202 53202			
53202			

Daily Log	, ,	Date:	0/7/22
Name: Lyndsi	Carlder		
Gallery ShiffyTime: 10	-4		
Day Shift Pre-Show	Reception		
Gallery Attendance:			
Daytime: The total number of tally me Pre-shows & Receptions: Use the click	arks should be equal to the total zip coo	des below.	
MILLISTI	1 \		Total:
1 1 W W 14	MIT II		(22)
Customer Zip Code Tracke	er:		
29926	30308		
29910.	30308		
29910			
29926			
29910			
29910.			
87505		V	
29928			
29438			1
29926			
29928			
87505			
87505			
29924			
19064			
19064			
19064			
29926			
29926			
29910			

Happy bothday, Gina! 3

Date: October 7, 200 **Daily Log** Name: _ / Gallery Shift Time: 6-730 Day Shift Pre-Show 📈 Reception _ Gallery Attendance: Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes are required. Total: Customer Zip Code Tracker:

Daily Log		Date: 10	-8-22
Name:	era		
Gallery Shift Time:	10-4		
Day Shift Pre-Sh			
Gallery Attendance:			
	y marks should be equal to the total zip codes	below.	
	THE THE I		Fotal:
111: 114 114	114 117-11		(21)
Customer Zip Code Trac	oker:		
49464	27406		
29.909	29910		
299,09	29910		
49460	29928		
29.909	31322		
29,370	20847		
29.325	29907		
29926			*
29926			<u>v</u>
37.064			
37.064 38485 29910			
29.910			
29926			
29926			
29928			
29928			
27406			
29.910			
77146 /2			

	no-Smit	h	e: 10-8-22		
Gallery Shift Time: 5:30 -7:30 Day Shift Pre-Show Reception Gallery Attendance: Daytime: The total number of tally marks should be equal to the total zip codes below.					
Pre-shows & Receptions: Use	the clicker, no zip codes are required	otal zip codes below.	Total: SA		
Customer Zip Code T	racker:				
	4				
	4				

Daily Log Name:			
Day Shift Pre-Show	Reception		
Gallery Attendance:			
Daytime: The total number of tally marks sho Pre-shows & Receptions: Use the clicker, no z	ould be equal to the total zip codes below. ip codes are required.		Total:
Customer Zip Code Tracker:			
29928			
79928			
39909			
29909			
29928			
29928			
30301			a.C.
30301			
37162			
21162			
91441			
		N	

Daily Log			Date: / /	9-00
Name:	el in	i. La	Date:	1-22
Gallery Shift Time	12-2) PYO	Show		
	Show Reception			
Gallery Attendance:	•			
Daytime: The total number of	f tally marks should be equal to the the clicker, no zip codes are require	total zip codes below. ed.		
				Total:
				71/
Customer Zip Code T	racker:			
	11	ji Tira		

Daily Log Name:	N A	Date:	10/92
Daytime: The total number of tally marks should be equal to the Pre-shows & Receptions: Use the clicker, no zip codes are required.	total zip codes below. d.		Total: / 53
Customer Zip Code Tracker:			
26105 26105 29926 65079 65079 68169 68169			

Daily Log	7 6 9	Date: October 11,2020
Name: Kriston	Lyndsi	1.10
Gallery Shift Time:	2/92-4	
Day Shift Pre-Show		
Gallery Attendance:		
Pre-shows & Receptions: Use the click	arks should be equal to the total zip codes below. er, no zip codes are required.	
IHT WHY	MH THE IM	Total:
Customer Zip Code Tracke	r:	
49855	41016	
49855	29909	
23464	29910	
23964	29910	
BIGGISS	17011	
32043	17050	
29910	29926	
29910	29926	
07739	29926.	
07739		
29576		
29576		
29928		
29928		
91381		
91381		
84121		
29928		
91043		

Daily Log		Da	nte: 10/0/	- 22
Name: Umdsi'	Carlder			
Gallery Shift Time:	-4			
Day Shift Pre-Show	Reception			
Gallery Attendance:				
Daytime: The total number of tally me Pre-shows & Receptions: Use the click	arks should be equal to the total zip of the common ser, no zip codes are required.	codes below.		Fotal:
Customer Zip Code Tracke	er:			
29928	47126			
29910	47/26			
28778	30305			
29910	30305			
32256	29928			34
32256	18460			4
Ja910.	29621			
79910:	29621			
29926				
29926 29926 37209				
37209.				
30188 '				
30004	III j			
30094				
45233				
29926				
27012				
27017				
47126				

me: KV	M	Date: /	1 1.
/ llery Shift Time:			6-730 pm
lery Attendance:	how Reception		J''C
time: The total number of to shows & Receptions: Use th	ally marks should be equal to the total zip o e clicker, no zip codes are required.	codes below.	Total:
tomer Zip Code Tra	acker:		
43130	(0		
19928	36		77
79909	1	I a	
29910	1		

Daily Log	. 1	Date: 10/13/22
Name: Lyndsi	Caulder	Amy Wehman
Gallery Shift Time:	0-4	4-7.30
Day Shift Pre-Show	Reception	
Gallery Attendance:		
Daytime: The total number of tally m Pre-shows & Receptions: Use the clic	narks should be equal to the total zi ker, no zip codes are required.	28 411 411 111
##	11 14	HT HH (52)
Customer Zip Code Track	er:	
60540	29909	
60540	29909	
85750	29976	
27518	29986	
20853	29909	
20853.	29909	
29909	29926	
23233	299210) ;.
62946.	18143	
23233 29926 29926	18643	
29926	20928	
29926.	29978	3
	29924	
	29926 29926	0
	299210	
	29931	10
	2990	
	29971	P
	29926	
V	V II V II T	1

Daily Log		Date:	0/14/2
Name: WMC	lsi Caulder		
Gallery Shift Time:	10-4		
Day Shift Pre-Sho	w Reception		
Gallery Attendance:	Neochaon E		
Daytime: The total number of tally in Pre-shows & Receptions: Use the cli	marks should be equal to the total zip codes	below.	
THE SHOWS & NECEPTIONS. USE THE CHI	ther, no zip codes are required.		Total:
Customer Zip Code Track	er:		
46580			
46750			
71166			
85712			
53095			
29928			÷
Q 0748			
29976			
29924			
11777			
11777			
37204			
37204			
37777			
37919			

Daily Log		Date: _/0 ~	15-22
Vame:	a smith	Amy	
	5 - 4	10-7:30	
Day Shift Pre-Shor	w Reception .		
Gallery Attendance:		V	
Daytime: The total number of tally r Pre-shows & Receptions: Use the cli	marks should be equal to the total zip cker, no zip codes are required.	codes below.	Total:
INT ##) A	(11)	州州州州	- 44
Customer Zip Code Track	ser:		
31326			
01106			
02660			
29928			
19355			*
06001			7
29926			
29926			
29924			
29928			
10101761			
29926			
29926			
29926			
29926			
29926 29926 29926 29910			
b **			

Daily Log		Date: _/ () - / (4-27
Name: Yeno	- Smith		
Gallery Shift Time:			
Day Shift Pre-Show	Reception		
Gallery Attendance:			
Daytime: The total number of tally marks Pre-shows & Receptions: Use the clicker	should be equal to the total zip codes below.		
/	o zip codes die reguired.		Total:
1 111 (2	6		(40)
Customer Zip Code Tracker:			
2310V			
22100			
25/ 85			
20005			
F1178			
			
			× ×

Daily Log Name: <u>Uppdi Caulde</u>	V	Date:(7/22
Day Shift Time: O Reception			
Sallery Attendance:			
Daytime: The total number of tally marks should be equal to the Pre-shows & Receptions: Use the clicker, no zip codes are require	total zip codes below. ed.		Total:
ustomer Zip Code Tracker:			
29976			
29928			
29928			
29910			
29910			
29928			
29978			
459.34			
29926			
29970			

Daily Log	1	Date: 10/18/22
Name: UMd) Ca	Ilde	-, /
Gallery Shift, Time:		
	ption	
_	puon	
Gallery Attendance: Daytime: The total number of tally marks should be equa	l to the total zip codes below.	
Pre-shows & Receptions: Use the clicker, no zip codes are	required.	Total:
Customer Zip Code Tracker:		
28277		
78717		
44132		
44137		
30339		
3()3.39		
29976		*
29926		
29927		
29927		
23238		
21601		
27104		
27104		

Sallery Shift Time:	i Cavlder 0-4		
Day Shift Pre-Show	Reception		
Sallery Attendance:			
Pre-shows & Receptions: Use the clici	arks should be equal to the total zip code ker, no zip codes are required.	s below.	Total:
H M H	MMIII		24
ustomer Zip Code Track	er:		
29910	28601		
29910	28601		
02539	29928		
29926	79978		
29926			
29926			
37774			
37774			
19064			
34 654			
34654			
19064			
29909			
29909			
79907			
29920			
14617			
14617			
29926			
79926			

Daily Log	MCG vom	Date: _	10/19/22
Gallery Shift Time:	10.010011	6-7-	10 pm
Day Shift Pre-Sh	ow Reception		1111
Gallery Attendance:	7		da
Daytime: The total number of tal	ly marks should be equal to the total zip c	odes below.	10
HT JIH	clicker, no zip codes are required.	脚脚	Total:
Customer Zip Code Tra	cker:		
29928	59910	30769	
37923	39909	7000	
24251	26554		
78311	77384		
38572	29726		
79910	592710		
79910	29210		
48430	29976		
19978	2123Y		
29976	11023	11	
30350	21171		
29907	19970		
29907	21042		
299012	79928		
29910	20269		
29951	299210		
29615	30159		
29907	29928		
59977	61128		
CHCT	P		

Daily Log	Date: 10/20/22
Name: Words: Carlde	2 Amy Wehman-Joves
Gallery Shift Time:	THIN WORTHER TOTAL
M -	otion D 1:30pm
Gallery Attendance:	pre-snow &
	to the total zip codes below.
Daytime: The total number of tally marks should be equal Pre-shows & Receptions: Use the clicker, no zip codes are	required. 3 Total:
WI WI WIN	111 Ht Ht H 31
Customer Zip Code Tracker:	
29910	29928: 29926
29910	29928 29920
29926	29910 299210
2996	29910 29908
29916	29910 . 29928
79910	2991D 5A1AZ
29928	29910 59192
28106	29909 29907
29976	29909 29907
29926	29910 29928
0 00 0	91091 . 29926
01001	29910 - 29910
01001 01001 29928 29928 91325	29910 · 29910 07470 · 29909
79928	07470 29909
29928	07912
91325	
41373	2991D · 29928 ·
29926	29928
	29970
	299210

Daily Log	Date:	0/21/22
Name: Uppelsi Caulde		
Gallery Shift Time:		
Day Shift Pre-Show Recep	tion	
Gallery Attendance:		
Daytime: The total number of tally marks should be equal of Pre-shows & Receptions: Use the clicker, no zip codes are not show that the clicker is the clicker.	to the total zip codes below. equired.	Total:
MIMMETHIS	\$ 57	(72)
Customer Zip Code Tracker:		
20010	60480	
34987	29928	
13795		
15795		
<u> </u>		
64138		
29978		
31411		4
51411		7.5
57555		
03885		
02133		
29928		
01775 29938 29938		
01095		
01095		
01095		

Daily Log	Date: 10	-22-22
Name:		
Gallery Shift Time:		
Gallery Attendance: Daytime: The total number of tally marks should be equal to	o the total zip codes below.	1
Pre-shows & Receptions: Use the clicker, no zip codes are re	quired. THE 1TH THE	Total:
Customer Zip Code Tracker:		
29928		
29928		
60067		
29927		
29909		
V281LLS (Canada)		7
29927		
29927		
29927		
79928		
29909		
29909		
77201		
97239		
97239		
30905		
3146)		

Daily Log Jame:	Smith 6-7:30	Date:	12/22
ay Shift Pre-Show allery Attendance: aytime: The total number of tally marks shipe-shows & Receptions: Use the clicker, no	Reception ould be equal to the total zip codes belowed to codes are required.	,	Total:
ustomer Zip Code Tracker:			
	÷		
A1-			

Daily Log	Ina Smi	Date! 0/2	23/27
Gallery Shift Time: Day Shift Pre-Sh Gallery Attendance: Daytime: The total number of tall Pre-Shows & Recontinue Head	llv marks should be equal to the total zing	o codes below.	
Fre-silows & Receptions: Use the	clicker, no zip codes are required.		Total:
Customer Zip Code Tra	cker:	·	
			1 25
			~

Daily Log		Date: 10/2	4/22
Name: Lyndsi Cauld	er		
Gallery Shift Time:			
Day Shift Pre-Show Recept	ion 🔲		
Gallery Attendance:			
Daytime: The total number of tally marks should be equal to Pre-shows & Receptions: Use the clicker, no zip codes are rec	o the total zip codes below. quired.		Total:
MHH MM			Total:
Customer Zip Code Tracker:			
32/63			
32163			
14120			
29928			
29978			
29928			
29938			*
29928			
29928			
12766			
12766 12766 29928			
29928			
29928			
299938			
H953A5			
H953A5			

zip codes below.	Total-
	8.
	>
	~
	zip codes below.

Daily Log	Date: 10/26/22
Name: Upodsi Cauld	€/
Gallery Shift Time:	
Day Shift Pre-Show Reception	on 🔲
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to to Pre-shows & Receptions: Use the clicker, no zip codes are requ	uiked
IH WH HAHLI	Total:
Customer Zip Code Tracker:	
20016	29909
22102	29909
22701	29928
22701	29928
72963	29928
22963	910207
79928	44207
29926	46207
29926	29926
28451	29906
28451	29926
19976	29909
29926.	29909
72066	
77066	
15061	
17517	
29978	
77703	

Daily Log	0 11 -	Date: 10/6	27/22
Name: Lyndsi	Caulder		
Gallery Shift Time:	-4		
Day Shift Pre-Show	Reception .		
Gallery Attendance:			4
Daytime: The total number of tally m Pre-shows & Receptions: Use the click	ker no zin codes are required	- Show pre 74 (5)	Total:
Customer Zip Code Tracke	er:		
29910	29047		
29910	29047		
29910	•		
29910			
29909			
29926			
29928.			
29928			Ŀ.
03106			
44077 44077 29928 29928			
44077			
29928			
29928			
29926			
29928			
29926			
21619			
32081			
32081			
20194		100	

Daily Log	aulder/	Date: 10 Cindy Strickla	128/22
Name: Lynds C	aulder/	Cinda Strickla	ud
Gallery Shift Time:	-4	6-7:3	0
Day Shift Pre-Show	Reception		
Gallery Attendance:			
Daytime: The total number of tally marks: Pre-shows & Receptions: Use the clicker, n	should be equalito the total zip codes be o zip codes are required.	elow. -Show	14.1
M HH	HURANI	JAMONTH total	Total:
Customer Zip Code Tracker:	4		
79902	29926		
29920	29928		
Le5711			
29926			
29926			
65711			
29926			
29910			
29926 29926 217110			
79976			
917110			
17110		/	1
[70]			
17011			
19136			
15136 30302 29928			
29928			
29928			
30302		N.	
22701			

Daily Log	Date: _	10/29/2
Name: Jena Sm	ith	
Gallery Shift Time: 15 - 4		
Day Shift Pre-Show Reception		
Gallery Attendance:	1	
Daytime: The total number of tally marks should be equal to the total Pre-shows & Receptions: Use the clicker, no zip codes are required.	zip codes below.	
THE JIM IT	58	Total:
Customer Zip Code Tracker:		
38558		
1733		
29928		
11733		
11133		i g
22187		
22181		
29926		
29928		
27728		
29989		
79909		
29907		
29978 20000		
8375N		
08 534		
20029		
20626		
4120		-

Daily Log	a Smith	Date: _/_D	130/22
Gallery Shift Time:)	2-4		
Gallery Attendance: Daytime: The total number of tally marks Pre-shows & Receptions: Use the clicker,	s should be equal to the total zip codes b no zip codes are required.	elow.	Total:
Customer Zip Code Tracker:			
02886			
30215			
23103			
29910			
29910			

Daily Log Jame:	Cadder 0-4	Date	10/31/22
Pre-Show	Reception		
allery Attendance:			
re-shows & Receptions: Use the clic	narks should be equal to the toto ker, no zip codes are required.	al zip codes below.	Total:
ustomer Zip Code Track	er:	<i>'</i>	
29928		*	
29928			
23831			
30269			
30319			
30319			
30228			
037683	1		
29910 06896 29928	(
06896			
29928			
- 100			

Daily Log	. /1	Date:	4608 1. NO
Name: AMU	1/ Lynds		
Gallery Shift Time:	110:30-1	1-4	
Day Shift Pre-Show	Reception		
Gallery Attendance:			
Daytime: The total number of tally me Pre-shows & Receptions: Use the click	arks should be equal to the total zip cooker, no zip codes are required.	des below.	¥3.0
W W			Total:
Customer Zip Code Tracke	er:		
29926			
299010			_
29900			
14464			
14469			
29910			
29910			
02556			
02476			
29928			

de

aily Log me: Lyndsi Caulder		Date: 1/2/22
allery Shift, Time:		
	eption	
allery Attendance:		
Daytime: The total number of tally marks should be equipre-shows & Receptions: Use the clicker, no zip codes as	ual to the total zip codes below.	
N Sions a neceptions. Ose the cheker, no zip codes the	re required.	Totals
ustomer Zip Code Tracker:		
29926		
28277		
28277		
29928		
77539		
7,7534.		
76903:		1:5
76903.		14

Daily Log		Date: 11/3	122
Name: Lynds:	Caulder		
Gallery Shift Time:	0-4		
Day Shift Pre-Show	Reception		
Gallery Attendance:			
Daytime: The total number of tally m Pre-shows & Receptions: Use the click	arks should be equal to the total zip codes b ker, no zip codes are required.	elow.	Total:
TH THE	WHT 1111		24
Customer Zip Code Tracke	er:		
	31411		
	29910		
30557	20854		
30557	20854		
29928	29978		
27587	29926		
27587			
48025			\$
29909		4	
29928 29928			
29978			
02285			
29909			100
30253			
30253			
30253 30253 29928 29928			
20016			
31061			
51001			

Doily Log	γ.		ا ا	1/4/22
Daily Log	Si Cauldy		Date:	to Carlle
Name:	SI Caulor			
Gallery Shift Time:	0-4			
Day Shift Pre-Sho	Reception _			
Gallery Attendance: Daytime: The total number of tally	marks should be arrived to the test			
Pre-shows & Receptions: Use the cl	licker, no zip codes are required.	Il zip codes below.		Total:
Customer Zip Code Trac	ker:			
29928				
29928				
29978			- 110	
29681			1111	
29681				
P2A 155				
P2A155				
20016				
29926				
29928				
22302			H)	
29928				
29926 29926 29926 29928 29928 34238 29926				
29926				
34238				

Daily Log		Date:	Jov. 5, 2022
	ndy Stricklan		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Gallery Shift Time:	10-		
Day Shift Pre-Show	v ☐ Reception ☐		
	narks should be equal to the total zip code	es below.	
Pre-shows & Receptions: Use the clic			Total:
I MIN	H HHH	HH	25
Customer Zip Code Track	er:		
20860			
27705			10 11
25541			
29926			
16511			
16511			
29928			
29407			
29902			
28115			
303			(1)
32724			
28715 303 32724 29926			
_			

Daily Log	na Smith	Date:	11/6/22
CALED CONTRACTOR	17-4		
Gallery Shift Time: Day Shift Pre-Sh	Jacobs December D		
	now Reception		
Gallery Attendance: Daytime: The total number of tal	lly marks should be equal to the total zip	rodes helow	1
Pre-shows & Receptions: Use the	clicker, no zip codes are required.	outo below.	Total:
I WH			(6)
Customer Zip Code Tra	cker:		
79609			
28782			
28782			
20909			
29409			
48230			
			2

Daily Log	0 1 -	Date:	11/7/22
Daily Log Name:	Cauldy 0-4		
Day Shift Pre-Show Gallery Attendance:	Reception Reception		
Daytime: The total number of tally m Pre-shows & Receptions: Use the click	parks should be equal to the total zip c ker, no zip codes are required.	odes below.	Total:
Customer Zip Code Track	er:		
29926			
45503			
45505 Uxuxu			
u 74 79			
2992le			
V			

Daily Log		Date: 11/8/22
Name: Unds Cauld	er	Jato
Gallery Shift Time:		
—	otion 🔲	
Gallery Attendance:		
Daytime: The total number of tally marks should be equal Pre-shows & Receptions: Use the clicker, no zip codes are	to the total zip codes below. required.	Fotal:
MM MI		16
Customer Zip Code Tracker:		
28277		
28210		
19928		
7998		
2000		
209110		
11/298		
46198		
29928		
8 NOHZLO		
NOHZLO		3
29928 29928		
29928	1 1 1 1	
36521		
35071		
× 1	N .	

Daily Log		Date:	19/22
Name:	s: Coulder	- t	
Gallery Shift Time:	10-4		
Day Shift Pre-Sho	w Reception		
Gallery Attendance:			
Daytime: The total number of tally I Pre-shows & Receptions: Use the cli	marks should be equal to the total zip codes be icker, no zip codes are required.	elow.	4.77
MMM	MIMMI		Total:
Customer Zip Code Track	ker:		
55118	41101		
22/18	41101		
20736	40513		
20736	29928		
20736	29928		
08755	45385		
15291	29928		
15044	04606		
15044	04604		
77489			
11989			×
71015			12
28803			
28803			
11(1/25			
77685			
111104			
2008)			
41767			
10383		4	}

Daily Log	Date:	11/10/22
Ilhadi Call	Date:	11/12/
1 10-4	4	
Day Shift Time: Recept		
l	ion	
Gallery Attendance: Daytime: The total number of tally marks should be equal to	o the total zip codes below.	
Pre-shows & Receptions: Use the clicker, no zip codes are re	quirea.	Total: / 85
Customer Zip Code Tracker:		l
V8L3C7	4 1 1 2 2 2 2	
45769		
6068		12
60068		
60068		
45709		
V8L3C7		
		_

Daily Log	Y	Date	e: 1/1/22
Name: Who di	Caulder 2	Amu II	MIMMONM
Gallery Shift Time:	10-4 55	:30 +0 7	20 pm
Day Shift Pre-Sh	ow Reception	000-0	now
Gallery Attendance:		1 - 0 -	11000
Pre-shows & Receptions: Use the	y marks should be equal the total zip of clicker, no zip codes an equired.	codes below.	Total:
14H HT	N K S TILL	THE LITE WHE	1005/
11.1/1114		H H H H	1414 /63
Customer Zip Code Trac	ker:		
33702			
29910			
79910			
29812			
29812			
21565			
77363			
56301			
18510			
18510 37 923			
45107			
45103			
08023			
95103 45103 98033 08033			

Daily Log Name: Smith Pre-Show Reception Gallery Attendance:	Date: 11/12/22 AMY WINMON D:200 10 7:30 PRE-Show
Pre-shows & Receptions: Use the clicke; no zip codes are required. HH HH IH	Total: 7/22
Customer Zip Code Tracker:	
29926 29909	
79924	
28210	
29666 29ble6	
10580	

ame:allery Shift Time:	Smith	Date:
ay Shift Pre-Show Reallery Attendance:	eception	
aytime: The total number of tally marks should be e re-shows & Receptions: Use the clicker, no zip codes	equal to the total zip codes below. s are required.	Total:
ustomer Zip Code Tracker:		
29,223	1	
299.20		
29.92.6		
29928		
29928		
	1	

Daily Log Vame: _ Gallery Shift Time: ____ Day Shift Pre-Show ___ Reception Gallery Attendance: Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes are required. Total: **Customer Zip Code Tracker:**

Daily Log	Caulder	Date: 11/15/22	
Gallery Shift Time:	1		
Day Shift Pre-Show	Reception		
Gallery Attendance:			
Daytime: The total number of tally marks shown Pre-shows & Receptions: Use the clicker, no zip	ld be equal to the total zip codes below. codes are required.	Total:	
111/11/11/11			
Customer Zip Code Tracker:			
29926			
29925			
29926			-
29921			
29909			
2999			
29928			
19928			
29 a 28			
79978		7	_
29928			
29938 29928 29910			
20110			
`			
			16

Daily Log	+	Date:	16
Name: Whosi	Caulder		
Gallery Shift Time:	5-4		
Day Shift Pre-Show	w Reception □		
Gallery Attendance:			
Daytime: The total number of tally r Pre-shows & Receptions: Use the clie	marks should be equal to the total zip codes	below.	
WI WITH	1 744 111		Total:
I NEW INT ME	KINNII		12B
Customer Zip Code Track	er:		
46142	29926		
46147	30071		
29926	30071		
12747	30071		
12747			
29928			(A)
29928			•
29926			
28403			
28403 40794			
29803			
29926			
15647			
15647			
28374			
28374			
28374			
28374			
29926			
29926			

Illery Attendance: Sytime: The total number of tally marks should be equal to the total e-shows & Receptions: Use the clicker, no zip codes are required. Stomer Zip Code Tracker:	zip codes below.	Tetal: 58
stomer Zip Code Tracker:		
		7:
	1	1
	-	

Name: Lyndsi Caulder	
valle.	-
Gallery Shift Time: 10-4	
Day Shift Pre-Show Reception	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes are required.	
TH	
Customer Zip Code Tracker:	
L4C4X1	
24C4X1	
29928	
17325	
17325	
29929	
22032	
39970	
29978	
200010	
20017	
29910	1 /

Gallery Shift Time: Day Shift Pre-Show Pre-Show Reception Gallery Attendance: Day Shift Pre-Show Reception Sallery Attendance: Day Shift Receptions: Use the click on sip codes are required. Total: Wall Paper Paper 1	Daily Log	1/11-1-0 11	Date:	-18-22
Day Shift Pre-Show Reception Ballery Attendance: Dayline: The total number of tally marks should be equal to the total zip codes below. Pre-Shows & Receptions: Use the clicken, no zip podes are required. 1	Name:	ynas, Caula	CV	
State	~	√□ Recention □		
avimer: The total number of tally marks should be equal to the total zip codes below. Total: 19	N	Кесериоп		
Justomer Zip Code Tracker: 44319 29926 44319 29926 29926 29926 55418 59044 55418 59044 29926 29909 39926 39926 29909 39926 29909 39926 29909 39926 29926 29926 29926 29926 29926 29926 29926 29926 19940	aytime: The total number of tally m	arks should be equal to the total zip cod	les below.	
Istomer Zip Code Tracker: 44319 44319 29926 24926 55418 89044 55418 89044 29926 29909 29926 29909 29926 29926 29926 29926 29926 29926 29926 29926 29926 29926 19940	Kooo Mil	ter no zip codes are required.	H1/1/4	Total:
44319 29976 49319 29976 29926 18510 55418 89044 29909 29909 29926 29909 29926 29909 29926 29926 29926 29926 60047 60047 99483 21403 40383 40383 85260 19940	Cogode 117h	MAMILYI	INILIF	1 28
44319 29976 49319 29976 29926 18510 55418 89044 29909 29909 29926 29909 29926 29909 29926 29926 29926 29926 60047 60047 99483 21403 40383 40383 85260 19940	ustomer Zip Code Tracke	ar.	,	
44319 Jag 26 29926 18510 55418 89044 29926 2909 39926 2909 39926 39926 29926 39926 60047 60047 29483 31403 40383 40383 85260 19940		/		
55418 89044 29926 29909 29926 29909 29926 29926 29926 60047 29483 21403 40383 40383 85260 19940	W V	299210		
55418 89044 25418 89044 29926 29909 29926 29909 29926 29926 60047 29483 21403 40383 40383 85260 19940	29926	18510		
79926 29926 29926 29926 60047 60047 99483 21403 40383 40383 85260 19940		89144		
79926 29926 29926 29926 60047 60047 99483 21403 40383 40383 85260 19940	55418	89044		
29926 29926 60047 60047 99483 21403 40383 40383 85260	29926	29909		
29926 29926 60047 60047 99483 21403 40383 40383 85260	79926	28539		
29926 29926 60047 60047 29483 21403 40383 40383 85260 19940	29926	29909		
60047 29483 21403 40383 40383 85260 19940	29938			
60047 29483 21403 40383 40383 85260 19940	29926			I. II.
60047 29483 21403 40383 40383 85260 19940	29926			
Q9483 21403 40383 40383 85260 19940	,			
2/403 40383 40383 85260 19940				
40383 40383 85260 19940	24483			
95260 19940	21903			
19940	40383			
19940	96383			
	19940	4		
22701	70701			

Daily Log	Smith	Date://_	19
Gallery Shift Time: 10 -4:21	D		
	eption		
Gallery Attendance:			
Daytime: The total number of tally marks should be eq Pre-shows & Receptions: Use the clicker, no zip codes of	ual to the total zip codes below. rre required.		- 0.2
+ MHHH HI THE	52		Total:
Customer Zip Code Tracker:			
29926			
29926			
13326			
1332.6			
28214			
28214			
29926			
29909			
29926			
31322			
31322			
29926			
29924			
46176			1.41
46176			
29910			
2.9910			
46176			
42176			
14 (1 - 1	4 4 4		

allery Shift Time:	12-4			
ay Shift Pre-Sho	w Reception	on 🔲		
Ilery Attendance: ytime: The total number of tally	marks should be sevel to			
e-shows & Receptions: Use the cl	icker, no zip codes are real	uired.	/.	Total:
HT IH JH	11.1			1,014
	112			
stomer Zip Code Tracl	ker:			
29841				
29841				
06069				
06269				
06269				
010237				
10573				
10513				
10552				
337.85				
29928				
24.928				
29928				
21617				
137743				
2377H3 29926				
2 80 901				

Daily Log	Calder	Date:	21/22
ame:(Gallery Shift-Time:(2 - U	*	
Day Shift Pre-Show	Reception		
allery Attendance: Daytime: The total number of tally mare tre-shows & Receptions: Use the clicker	ks should be equal to the total zip r, no zip codes are required.	codes below.	Total:
ustomer Zip Code Tracker			
2926	29926		
30509			
30809			
29926			
29926			
29926			
29928			
29926			
29926	/		
76134	Post	Macres	
76.134 24910		McGreeny 7	15
29910	770590	7055	
32163			
32163			
29938			
29978			
29910			
29910			
29921.			

Daily Log		Date: 1 /	12/22
Name: 4nds	i Caulder	54tc. <u>1</u>	
Gallery Shift, Time:	0-4		
Day Shift Pre-Show	☐ Reception ☐		
Gallery Attendance:			
Daytime: The total number of tally mo Pre-shows & Receptions: Use the click	arks should be equal to the total zip codes beer, no zip codes are required.	pelow.	Total:
HIMITH	HI 1111		(24)
Customer Zip Code Tracke	er:	ĭ	
29926	29909		
29928	29909		
29928	29928		
30041	29928		-7
30041			
30041			
30091			
26/26			
36934			
06830			
3997			
29926			
29924 29926 29926			
45211 45211			
29970			
0 6 6117			
29579 30009			
29570			
30009			

Daily Log	0	Date:	23/22
Name: WMdSi	Caulder	.,	,
Gallery Shift Time:	-4		
Day Shift Pre-Show	Reception		
Gallery Attendance:			
Daytime: The total number of tally me Pre-shows & Receptions: Use the click		codes below.	12.53
IM IM I	HMI		Total:
Customer Zip Code Tracke			
29926	29455		
29926	29928		
29978			
29928			
79978			
79978			
72581			
30214			
29910			
29910			
29928			
29928			
29486			
27784. 29585 29585			
29585			
29585			
29926			
30161			
79910			
29910 29455			

Daily Log	1 & 1000	Date: 11 - 23	-2022
	1		
Gallery Shift Time: 10-			
Day Shift Pre-Sho	w Reception		
Pre-shows & Receptions: Use the cli		elow.	Total:
HT IHT J	H HH 111		(23)
Customer Zip Code Track	ker:		
29928	29928		
29928	29988		
22701	29928		
22701			
29926			
30338			
30082			the same of the sa
29926			2 .
29926			
20010	41		
07052	_\y		
U2448			
W2448			
31008			
31008			
31008			
29910			
29910			7
34104			
30100			

Daily Log /	Dat	e: 11/26/22
Vame: XMA Y	inh	
Gallery Shift Time: 10-4		
Day Shift Pre-Show Reception	on 🔲	
Gallery Attendance:		
Daytime: The total number of tally marks should be equal to Pre-shows & Receptions: Use the clicker, no zip codes are req	the total zip codes below. uired.	+.10
WHY HIM IE		Total:
177		22
Customer Zip Code Tracker:		
299240		
29904		
29909		
29 909		
299.10		
29928 X3		
(211)95 x2		
31405	4 -	
29926		
25474		
29924		<u> </u>
29928		
291.08		
29926		
2926		
29926		
29019		
29909		
71101		

Vame:	mith.	ate: 11/27/22
Day Shift Pre-Show Reception	on 🔲	
Gallery Attendance:		
Daytime: The total number of tally marks should be equal to to Pre-shows & Receptions: Use the clicker, no zip codes are required.	he total zip codes below. uired.	Total:
Customer Zip Code Tracker:		
29910		
29910		
29909		
29909		
29926		
29926		
29928		
27713		-
27713		
29928		
27713 29928 29928		
60613		
Leb 6 13		
28010		
94087		

Name:		
Sallery Shift Time:		
Day Shift Pre-Show Receptio	n 🗀	
allery Attendance: Daytime: The total number of tally marks should be equal to the	o total zin codes helevy	
Pre-shows & Receptions: Use the clicker, no zip codes are requ	red.	Total:
IH HH HH HI		
ustomer Zip Code Tracker:		
02835		
29910		(e)
29910		
30319		
30319		
29926		
29928		
29926.		
29928		
29928		
29926		
31211		
29928		
29803		
29803		
39582		
19582		
29582		
29582		
700 000		

Dellastan		Date: 11/2	9/22
Daily Log		Date:	1122
Name: 14 riste		1	
Gallery Shift Time:	-3:20 3:	20-4	
Day Shift Pre-Show	Reception		
Gallery Attendance:			
Daytime: The total number of tally m Pre-shows & Receptions: Use the click	arks should be equal to the total zip codes ker, no zip codes are required.	below.	Tatali
II HIT IM			Total:
manne 11			12
Customer Zip Code Tracke	er:		
01390			
29909			
29909			
29928			
79926			×
29976			-
29928			
29910			
16823			
29704			
LTP-3MLQ-	1		
16823 29704 LTP-3MU- LTP-3MU			

Daily Log	Date:	11.30.2022
Name: Amu,	Knisten	
Gallery Shift Time: 10amu	1230-4	
Day Shift Pre-Show Reception		
Gallery Attendance:		
Daytime: The total number of tally marks should be equal to the tot Pre-shows & Receptions: Use the clicker, no zip codes are required.	al zip codes below.	Total:
HH IHI JHT		15
Customer Zip Code Tracker:		
19044		
19064		
29926		
29910		
29928		
29928.		
NAPAXO		
Mary		2
23302		F
27302 27302 27101 27809 45036		
23 10		
99 101		
27809		
45036		

Daily Log				Date: 12°	1.2022
Name: 15	ten	, ar	ny	Date.	
Gallery Shift Time:	0-300	3:7	28-4		
Day Shift Pre-S	Show Re	eception	,		
Gallery Attendance:					
Daytime: The total number of t Pre-shows & Receptions: Use th	ally marks should be ne clicker, no zip code	equal to the total zip o	codes below.		
HT WH III		4		~	Total:
	-				1'3
Customer Zip Code Tra	acker:				
29928					
29466					
29466	1 1 5				
29938					
: 2998					
48439					
48439					
29566			1		
29566					
29928					
53076 53090					
53090					
29978	12				*
0.					

Daily Log		Date:	3 3 33
Name: AMV	loan	1 to Apm	
Gallery Shift Time:		10 19111	
Day Shift Pre-Sho	ow Reception		
Gallery Attendance:			
Daytime: The total number of tally	marks should be equal to the total zip co	odes below,	
Pre-shows & Receptions: Use the c	ilcker, no zip codes are required.		Total:
mi m	### 1111		23
Customer Zip Code Trac	ker:		
15011	29923		
80127	29928		
22152	29928		
341009	1,100		
34609			
341009			
29928			
19BIHU			
45424			
105624			
29910			
29910.			17
29910			
98864.			
23454.			
29909.			
29909			
29909			
45254	1		
20028			

Daily Log		Date: 1913	3/32
Name:	no on	ith	
Gallery Shift Time:	10-4		
Day Shift Pre-Show	w Reception		
Gallery Attendance:			
Pre-snows & Receptions: Use the cli	marks should be equal to the total zip cker, no zip codes are required.	codes below.	
HH HH, HH,	HIM		Total:
		18.0	25
Customer Zip Code Track	er:		194 S
29910	29455		
29910	29455		
08721	31411		
18221	29935		
29910	08221		
G353K	V 20./		
97534			
29927			
29935			
19103			- 1
84297			
314 ///			
31411			
3/4/1			
19928			
29928			
29928			
29412			
29412 29412 29455			
29455			

Total:
Total:
Total:
Total:
*
9
10 2

Daily Log Name: Lynds: Caulder	Date:	12/5/22
Gallery Shift Time:		
Day Shift Pre-Show Reception		
allery Attendance:		
Daytime: The total number of tally marks should be equal to the Pre-shows & Receptions: Use the clicker, no zip codes are required.	total zip codes below d.	Total:
ustomer Zip Code Tracker:		
29926		
29928		
49166		
49090		
11757		
11757		
29910		
29910		
52241		
52241 29926		
37191		
26253		
11223		14
11726		
06902		
29938		
29928 29928		
29928		

Daily Log	Candala	Date: 12/6	,/23
11 10.	Caulder		
Gallery Shift Time:	- 7		
Day Shift Pre-Show	Reception		
Gallery Attendance: Daytime: The total number of tally marks should	d be equal to the total zip codes below.		
Pre-shows & Receptions: Use the clicker, no zip	codes are required.		Total:
MM W	.\\(l		19
Customer Zip Code Tracker:			
29672			
29928		- 111	
29926			-1
06250			
06250			
29926			
29926			
30092			
30092			
30157			
30152			
17011.			
1101			
78911			
3/601			
23455			
23455			
29925			
2(12)			

Daily Log	Date:	December 7,
Name: amy	, Kristen , Ri	uan 2022
Gallery Shift Time: 10 - 13:19	5 12:15-4 5	30-730
Day Shift ☑ Pre-Show ☑ Red	ception	
Gallery Attendance:		
Daytime: The total number of tally marks should be en Pre-shows & Receptions: Use the clicker, no zip codes	are required.	Total:
H H +	56 Pre-show	
Customer Zip Code Tracker:		66
29928		00
29924		
29936		
29976		
7 399 36		
29926		
29998		
29928		
29926 > 1100cu		
7 11959		

Daily Log		Date: 1218	3/22
Vame: Lydia	(Ryan	PS)	
Gallery Shift Time: 10-4			
Day Shift Pre-Show	Reception		
Gallery Attendance: Daytime: The total number of tally marks should	be equal to the total zip codes below.		1 00
Pre-shows & Receptions: Use the clicker, no zip co	odes are required.		Total:
Customer Zip Code Tracker:			S8 tota]
29926			
48220			
48/10			
4811.0			
27021			
281131			
39910			
29938			
79918			
29936			de
39928			
29976			

Daily Log	. / RV2	n_	Date:/	149/12
allery Shift Time: ay Shift Pre-Show allery Attendance: aytime: The total number of tally more-shows & Receptions: Use the click	rks should be equal to the total zip c	odes below.	nA	I.R
		96	20	Total:
ustomer Zip Code Tracke	er:	1	1	
77705	79909)		
279:26	17909			
2496	18461			
19950	70/ 80 366 XX			
2964	84192.			
29409	SUNGS			
29958	29926			
29938	29988			
19938	01.00			
18705				
28705				N. T
29926				.9
09936				
3992e				
29909				
39909				
				in the second second

Gallery Shift Time:/ Day Shift☑ Pre-Sho	O – Ϥ w ☑ Reception □	Ryo	n (Pre-Show)
Gallery Attendance:	Pro	Show	PS
Daytime: The total number of tally Pre-shows & Receptions: Use the cl	marks should be equal to the total zip e icker, no zip codes are required.	endes below.	Total:
Customer Zip Code Trac	ver: PreShow		
29928			
21502			
24978			
29909			
299.09			
			-
	4		143

aily Log ame: allery Shift Time ay Shift F	e: 12-4 Pre-Show. Receptio	nith	
allery Attendanc	,	ne total zip codes below.	Total: 55
stomer Zip Coo	le Tracker:		

Daily Log Name:	Chojnacki	Date: _/an	2-12-22
Day Shift Pre-Show	Reception		
allery Attendance:			
aytime: The total number of tally mar re-shows & Receptions: Use the clicker		des below.	Total:
		74	22
ustomer Zip Code Tracker	•		
1820.2	29938		
5181:2	39988		
299.09			
49635			
49635			
299.2c			
29909			
29926			
36324			
28019			÷
28019			
3/40/			
799 J8			
2994			
19938			
29938 49.426 49.208 29.203 29988			
44.708			
29.292			
19928			

Name: Sydia					
Gallery Shift/Time:					
Day Shift Pre-Show Reception					
Ballery Attendance: Daytime: The total number of tally marks should be equal to the total zip cooperershows & Receptions: Use the clicker, no zip codes are required.	des below.	Total:			
ustomer Zip Code Tracker:					
314/1.					
29921					
29927					
3141					
29926					
29938		_ +			
2988					
23454					
29978					
71101					
31563					
21562					
		_			

Name:	Lydia	1 RVZ	e: 12.14.22
Gallery Shift Time:		,	
Day Shift Pre-Sh	ow X Reception		
/ Gallery Attendance:	()		
Daytime: The total number of tally Pre-shows & Receptions: Use the o	narks should be equal to the total ilicker, no zip codes are required.	zip codes below.	Total: \$8
Customer Zip Code Trac	ker:		9
29909	22926		
39909			
19701.			
19701			
29915			
29938			
19926			
29928			
15061			
15061 49 108 333 24 34986 299 34 299 34			
33324			
34986			
29924			
19938			
39978			
29978			
29926			
29918			
79976			
29938			

,
*
Total:
(17
43
1
1
+
-

Daily Log	Ì	Date: 16	2-16-22
Name: Judia	i Pu	an James	
0 = 1 / 0			1'01
Gallery Shift Time: Day Shift Pre-Show Re	acontion \square	2.80-1	. 30
	eception		
Gallery Attendance: Daytime: The total number of tally marks should be	equal to the total zip codes belo	ow.	
Pre-shows & Receptions: Use the clicker, no zip code	s are required.		Total:
20	182/DR	(8HOW)	12
	1.000		10
Customer Zip Code Tracker:			
08736			
39926			*
28271		-	
28277			
29909			
29909			
29926			
29909.			
29909			
29989			
99909			
29938			
75024			
2/1/20			
39910			
40241			
55473			
Lianu			
19938			
29938			
0 1-10			

Name: Gallery Shift Time:	n - 4	1	9101
Day Shift ☐ Pre-Sh	OW December		
	now Reception	_	
Gallery Attendance: Daytime: The total number of tal	lly marks should be equal to the	total zip codes below.	
Pre-shows & Receptions: Use the	clicker, no zip codes are require	d A	Total:
IM	/	Pre-Show	pm
		20	(60
Customer Zip Code Tra	cker:		
00100			
60107			
80137			
29926			
2992Ce			-
29928			
29909	4.17		- L

Name:	Leva	
Gallery Shift Time:	2-4	
Day Shift Pre-Short	Reception Pre Show	\$ 5450 - Except Mines
Gallery Attendance: Daytime: The total number of tally in the Pre-shows & Receptions: Use the cli	narks should be equal to the total zip codes below.	Total:
Customer Zip Code Track	ser: 2 All Sales F	Pre Show Marine
•		
2		

b.

ame: Shift Vime:)	
allery Skill Time.		
y Shift Pre-Show Rec	eption 🔲	
allery Attendance: nytime: The total number of tally marks should be equivershows & Receptions: Use the clicker, no zip codes a	ual to the total zip codes below. are required.	Total:
ustomer Zip Code Tracker:		
29920		
29938		
29988		
62711		
63011		
13711		
20010		4
h9938		1
20621		
29926		
43/23		
29938		
79909		
11/168		
79988		
11768		
29928		
29 5 88). I	

Daily Log	Date: 12-20-20
Name: Amy Wer	rman-Jones & /Rym
Gallery Shift Time:	
Day Shift Pre-Show Reception	on L
Gallery Attendance: Daytime: The total number of tally marks should be equal to the same of tally marks should be equal to the same of tally marks should be equal to the same of tally marks should be equal to the same of tally marks should be equal to the same of tally marks should be equal to the same of tally marks should be equal to the same of tally marks should be equal to the same of tally marks should be equal to the same of tally marks should be equal to the same of tally marks.	the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are requ	ruired.
11111111	Estal DEgan
Customer Zip Code Tracker:	V.
29928	
29928	
29928.	
29928	
29928	
29909	
29910	
29910	12:
29910	
29910	
46101	
29938	
29938	
4	

Daily Log	Date: 12-21-22	
Name: amy wehrman.	- gones / Sydia	
Gallery Shift Time: 10am -		-
Day Shift Pre-Show Reception		
Gallery Attendance:		
Daytime: The total number of tally marks should be equal to the total zip of Pre-shows & Receptions: Use the clicker, no zip codes are required.	codes below.	1:
JH+ JH+ JH+ J	(32)	
Customer Zip Code Tracker:		
29909, 29906		
29928		
29926		
60462		
1 60462		
3478Ce		4.
3A780		
34786		
29926 "		
29900.		
48516		
108510		
29938		
44202		
19123		
34 101		
51 141		
00000		
29928		
29986		

Name: AMW Welvman - Jones Superior Gallery Shift Time: Pre-Show Reception Gallery Attendance: Doystime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes are required. Well Show Total: Total: Total: Well Show Tot	Daily Log	Date: 12.22.22
Day Shift Pre-Show Reception Callery Attendance: Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes are required. Customer Zip Code Tracker: 299 09 299 10 299 30 299 30 299 30 299 30 299 30 299 30 299 30 299 30 299 30	Name: amy Wehrman	-Jones Lydia
Gallery Attendance: Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes are required. Customer Zip Code Tracker: 29999 29990 29990 29990 29990 29990 29990 29990	Gallery Shift Time:	The Show
Doytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes are required. Customer Zip Code Tracker: 29909 39910 39900 39900 39900 39900 39900 39900 39900 39900 39900 39900 39900	Day Shift Pre-Show Reception	
29909 29910 29904 29904 29928 85710	Daytime: The total number of tally marks should be equal to the total	// 0:
29909 29909 29904 29904 29904 29909 299000 299000 299000 299000 299000 299000 299000 299000 299000 299000 299000 299000 299000 299000 299000 299000 2990000 2990000 299000 299000 299000 299000 299000 299000 2990000	Customer Zip Code Tracker:	
39910 39930 29930 29930 29930 39710 85710	29909	
39910 39930 29930 29930 85710 85710	29909	
29984 29928 85710 85710	29910	
29928 85710 85710	29986	
85710	29900	
85710	86710	
	8570	1-1
	05/10	3

Daily Log Date: Dec. 23, 2023 Name:					
Day Shift Pre-Show Reception					
Ballery Attendance: Daytime: The total number of tally ma Pre-shows & Receptions: Use the clicke Day Preshow 3	rks should be equal to the r, no zip codes are require	total zip codes below. d. erc:Showe F	7:30	Total:	
Customer Zip Code Tracke	r:				
29910					
29928					
29926					
60615					
29926			-		
29928					
29928				- A-	

Daily Log		Date: 12 0	14/22
Name: Gina	·		
Gallery Shift Time: 10 -			
Day Shift Pre-Show	Reception		
Sallery Attendance: Daytime: The total number of tally mark Pre-shows & Receptions: Use the clicker,	s should be equal to the total zip codes below , no zip codes are required.	w.	Total:
Customer Zip Code Tracker	:		
29928			
29928			
29928			
7			

Daily Log		Date: 121	126/22
Name: Lynds: Cauld	9/	Date:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1/2-4			
Gallery Shift Time: Rec	eption		
Gallery Attendance:			
Daytime: The total number of tally marks should be eq Pre-shows & Receptions: Use the clicker, no zip codes			Tetal
#11			(8)
Customer Zip Code Tracker:			
49423			
49423			
44212			
44212			
55076			
550/6			
79970			
16910			

Daily Log Name: Gallery Shift Time: Day Shift Pre-Show Gallery Attendance: Daytime: The total number of tally marks show Pre-shows & Receptions: Use the clicker, no zince.		1) Total:
JHK ILK	(83)	pre sour
Customer Zip Code Tracker:		
29928. 29926 20859:		
20854 29201 29201		
71071:		

Daily Log		Date: 12/28/22
Name: Umdo Cauld Gallery Shift Time: 10-4		MG Gyem
Gallery Shift Time:		530-730
	eption	
Gallery Attendance:		
Pre-shows & Receptions: Use the clicker, no zip codes a		Total:
11 11 11	prashow	
Customer Zip Code Tracker:		
29926		
49855		
27312		
29910		
29910		
03227		
03272		
29978		
37978		
01011,		
37415		
19958		î
199 58		
14100		
4		

.

H 1111 (pre)	r P∂
Gallery Shift Time: Day Shift Pre-Show Reception Gallery Attendance: Daytime: The total number of tally marks should be equal to the total zip-codes below. Pre-shows & Receptions: Use the clicker, no zip codes are required. Pre-Shows & Receptions: Use the clicker, no zip codes are required. Day 10 Day 10 Day Shift Pre-Show Reception Rec	DO .
Cay Shift Reception Reception Reception Reception Reception Reception Reception Reception Receptions: The total number of tally marks should be equal to the total zip-codes below. Pre-shows & Receptions: Use the clicker, np zip codes are required. The show Receptions: The total number of tally marks should be equal to the total zip-codes below. Pre-shows & Receptions: Use the clicker, np zip codes are required. The show Receptions: The total number of tally marks should be equal to the total zip-codes below. Pre-shows & Receptions: Use the clicker, np zip codes are required. The show Receptions: The total number of tally marks should be equal to the total zip-codes below. Pre-shows & Receptions: Use the clicker, np zip codes are required. Pre-shows & Receptions: The show Receptions: The total zip-codes below. Pre-shows & Receptions & Receptions & Receptions & R	
Daytime: The total number of tally marks should be equal to the total zip-codes below. Pre-shows & Receptions: Use the clicker, no zip codes are required. Pre-shows & Receptions: Use the clicker, no zip codes are required. Pre-shows & Receptions: Use the clicker, no zip codes are required. Pre-shows & Receptions: Use the clicker, no zip codes are required. Pre-shows & Receptions: Use the clicker, no zip codes are required. Pre-shows & Receptions: Use the clicker, no zip codes are required. Pre-shows & Receptions: Use the clicker, no zip codes are required. Pre-shows & Receptions: Use the clicker, no zip codes are required. Pre-shows & Receptions: Use the clicker, no zip codes are required. Pre-shows & Receptions: Use the clicker, no zip codes are required.	
Customer Zip Code Tracker: 29910 28 D0	
28/DO	Total:
28 DO	
28/20	
28120	
2 -	
28120	
28120	
28120	
29910	
29910.	
29910	
29926	1
29926	
60525	
60525	

Daily Log	Date: 12/30/22	
Name: Upas: Cadote	C30730	
Gallery Shift/Time:	- Avaluation	-
Day Shift Pre-Show Reception	on (Nolynteer)	
Gallery Attendance: Daytime: The total number of tally marks should be equal to	the total zip codes below.	F
Pre-shows & Receptions: Use the clicker, no zip codes are req		-
HITTH MI	1 HI THAT IS	7
(13)	1111 (16) 17	_
Customer Zip Code Tracker:		
29926		
29910		
29926		
29926		
20008		
29910		
29910		
29910		
29910		
29910		
29926		
29928		
29909		
27403		
27403		
29926		

Name:	otion	
allery Attendance: Daytime: The total number of tally marks should be equal bre-shows & Receptions: Use the clicker, no zip codes are	to the total zip codes below.	Total:
Sustomer Zip Code Tracker:		
28609 28609 29910		

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

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

Art League of Hilton Head Profit & Loss January through June 2023

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

Art League of Hilton Head Profit & Loss

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

9:37 AM 08/29/23 Accrual Basis

Art League of Hilton Head Profit & Loss

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

Art League of Hilton Head Profit & Loss

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

11:31 AM 08/21/23 Accrual Basis

Art League of Hilton Head Profit & Loss

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

1:02 PM	Art League of Hilton Head
08/29/23 Accrual Basis	Balance Sheet
Acciual Basis	As of June 30, 2023
	Jun 30, 23
ASSETS	
Current Assets	
Checking/Savings	137,388.01
Accounts Receivable	11,491.95
Other Current Assets	
Prepaid Annual Marketin	
Prepaid Postage	1,286.26
Undeposited Funds	2,173.83
Total Other Current Assets	4,659.33
Total Current Assets	153,539.29
Fixed Assets	2,888.55
Other Assets	2,500.00
TOTAL ASSETS	158,927.84
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	12,391.47
Credit Cards	1,006.95
Other Current Liabilities	
Gift Certificates	2,918.00
Tuition Paid in Advan	ce 6,259.00
Total Other Current Liab	9,177.00
Total Current Liabilities	22,575.42
Total Liabilities	22,575.42
Equity	
Restricted Funds	1,530.00
Unrestricted Net Assets	118,971.86
Net Income	15,850.56
Total Equity	136,352.42
TOTAL LIABILITIES & EQUITY	158,927.84

9:34 AM 08/29/23	Art League of Hilton Head Balance Sheet
Accrual Basis	As of December 31, 2022
	Dec 31, 22
ASSETS	
Current Assets	
Checking/Savings	163,047.08
Accounts Receivable	7,242.85
Other Current Assets	
Prepaid Annual Marketing	g 3,507.00
Prepaid Postage	1,624.47
Total Other Current Assets	5,131.47
Total Current Assets	175,421.40
Fixed Assets	2,888.55
Other Assets	2,500.00
TOTAL ASSETS	180,809.95
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	16,151.86
Credit Cards	285.38
Other Current Liabilities	
Gift Certificates	2,315.00
Prepaid Membership I	Fees 29,145.00
Sales Tax Payable	952.85
Tuition Paid in Advand	ce 12,188.00
Total Other Current Liabi	lities 44,600.85
Total Current Liabilities	61,038.09
Total Liabilities	61,038.09
Equity	
Restricted Funds	800.00
Unrestricted Net Assets	121,153.28
Net Income	-2,181.42
Total Equity	119,771.86

180,809.95

TOTAL LIABILITIES & EQUITY

11:34 AM 08/21/23 Accrual Basis	Art League of Hilton Head Balance Sheet As of December 31, 2021 Dec 31, 21
ASSETS	
Current Assets	
Checking/Savings	127,580.67
Accounts Receivable	30,550.43
Other Current Assets	
Prepaid Postage	1,862.70
Undeposited Funds	13,478.12
Total Other Current Assets	15,340.82
Total Current Assets	173,471.92
Fixed Assets	1,007.41
Other Assets	2,500.00
TOTAL ASSETS	176,979.33
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	11,955.17
Credit Cards	61.18
Other Current Liabilities	
Gift Certificates	1,503.00
Prepaid Fees & Dues	28,645.00
Rental Deposits	500.00
Unearned Tuition	11,119.00
Total Other Current Liabi	lities 41,767.00
Total Current Liabilities	53,783.35
Total Liabilities	53,783.35
Equity	
Restricted Funds	2,042.70
Unrestricted Net Assets	87,208.96
Net Income	33,944.32
Total Equity	123,195.98
TOTAL LIABILITIES & EQUITY	176,979.33

, Form 990

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

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

OMB No. 1545-0047 2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the 2022,	calendar year, or tax year beginning	, and ending		_						
В	Check if applicable:	C Name of organization			D Employe	r identification number					
	Address change	ART LEAGU									
	Name change	Doing business as			7 57-1061135						
1			Number and street (or P.O. box if mail is not delivered to street address) Room/suite								
	Initial return	P.O. BOX 22834 City or town, state or province, country, and ZIP or	food a contact and		843-	681-5060					
L	Final return/ terminated										
	Amended return	HILTON HEAD ISLAND	SC 29925		G Gross red	eipts \$ 577,879					
-		F Name and address of principal officer:		III-> le this e e	roup return for s	subordinates? Yes X No					
	Application pending	JUDY BLAHUT		H(a) IS IIIIS a g	roup return for s						
		67 OUTPOST LANE		H(b) Are all su	ubordinates incl	luded? Yes No					
_		HILTON HEAD ISLAND	SC 29928	If "No	o," attach a list.	See instructions					
1	Tax-exempt status:	X 501(c)(3) 501(c) () (ir	nsert no.) 4947(a)(1) or 527								
J	Website:	WW.ARTLEAGUEHHI.ORG		H(c) Group ex	emption number	er					
ĸ	Form of organization	X Corporation Trust Association	Other	L Year of formation:		M State of legal domicile: SC					
F	Part I S	ummary		•		1					
		escribe the organization's mission or most	significant activities:								
a		EDUCATION AND PROMOTION									
ü	1.51.00.000.000.00		**************************************								
ra a	25	MOST and the of the perfect between the property of the perfect of	**************************************			(0.000)(0.000)(0.000)					
Activities & Governance	2 Check th	if the organization discontinue	ed its operations or disposed of more than	25% of its not asso	te						
ŏ						18					
≪ර ග	3 Number	of voting members of the governing body ((Part VI, line Ta)		3	18					
ţį	4 Number	of independent voting members of the gov	verning body (Part VI, line 1b)		4						
Ęï		mber of individuals employed in calendar y				5					
Ac		mber of volunteers (estimate if necessary)			6	70					
	1	related business revenue from Part VIII, co			7a	0					
_	b Net unre	lated business taxable income from Form	990-T, Part I, line 11		7b	0					
				Prior Ye		Current Year					
ne	8 Contribu	tions and grants (Part VIII, line 1h)		21	2,854	219,117					
Revenue		service revenue (Part VIII, line 2g)		21	7,051	358,708					
Sev.		ent income (Part VIII, column (A), lines 3, 4			113	54					
-		venue (Part VIII, column (A), lines 5, 6d, 8d				0					
	12 Total rev	renue – add lines 8 through 11 (must equa	l Part VIII, column (A), line 12)	49	0,018						
	13 Grants a	nd similar amounts paid (Part IX, column ((A), lines 1-3)		2,000	2,150					
		paid to or for members (Part IX, column (A				0					
S	15 Salaries	other compensation, employee benefits (F	Part IX, column (A), lines 5-10)	12	8,454	132,286					
Expenses		onal fundraising fees (Part IX, column (A),	line 11e)			0					
g	b Total fur	draising expenses (Part IX, column (D), lin	ne 25) 10,583								
Ω	17 Otherex	penses (Part IX, column (A), lines 11a-11	d, 11f–24e)	29	7,794	445,624					
		penses. Add lines 13–17 (must equal Part		42	8,248	580,060					
	19 Revenue	e less expenses. Subtract line 18 from line		6	1,770	-2,181					
200	g	4		Beginning of Cu	urrent Year	End of Year					
sets	20 Total as	sets (Part X, line 16)		17	6,979	180,810					
As	21 Total lial	pilities (Part X, line 26)	1.000	5	2,871	61,038					
Net Assets or	22 Net asse	ets or fund balances. Subtract line 21 from	line 20	12	4,108	119,772					
		gnature Block	- And the second of the second								
U	Inder penalties of	perjury, I declare that I have examined this retu	ırn, including accompanying schedules and sta	itements, and to the be	est of my kno	wledge and belief, it is					
tr	ue, correct, and o	complete. Declaration of preparer (other than off	ficer) is based on all information of which prepa	arer has any knowledg	je.						
Sig	Signatur	e of officer			Date	9					
He		Y BLAHUT	PRESIDEN	т							
	_	print name and title									
_		pe preparer's name	Preparer's signature	Date	Check	if PTIN					
Pai	14				1/23 self-en	LJ"					
_	narer	N JUNE, CPA JUNECPA	MARK N JUNE, CPA			20-4046229					
	e Only		r		Firm's EIN	20 3040229					
J31	.	99 MAIN STREET				843-842-6500					
1/1-	Firm's a	ddress HILTON HEAD IS so this return with the preparer shown above	,		Phone no.	r					
	•	is this return with the preparer shown above			F-6-6-6-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-	Yes No					

orm 990 (2022) ART LEAGUE OF		57-1061135	Page 2
Part III Statement of Program	Service Accomplishments	1-451- B-400	A
Briefly describe the organization's mission	ntains a response or note to any line	e in this Part III	
ARTS EDUCATION AND PRO	OMOTION.		
***************************************	*0.3*00 FOR (0.00) (0.00) (0.00)	***************************************	*****************
0.11210.005050500000000000000			*************
A 1 2 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
2 Did the organization undertake any signif	icant program services during the year whic	h were not listed on the	
prior Form 990 or 990-EZ? If "Yes," describe these new services on the services of the servic	= cr(+)cr=cr(-cristian) continue tropological continue tropologica	(w-v,) (x)) (x) (x) (x) (x) (x) (x) (x) (x) (Yes X No
	r make significant changes in how it conduc	to only program	
services?			Yes X No
If "Yes," describe these changes on Sche	edule O.	00.000000000000000000000000000000000000	Tes 22 No
4 Describe the organization's program serv	ice accomplishments for each of its three la	rgest program services, as measured by	
expenses. Section 501(c)(3) and 501(c)(4	4) organizations are required to report the ar	nount of grants and allocations to others,	
the total expenses, and revenue, if any, for	or each program service reported.		
4a (Code:) (Expenses \$	511,191 including grants of \$	2,150) (Revenue \$	358,708
ART ACADEMY - OFFERS V PURPOSE IS TO NOT ONLY SPECIAL EVENTS - PROVI RENTAL ETC.	EDUCATE BUT TO DEVEL	O THE GENERAL PUBLIC. (OP TALENT. SPECIAL EVENTS, LECTURE)	THE S, SPACE
		***************************************	erreeri)(11)(11)(11)
#	(1)((+)(x)(+)(x)(++x)(m)(k)(+)(44444 costow),4,7w(+,4m++,4m)		(x (30 x (3) (x (0)), (s) (d) (d) (d)
The transfer of the paper on the party of the paper.			********
Yellestestestestestestestestestestestesteste	***************************************	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
The state of the s			**************************************
4b (Code:) (Expenses \$	including grants of \$) (Revenue \$	
N/A	*****************************		
***************************************	***************************************	C++X+++++++ -C++ +C++X+++X+++X+++X+++X++++++++++	
(A) I I E A COLLEGE AND A COLL	***********************************	*************************************	
**************************************			. + + + 5 + 10 x 1 x 10 x X x + 4 X X + 4 X X +
***************************************	***************************************	***************************************	***********
*******************************			****************
**************************************	********************************		**************
111111111111111111111111111111111111111	*********************************		
1.000	***********************************	(******************
			(+ + × + + + × + + + + + + + + + + + + +
4c (Code:) (Expenses \$ N/A	including grants of \$) (Revenue \$	
N/A	\$ 11 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1		*************
X(*;;;*);(;);(;);(;);(;);(;);(;);(;);(;);	tratta dita sista da ta mendida de la composita de la composit	900 500 101 E01 E01 E01 E01 E01 E01 E01 E01 E	
Y C+ 0200+020(+2400+000010,000+141+1+1+1+1+1+1+1+1+1+1+1+1+1+1+1+1+	**************************************		
	S250111134111411414141414141414141414444444	***************************************	
-1845			Chicarina and a second
0.0000000000000000000000000000000000000	***************************************		
010110101010101010101010101010101010		151 (1211) (1.1744) 24.4.24.4.284.284.284.284.284.284.284.28	
19404-0405-050-060-060-060-060-060-060-060-060-0) * + + > * + 1 (* * * +) * * (*) * * (*) * * (*) * * (*) *	
	V = 1 C + 2 C + 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4 +		
**************************************		*******	1 (201) 201 (201) = (100)
d Other program services (Describe on Scho	edule O.)		
(Expenses \$	including grants of \$) (Revenue \$)
4e Total program service expenses	511,191		

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

	Checklist of Required Schedules (continued)				Yes	s No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individual	als on			168	, INC
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	ni re ni	***	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 compensate employees? If "Yes," complete Schedule J	ed		11		
242			Service contra	23		X
- 10	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 line through 24d and complete Schedule K. If "No," go to line 25a	es 24	Ь	W.		100
b	Did the organization invest any proceeds of the average hands have a	Teer re	11 165165	24a	1	X
C	and the state of t	(400,000	ere to to a to a	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the to defease any tax-exempt bonds?	year			1	
d	A SAN TO A STATE OF THE PROPERTY OF THE PROPER		*** 1 1 1 1	24c		+
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess	19-2-3	Sec. 1 100 1 100 1 100 1	24d		-
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	ss ber	netit	32.5		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in		(4) (4) (4)	25a	-	X
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 99	a pric	or O		1	
	If "Yes," complete Schedule L, Part I	9U-EZ	f	land.		1
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any	CULTO	nt	25b	-	X
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	curre	nic.			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			200		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, truste	e ke	,	26	-	- 1
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	o, ney				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	e				1
	persons? If "Yes," complete Schedule L, Part III	_		27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Sched	lule L.				-
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):					
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributo	r? 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	10011		28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	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	e M		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	d		1155,18081		
	conservation contributions? If "Yes," complete Schedule M			30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedul	le N, F	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			1		
•••	complete Schedule N, Part II			32	+-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regul	lations	S			
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		r)r	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II	1, 111,		- +		-
35a	or IV, and Part V, line 1	0 - 100		34		X
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	×-00		35a		X
U	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a					
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			35b		
00	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	9		100		
37		egruo		36		X
**	Did the organization conduct more than 5% of its activities through an entity that is not a related organizand that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Pa	ation		111	1000	0
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11	irt VI	·	37	_	X
	19? Note: All Form 990 filers are required to complete Schedule O.	ib and	1	1 44	*	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			38	X	
	Check if Schedule O contains a response or note to any line in this Part V					
	The state of the s	Link to			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	50		163	,40
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			4.		37

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 b 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. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? X 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O b 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? X 15

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities

16

17

X

16

17

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

If "Yes," complete Form 6069.

Form 990 (2022) ART LEAGUE OF HILTON HEAD INC. 57-1061135 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" 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 Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 18 1a 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. Enter the number of voting members included on line 1a, above, who are independent 18 1b 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 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? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? x 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? X 6 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? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 86 X 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? x 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X 12c 13 Did the organization have a written whistleblower policy? X 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)

17	List the states with which a copy of this Form 990 is required to be filed	SC
----	--	----

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

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

JANICE GRAY

HILTON HEAD ISLAND

1 SUSSEX LANE

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

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

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

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

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

(A) Name and title	(B) Average hours per week	bo	x, unl	Po: check ess p	erson	than one is both an or/trustee)	(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(1) LOUANNE BARRETT	17-19-	1			T					
	3.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(2) PAT BATTEN PAST - PRESIDENT	1.00			ľ	N					
(3) MARIA BERLINER	0.00	X		-			0	0	0	
(3)MAKIA DEKLINEK	1.00	Kli		ķΠ						
MEMBER-AT-LARGE	0.00	X		14			0	0	0	
(4) JUDY BLAHUT	3.00					71.7				
PRESIDENT	0.00	X	+-	X			0	0	0	
(5) LINDA BLOOM COMMITTEE MEMBER	1.00	x					0		-	
(6) ART CORNELL	0.00	A	-				0	0	0	
COMMITTEE MEMBER	1.00	x	i				0	0	0	
(7) JANICE GRAY	3.00			i				<u> </u>	0	
TREASURER	0.00	x	h,	x			O	0		
(8) GABRIELE HOFFMAN				-			Ü	0	0	
MEMBER-AT-LARGE	0.00	x	1	Ti,			0	0	0	
(9) REBECCA JEFFRIES									0	
	2.00									
MEMBER-AT-LARGE	0.00	x					0	0	0	
10)ROSALYN LESTER	2.00				1					
MEMBER-AT-LARGE	0.00	X				111	0	0	0	
11) DELANE MARYNOWSK	1.00							1		
MEMBER-AT-LARGE	0.00	X					0	0	0	

(A) Name and title	(B) Average hours per week	bo	x, un!	Po: check ess pe	erson	than of is both	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other		
	(list any hours for related organizations below dotted line)	Institutional trustee Individual trustee or director			Highest compensated employee Key employee			from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	or	from the ganization ted organi	e n and
(12) CHRISTINE MC	MAHON					-						
* m + free 2 + 2 + 1 - 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2	1.00											
MEMBER-AT-LARGE	0.00	x						0	0			
(13) JAN ROSS		111										
	2.00											
MEMBER-AT-LARGE	0.00	X		-				0	0			
(14) TOMMY RYCHEN	The second second		1									
(3.00											
MEMBER-AT-LARGE (15) FANOULS SEVA	0.00	X	. 11			2		0	0			(
(15) FANOULS SEVA												
COMMITTEE MEMBER	2.00					111						
(16) DONNA SIMMON	0.00	X						0	0			(
(10) DONNA SIMMON	3.00											
MEMBER-AT-LARGE	0.00	x										
(17) CINDY STRICK		^	-	-			-	0	0			(
(-), GINET DIRICH	3.00											
MEMBER-AT-LARGE	0.00	x				1		0				
(18) DEBI WEST	1 0.00	22					+	0	0	_		
ONE TERM OF THE	1.00											
COMMITTEE MEMBER	0.00	x						0	0			C
(19) ROBERT WORTM									0			- 0
MEMBER-AT-LARGE	1.00	x						0	0			
1b Subtotal									- 0		_	C
c Total from continuation should Total (add lines 1b and 1c)	eets to Part VII,	Section	on A	x - +	1 12		F					
2 Total number of individuals (in reportable compensation from	ncluding but not li n the organization	mited	to th	ose	liste	d abo	ove)	who received more than \$1	00,000 of			
3 Did the organization list any for	ormer officer, dire	ector,	trust	ee. k	ev e	emplo	vee	or highest compensated			Y	es No
employee on line 1a? If "Yes, 4 For any individual listed on lin	" complete Sched ne 1a, is the sum o	ule J	for s	uch i	indiv ombi	<i>ridual</i> ensat	ion a	and other compensation from	m the		3	X
organization and related orga individual	nizations greater	than S	150	,000	? If '	"Yes,	" con	nplete Schedule J for such				
5 Did any person listed on line	1a receive or accr	ue co	mpe	nsat	ion f	rom a	anv u	nrelated organization or inc	tividual	- 1	4	X
for services rendered to the o	rganization? If "Ye	es," co	ompl	ete S	Sche	dule	J for	such person	amodai		5	x
Section B. Independent Contract											-	
1 Complete this table for your fi	ve highest compe	nsate	d inc	depe	nder	nt cor	ntract	tors that received more than	n \$100,000 of			
compensation from the organ	(A)	mpen	satio	n to	rthe	cale	ndar					
Name and	(A) d business address				_		_	Description	B) n of services		Compe	C) ensation
						T				1		
							Г					
12.2												
Total number of independent of received more than \$100,000	contractors (included of compensation)	from t	ut no	ot lim	ited izati	to the	ose li	isted above) who	0			

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

577,879

358,708

54

0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). · Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (C) Management and (D) 8b, 9b, and 10b of Part VIII. Fundraising expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 2,150 2,150 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 123,053 87,368 25,841 9,844 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 9,233 6,555 1,939 739 11 Fees for services (nonemployees): Management Legal Accounting 1,845 1,845 Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 105,000 105,000 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 64,513 64,513 17 Travel 569 569 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 Payments to affiliates Depreciation, depletion, and amortization 22 920 920 23 Insurance 3,147 3,147 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) COMMISSIONS 142,671 142,671 b INSTRUCTOR FEES 58,694 58,694 50TH ANNIVERSARY C 21,177 21,177 SUPPLIES 13,620 11,181 2,439 e All other expenses 33,468 11,313 22,155 Total functional expenses. Add lines 1 through 24e 580,060 511,191 58,286 10,583 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash-non-interest-bearing 127,581 163,047 1 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 30,550 4 7,243 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 58,166 10a b Less: accumulated depreciation 55,277 10b 1,007 2,889 11 Investments—publicly traded securities 11 Investments-other securities. See Part IV, line 11 12 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 17,841 7,631 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 176,979 180,810 16 17 Accounts payable and accrued expenses 12,607 17 18,752 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 40,264 42,286 26 Total liabilities. Add lines 17 through 25 52,871 61,038 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 122,065 118,972 28 Net assets with donor restrictions 2,043 800 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 124,108 119,772 32 Total liabilities and net assets/fund balances 33 176,979 33 180,810

Form 990 (2022)

Schedule O.

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

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2022)

3a

36

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047.

2022

Open to Public Inspection

Name of the organization ART LEAGUE OF HILTON HEAD INC.

57-1061135

Employer identification number

Pa	irt I	Reason	for Public Chari	ty Status. (All organizati	one muet	complete	this part) Cas instruct	61135
The	organizatio	n is not a p	private foundation beca	use it is: (For lines 1 through 1	2 chock on	Complete	ulis part.) See instruct	ions.
1	A chu	urch, conve	ention of churches or a	ssociation of churches describ	ed is seed a	y one box.)	(a.)m	
2	A sch	ool describ	ned in section 170(b)	1)(A)(ii). (Attach Schedule E (F	eo in sectio	(r)(a)v1r n	(A)(i).	
3	A hos	snital or a c	conerative bosnital so	(A)(II). (Attach Schedule E (I	orm 990).)	an artist ne		
4	A me	dical rossa	sob essenie-ti-	rvice organization described in	section 17	0(b)(1)(A)(ii	i).	
7	City, a	inu state.	recorded and a second second second	ted in conjunction with a hospi				
5	An or	ganization	operated for the benef 1)(A)(iv). (Complete Page 1)	it of a college or university own	ned or opera	ted by a gov	ernmental unit described in	** - * **
6	A fed	eral state	or local government or	dit ii.)		and the control		
7	An or	ganization	that normally receives tion 170(b)(1)(A)(vi).	governmental unit described in a substantial part of its support	t from a gov	70(b)(1)(A)(ernmental u	v). nit or from the general public	
8	A con	munity true	st described in section	170(b)(1)(A)(vi), (Complete F	22.63			
9	An ac	ricultural re	esarch organization d	conflict a section 470/2-V4V	-an II.)	6.11		
	or uni unive	versity of a	non-land-grant college	escribed in section 170(b)(1)(e of agriculture (see instruction	A)(IX) opera is). Enter the	ted in conjuite name, city,	nction with a land-grant colle and state of the college or	ge
0	suppo	rt from gro	ss investment income	(1) more than 33 1/3% of its sumpt functions, subject to certal and unrelated business taxable 30, 1975. See section 509(a)	in exception	s; and (2) no	more than 331/30/ of the	58
1	An orr	anization o	organized and operate	d exclusively to test for public s	(2). (Comple	ne Part III.)	in the second	
2	An ord	anization o	organized and operate	d exclusively to test for public s	salety. See s	ection 509	(a)(4).	
	one of	more publ	iciy supported organiza	d exclusively for the benefit of, ations described in section 50 escribes the type of supporting	9(a)(1) or se	ction 509/s	1/21 See section 500/al/21	ses of Check
	a T	pe I. A sur	poorting organization o	perated, supervised, or contro	llod by its an	n and compi	ete lines 12e, 12f, and 12g.	
	th	e supported	d organization(s) the po	ower to regularly appoint or ele	ct a majority	pponed org	anization(s), typically by givir	ng .
	su	pporting or	ganization. You must	complete Part IV, Sections	Δ and R	of the direc	tors of trustees of the	
	b Ty	pe II. A su	pporting organization s	supervised or controlled in con	nection with	ita nunnada	d assessment and the first transfer	
	co	ntrol or ma	nagement of the suppo	orting organization vested in th	e came ner	one that see	o organization(s), by having	gi
	or	ganization(s). You must complet	te Part IV, Sections A and C.	e saille pers	ions mai cor	itroi or manage the supporte	a
Y	c Ty	pe III func	tionally integrated. A	supporting organization opera structions). You must comple	ted in conne	ection with, a	and functionally integrated w	ith,
1	d Ty	pe III non-	functionally integrate	ed. A supporting organization	ete Part IV,	Sections A,	D, and E.	3.
	tha	at is not fun	ctionally integrated. The	ed. A supporting organization one organization of the organization generally must	operated in (connection v	vith its supported organizatio	n(s)
	red	quirement (see instructions). You	must complete Part IV, Sect	ione A and	D and Par	Wirement and an attentivene	55
10	e Cr	eck this bo	x if the organization re	ceived a written determination	from the ID	S that it is a	Time I Time II Town III	
	fur	nctionally in	tegrated, or Type III no	on-functionally integrated supp	orting organ	ization	Type I, Type II, Type III	
L	f Enter t	he number	of supported organiza	tions	oring organ	Zution.		T.
. 10				the supported organization(s).		Ownir (mos		
(i) N	lame of suppo		(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	Total Association
	organization		(described on lines 1-10	listed in yo	ur governing	support (see	(vi) Amount of other support (see	
				above (see instructions))	docu	ment?	instructions)	instructions)
_	_				Yes	No		
)						-		
ī								
)		-						
) .								
_					-			
al								

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

Cal	ection A. Public Support endar year (or fiscal year beginning in)	(-) 0040 T	WARRENCE T				
(0.01	your (or nodal your beginning iii)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	146,518	139,811	157,669	272,854	210 110	245-27
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			2377003	2/2,654	219,117	935,96
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	146,518	139,811	157,669	272 254		
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)		133,7311	137,669	272,854	219,117	935,969
6	Public support. Subtract line 5 from line 4				-		75.77 10.77
Se	ction B. Total Support						935,969
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(a) 2022	(m = 1.)
7	Amounts from line 4	146,518	139,811	157,669		(e) 2022	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	252	180	137,669	272,854	219,117	935,969
9	Net income from unrelated business activities, whether or not the business is regularly carried on					34	682
0	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
1	Total support. Add lines 7 through 10						026 651
2	Gross receipts from related activities, etc. (s	ee instructions)				12	936,651
3	First 5 years. If the Form 990 is for the orga	nization's first, seco	ond, third, fourth, o	fifth tax year as a	section 501(c)(3)	-12	1,395,866
	organization, check this box and stop here			7	5551511 55 1(5)(5)		T-
	tion C. Computation of Public Sup	port Percenta	ge			**************************************	anagerie .
4	Public support percentage for 2022 (line 6, c	column (f) divided by	line 11, column (f))		14	99.93%
5	Public support percentage from 2021 Sched	ule A, Part II, line 14	1		*(*).00*(00(*)*(00)*1	Colored Targette	99.92%
6a	33 1/3% support test—2022. If the organization	ation did not check t	he box on line 13,	and line 14 is 33 1	/3% or more, chec	k this	
	box and stop nere. The organization qualifie	es as a publicly supp	ported organization				X
b	33 1/3% support test—2021. If the organization que this box and stop here. The organization que	ation did not check a	a box on line 13 or	16a, and line 15 is	33 1/3% or more,	check	-
7a	10%-facts-and-circumstances test—2022	If the organization	did not check a ho	v on line 12 16a a	adob and the da		
	10% or more, and if the organization meets t	he facts-and-circum	stances test chec	k this havend star	or 160, and line 14	IS	
	Part VI how the organization meets the facts- organization	-and-circumstances	test. The organiza	tion qualifies as a	publicly supported		
b	10%-facts-and-circumstances test—2021.	If the organization	alia wat at and a too	the severe and the second	-1-2-11/2-11/2-11/4	(0) (=0) (=	
	15 is 10% or more, and if the organization me in Part VI how the organization meets the fac	eets the facts-and-c	ircumstances test,	check this box and	stop here. Expla	in	
3	organization Private foundation. If the organization did n						
	instructions						400

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.

Car	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(6) 2000	1.0000		1
1	Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15/24/3	(0) 2013	(c) 2020	(d) 2021	(e) 2022	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						1
7a							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b	-					
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6				(#) 2021	(6) 2022	(i) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net Income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
3	Total support. (Add lines 9, 10c, 11, and 12.)						
4	First 5 years. If the Form 990 is for the organ	nization's first, se	cond, third, fourth,	or fifth tax year as	a section 501(c)(3)		
cont	organization, check this box and stop here			alen en greek en kommen en en			
5	tion C. Computation of Public Sup	port Percent	age				
6	Public support percentage for 2022 (line 8, co	lumn (f), divided	by line 13, column	(f))		15	%
_	Public support percentage from 2021 Schedution D. Computation of Investment	le A. Part III line	15			16	%
7	Investment income percentage for 2022 (line	income Per	entage	10.00			
8	Investment income percentage for 2022 (line Investment income percentage from 2021 Sch	ruc, column (f), (divided by line 13, o	column (f))		17	%
9a	33 1/3% support tests—2022 If the creation	edule A, Part III,	line 1/	ment in the state of	to consequent to the	18	%
	33 1/3% support tests—2022. If the organization of more than 33 1/3%, check this box a	nd etch base T	the box on line 1	4, and line 15 is m	ore than 33 1/3%,	and line	
D	17 is not more than 33 1/3%, check this box a 33 1/3% support tests—2021. If the organization 18 is not have the control of th	ation did not ched	k a box on line 14	or line 19a, and lin	e 16 is more than	33 1/3% and	
	line 18 is not more than 33 1/3%, check this b Private foundation. If the organization did no	ox and stop here	The organization	qualifies as a nub	lich supported are	anization	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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

_Pa	art IV Supporting Organizations (continued)	.55		Page
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
ż	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	100		
t		11a		
C		11b		
	provide detail in Part VI.	2.0		
Sec	tion B. Type I Supporting Organizations	11c		
1	Did the coverning back and the		Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	1		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	1		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	1		
	organization, describe now the powers to appoint and/or remove officers, directors, or trustees were allocated among the			1
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tay year	1		
4	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			1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sect	supervised, or controlled the supporting organization. ion C. Type II Supporting Organizations	2		
-			Yes	l Ma
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		res	No
	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	1		
	the supported organization(s).			
Sect	ion D. All Type III Supporting Organizations	1 1111		
4	Number of the control	7	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	1 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			
2	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 on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	1		
Secti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	41		
2	Activities Test. Answer lines 2a and 2b below.	uons). F	v. 1	7.00
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1 1		
	how the organization was responsive to those supported organizations, and how the organization determined	1 1		
	that these activities constituted substantially all of its activities.	2-		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	2a		_
	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.	26		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	2b		_
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.	2		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Schedule A (Form 990) 2022 Part V 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 Section A - Adjusted Net Income (B) Current Year (A) Prior Year (optional) 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) Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (B) Current Year (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to

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

Schedule A (Form 990) 2022

emergency temporary reduction (see instructions).

(see instructions).

Part V Type	ART LEAGUE OF EIII Non-Functionally Integrated 509(HILTON HEAD INC.	57-1	061	135 Page
Section D - Distrib	utions	a)(3) Supporting Organiza	ations (continued)	1. Achter
1 Amounts paid	to supported organizations to				Current Year
2 Amounts paid	to supported organizations to accomplish exempt	purposes		1	
organizations	to perform activity that directly furthers exempt pu in excess of income from activity	rposes of supported			
3 Administrative	expenses paid to accomplish accomplish			2	
4 Amounts paid	expenses paid to accomplish exempt purposes of acquire exempt-use assets	f supported organizations		3	
5 Qualified set-a	side amounts (prior IRS approval required—provi			4	
6 Other distribution	ons (describe in Part VI). See instructions.	de details in Part VI)		5	
7 Total annual o	listributions. Add lines 1 through 6.			6	
8 Distributions to	attentive supported organizations to which the	27746 W2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		7	
(provide details	attentive supported organizations to which the or in Part VI). See instructions.	ganization is responsive		8	
	nount for 2022 from Section C, line 6				
10 Line 8 amount	divided by line 9 amount			9	
	arriada by line o amount	1		10	
	tion Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
Distributable an	nount for 2022 from Section C, line 6				Amount for 2022
 Underdistribution (reasonable caudinstructions. 	ns, if any, for years prior to 2022 use required– <i>explain in Part VI</i>). See				
3 Excess distribut	ions carryover, if any, to 2022			-	
a From 2017	Williams and the state of the second decade of the	eta i		+	
b From 2018	ere en de la rigio de la la compansión de la region de la			-	
c From 2019	Composed the Resident Stronger			-	
d From 2020	control in the most of section and a principle			-	
e From 2021	EEEVision de la serie subjective de la ser			-	
f Total of lines 3a				-	
g Applied to under	distributions of prior years			+	
h Applied to 2022	distributable amount			-	
i Carryover from 2	2017 not applied (see instructions)			-	
j Remainder, Sub	tract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for	2022 from			-	
Section D, line 7	\$				
a Applied to under	distributions of prior years			-	
b Applied to 2022	distributable amount			+	
c Remainder. Subt	ract lines 4a and 4b from line 4.			+	
5 Remaining under any. Subtract line	rdistributions for years prior to 2022, if es 3g and 4a from line 2. For result gexplain in Part VI. See instructions.				
6 Remaining under	distributions for 2022. Subtract lines 3h 1. For result greater than zero, explain in			1	
	tions carryover to 2023. Add lines 3j			+	
8 Breakdown of line	97:			-	
a Excess from 2018					
b Excess from 2019				-	
c Excess from 2020				-	
d Excess from 2021					

e Excess from 2022

Schedule A (Form 990) 2022		ART LEAGUE OF I		ILTON	HEAD INC		57-1061135 Pa		
Part VI	B, lines 1 and 3a, and 3b; F	al Information. Pro art IV, Section A, line 2; Part IV, Section art V, line 1; Part V, d 6. Also complete t	vide the expl es 1, 2, 3b, 3 C, line 1; Pa Section B, li	anations re c, 4b, 4c, 5 rt IV, Sections ine 1e: Par	equired by Pa 5a, 6, 9a, 9b, on D, lines 2	art II, line 10; 9c, 11a, 11b and 3; Part I	Part II, line 17a , and 11c; Part V, Section E, lin	or 17b; Part IV, Section	
************	************	*****************	asaranana,	1.4.) (1.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	the Contract Contract of the	Strategic Compression	eeroom	·	
$\label{eq:continuous} P_{-}(x) + P_{-}(x) + \frac{1}{2} \left(\frac{1}{2} \left$		*****************	*******						
	40 × 14 0								
			2.20.20.24.194613		*************	: N FU 5 m * r 5 + + + 2 m + + 2 x	** ** * * * * * * * * * * * * * * * * *	****************	
2 (000000000000000000000000000000000000		**************************************	****************		***********			imemeteria inina	
* * () () () () () * * * *	***********	***************************************	************		ent tentenning dec			*************	
TERRETARING CONTRACTOR		********************		Company and a second					
1);;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	X) + + X (#11 in alloy kinos	FOO SOURCE - 128 40 24 40 24 40 24 40 25							
						STATE OF THE CHARLES ST		Ecological and a second con-	
		***************************************	**************			:-:::::::::::::::::::::::::::::::::::::		. (*******************	
* * * * 1.0 E * 0 * 1 * 0 * 1 * 1 * 1 * 1 * 1 * 1 * 1		TO STOTE SERVED SERVICE					TET=1=11.12.2.1.1.1.1.1.1		
	*************	* * * * * * * * * * * * * * * * * * * *	*****************	(· · · · · · · · · · · · · · · · · · ·	And the contract of the same		1413510 x 1812 x 155 21 15	Personal de la constant	
	**************	Anti-Anti-regular color anovara	(1++++++++++++++++++++++++++++++++++++	************		*********	Andrew 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2		
11777000112222							***************************************	***************************************	
				************	*************	************	******************	C. 615252555000101001	
*************	: : * : : (* * * * * * * *	5-1-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	* (× x + x Y d *) ¹ = = mi, i		1-7127+724+24	0.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00			
)		*****************	************	(y - (+ x -) - (+ x - (+ x - 2 + x	41144444	C. C			
777800000000000		• • • • • • • • • • • • • • • • • • • •			**±±***********	en e		****************	
								A A CONTRACTOR A PROGRAMMY CONTRACTOR CONTRA	
		minimum massamum.	****************			(1.214.1114.141999999			
************	:::::::::::::::::::::::::::::::::::::::	************************			******		***********	X2285777777444444444444444444444444444444	
1 (- 3 %) - 3 1 - 2 1 1 1 1 1	************	T*************************************				***************************************			
15002012801377	1 * (*) * (*) * * * * * * * * * * * *		*************	**********		***********		*+*+×+=+×+×+=+X4++X4+	

	****************	this production to the consequent		***************************************	*************	*) (**************	1126112001200120012001	
11:() () (*************	==0 + 1.00 + 00 + 0 × + 0 × 0 + 0 + 0 + 0 + 0 +	*****	*=1=1=11=++++	* * * * * * * * * * * = = 2 # *		1775 Tarri (1114 (1114)	o)(njernovaja).	
r ka malaka, malaka mengenga				***********	Adaman and a super-	()) (**********************************	errireri estatu estatu.		
)	*****	\$4===±±=±\$(±)34+>\$++>*a+>+a	************	5-0-feterales	17-61-51-51-23-0-XX+X	**************	i non i amonto a alexa e e		
		Call & Called Called Strategic Research	A PARTY OF THE RESERVE	***********	A STATE OF THE STATE OF THE STATE OF			**********	

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

ART LEAGUE OF HILTON HEAD INC.

Employer identification number

57-1061135

Organization type (chec	k one):	57-1061135
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization Note: Only a section 501(constructions.	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. Se	ee
General Rule		
For an organization or more (in money contributor's total or	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining contributions.) a
Special Rules		
16b, and that receive	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% support test of the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16, wed from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or not on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	i a, or
For an organization contributor, during the literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III	9
For an organization contributor, during to contributions totaled during the year for a	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one he year, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the est to this organization because it received nonexclusively religious, charitable, etc., contributions	
aution: An organization th	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990 /, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, F	N To Am

2, to certify that it doesn't meet the filling requirements of Schedule B (Form 990).

Name of organization

ART LEAGUE OF HILTON HEAD INC.

Employer identification number 57-1061135

(a)	Contributors (see instructions). Use duplicate copies of P		Todacu.
No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TOWN OF HILTON HEAD ONE TOWN CENTER COURT HILTON HEAD ISLAND SC 29926	\$ 93,800	Person X
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GAYLORD & DOROTHY DONNELLY FOUNDATIO 4 NORTH ATLANTIC WHARF, SUITE 100 CHARLESTON SC 29401	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
	TO PART OF STATE OF S	Total contributions	Type of contribution
3	SC ARTS COMMISSION 1026 SUMTER STREET COLUMBIA SC 29201	\$ 26,068	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
a) lo.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
»-·×		S	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number ART LEAGUE OF HILTON HEAD INC. 57-1061135 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Part III	Organizations Maintain	AGUE OF HILTON	HEAD IN	С	57-106113	35	Page
	Organizations Maintain	ning Collections of	Art, Historical	Treasures,	or Other Simila	ar Assets	(continued)
collec	the organization's acquisition, acciding items (check all that apply):	ession, and other records,	check any of the fo	ollowing that ma	ake significant use o	f its	
-	ublic exhibition	a l Tu		Window (7)			
	cholarly research		oan or exchange p ther				
c P	reservation for future generations	——·	A Lanca de mondo porque				
4 Provid	de a description of the organization	s collections and explain h	ow they further the	organization's			
7 7071						Part	
5 During	the year, did the organization solid	cit or receive donations of a	art, historical treas	ures or others	imilar		
doodie	to be sold to raise funds rather tha	an to be maintained as part	of the organizatio	n's collection?	iiiiiai		The Th
Part IV	Escrow and Custodial Complete if the organiza 990, Part X, line 21.	Arrangements.), or reported an	amount	Yes N
1a Is the	organization an agent, trustee, cust	todian or other intermedian	y for contributions	or other assets	not		
molude	ed on Form 990, Part X?						
b If "Yes	," explain the arrangement in Part >	KIII and complete the follow	ving table:	115-3511 1-34		1) 10 1 - ~ p.j.p.s	Yes N
					F		Amount
c Beginn	ning balance	(**) (**) (**)	(F. 7) 1 1 1 1 1 1 1 1 1			1c	
a Additio	no dolling the year					1d	
	to at a constraint		est en obre content conse	· I I was to write to the	Land Control of the C	1e	
						1f	
b If "Yes	organization include an amount or	n Form 990, Part X, line 21	, for escrow or cus	todial account	liability?		Yes No
Part V	" explain the arrangement in Part X Endowment Funds.	III. Check here if the expla	nation has been p	rovided on Par	XIII	distribution	
1777.7	Complete if the organizat	ion answered "Vee" o	n Farm 000 D				
	simpleto il tilo organizati	(a) Current year		+ +	A TOTAL STREET		
a Beginn	ing of year balance	(a) ourient year	(b) Prior year	(c) Two year	s back (d) Three	years back	(e) Four years back
b Contrib	the state of the s			-			
c Net inv	estment earnings, gains, and						
d Grants	or scholarships						
e Other e	xpenditures for facilities and						
f Adminis	strative expenses						
End of	year balance			1			
Provide	the estimated percentage of the cu	irrent year end halance (lin	e 1a column (a)	hald say			
a Board d	esignated or quasi-endowment	0/2	le ig, column (a))	neid as:			
b Perman	ent endowment	6					
	ndowment %						
The per	centages on lines 2a, 2b, and 2c st	nould equal 100%.					
a Are ther	e endowment funds not in the poss	session of the organization	that are held and	administered fo	r the		
organiza	ation by:						Yes No
(i) Unr	elated organizations	- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.					
(ii) Rela	alco organizations						3a(i)
If "Yes"	on line 3a(ii), are the related organi	zations listed as required of	n Schedule R7		0.903(00.0040	404.00	3a(ii) 3b
	mit dit van the intended uses of th	le organization's endowme	ent funds.	000000000 D 100	(0.0 × × × × × × × × × × × × × × × × × ×	F F F F F F F F F F F F	30
art VI	Land, Buildings, and Equ	uipment.					
	Complete if the organization	on answered "Yes" on	Form 990, Pa	rt IV. line 11	a. See Form 99	0 Part X	line 10
	Description of property	(a) Cost or other basis	(b) Cost or o	ther basis	(c) Accumulated	J. raitz,	(d) Book value
-000		(investment)	(other	er)	depreciation	4	
Land	$a = a^{2} + a^{2} + a^{2} + \cdots + a^{2} + a^{2$					11	
Buildings							
	ld improvements						T-14-1-1
Equipme	nt.		+ = 1	58,166		11	58,166
Other .	e de districtión de la companya de l			22765	55,2	77	-55,277
ii. Add line	s 1a through 1e. (Column (d) must	equal Form 990, Part X, co	olumn (B), line 10c	.)		4	2,889

	Complete if the organization answered "Yes (a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	1.1	Cost or end-of-year market value
(1) Financi	al derivatives		a de la companya de l
(2) Closely	held equity interests		
(a) Guidi	CONTRACTOR		
(A)	* 17 18 64 + 9 8 111 4 145 4 Automotive (17 18 18 18 18 18 18 18 18 18 18 18 18 18		
(B)	A(++Y(++1+++++++++++++++++++++++++++++++		
(C)	**************************************		
(D)	(****(***))(**************************		
(E)	0 (0.0.010 × 0 (1.1) 30 + 1 denter - 1000 + 111 (10 + 100 + 114 + 14 + 14 + 14 + 14 + 14		
(F)	· • () · (
(G)			
(H)			
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VII	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;
- 100			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colui	mn (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.	47 / 17 / 17 / 17	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15
4437	(a) Description		(b) Book value
(1)			10) Down tales
(2)			
(3)			
(4)			
(5)			
(6)			
(6) (7)			
(6) (7) (8)			
(6) (7) (8) (9)			
(6) (7) (8) (9) otal. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 15.)		
(6) (7) (8) (9)	Other Liabilities.		
(6) (7) (8) (9) (otal. (Colum	Other Liabilities. Complete if the organization answered "Yes"	on Form 990, Part IV. line 1	1e or 11f. See Form 990. Part X
(6) (7) (8) (9) otal. (Colum	on (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" line 25.	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X,
(6) (7) (8) (9) otal. (Colun Part X	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liab		
(6) (7) (8) (9) Total. (Colum Part X	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liabilities (a) Description of liabilities (b) Description of liabilities (b) Description of liabilities (c) Description		1e or 11f. See Form 990, Part X,
(6) (7) (8) (9) otal. (Column Part X (1) Federa (2) PREP.	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liabilities lincome taxes AID MEMBERSHIP FEES		(b) Book value
(6) (7) (8) (9) otal. (Column Part X (1) Federa (2) PREP.	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liabilities (a) Description of liabilities (b) Description of liabilities (b) Description of liabilities (c) Description		(b) Book value 29,145
(6) (7) (8) (9) (otal. (Column Part X (1) Federa (2) PREP. (3) UNEA	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liabilities lincome taxes AID MEMBERSHIP FEES		(b) Book value 29,145 12,188
(6) (7) (8) (9) otal. (Colum Part X (1) Federa (2) PREP (3) UNEA (4) SALE	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liabilities (a) Description of l		(b) Book value 29,145 12,188
(6) (7) (8) (9) otal. (Column Part X (1) Federa (2) PREP. (3) UNEA (4) SALE	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liabilities (a) Description of l		(b) Book value 29,145 12,188
(6) (7) (8) (9) otal. (Column Part X (1) Federa (2) PREP. (3) UNEA (4) SALE (5)	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liabilities (a) Description of l		(b) Book value 29,145 12,188
(6) (7) (8) (9) otal. (Column Part X (1) Federa (2) PREP. (3) UNEA (4) SALE (5) (6)	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liabilities (a) Description of l		(b) Book value 29,145 12,188
(6) (7) (8) (9) otal. (Column Part X (1) Federa 2) PREP (3) UNEA (4) SALE (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liabilities (a) Description of l		
(6) (7) (8) (9) Fotal. (Column Part X (1) Federa (2) PREP. (3) UNEA (4) SALE (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liabilities (a) Description of l		(b) Book value 29,145 12,188

Part XI	Transfer of Novelide Del Addited Fillancial	Statemente With Davis	-1061135	Pag
3. 3.3.3.3	Complete in the organization answered "Yes" on Form	900 Port IV/ line 10-	ido per iteturii.	
1 Total	revenue, gains, and other support per audited financial statements		1	
- Alliou	into included on line 1 but not on Form 990. Part VIII line 12.			
a Net ur	nrealized gains (losses) on investments	2a		
D Donat	and use of facilities	2h		
	Prior Jour Statito	1 20		
	(December III) all XIII.)	2d		
	neo za unough za	(10) 11 15 15 15 15 15 15 15 15 15 15 15 15	2e	
3 Subtra	act line 2e from line 1		3	
4 Amou	ins included on Form 990, Part VIII, line 12, but not on line 1.	1	Promise const	
a Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
D Other	(Describe in Part XIII.)	4b		
	les 4a and 4b		4c	
5 Total r	5.1 and the standard of this must equal Form 990, Part I, line 12.		5	
Part XII	Reconciliation of Expenses per Audited Financial	Statements With Eyne	nses per Return	
	Complete if the organization answered "Yes" on Form	990. Part IV. line 12a	noco per recuin.	
1 Total e	expenses and losses per audited financial statements		11/	
2 Amour	nts included on line 1 but not on Form 990. Part IX line 25:	or and a second second second	(1) (1) (1)	
a Donate	ed services and use of facilities	2a		
o i noi y	car adjustifients	2b		
o outon	00000	20		
d Other ((Describe in Part XIII.)	2d		
o Add IIII	les za imough zu		2e	
- Oublin	of the 2e horn line 1		3	
4 Amoun	its included on Form 990, Part IX, line 25, but not on line 1:			
a Investn	nent expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
C Add III	es 4a and 4b		4c	
5 Total ex	xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Part XIII	Supplemental Information. escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;			
r (==r===1 ===	es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pr			
	5 (
Maria	-communication (and the communication of the commun			errii usa
8 (+) X (+) Y	1120 300 1 0 0 0 0 3 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rk om tilenteneret en ekkelej gre so		
		01 T 17 1 T 17 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(1000.000.000.000.000.000.000.000.000.00	
			Weet the transfer of the contract	Charleson-pay-
end concerns ye			((*)): - : - * ***************************	(V) (A 0±00 + €=0 +

Schedule D Part XIII	(Form 990) 2022 Supplement	ART LEAGUE	E OF HILTON (continued)	HEAD IN	NC.	57-1061135	Page 5
			1				
5.510.55010.5144	##F###################################		****************	erennedagi.			
***************************************	***************	**************	******************			********************	
		**************			*********		******************
	* * * * * * * * * * * * * * * * * * * *		*****************	offers de section expe	*************		*******************
		*****************	7 5 6 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			***********************	ente e ente de la legação do la como por
		**************				***********************	4 P24444
	************					Y # \$00 + # \$00 +	
		22314259595555555555	····	en e			
****************	*************			F2 F2 F2 C4 F4 C4 F4 F4			
	militaria de la deservación de exec	*****************	Chemetra es en maren en en en en en en	***************************************			**********************
- 8-11-2-2-2-2-2	************	***************				************************	**************************************
(T) (X4 +3 E + 43 E, 44				217227409440444		***********************	
************			*************	. * * * 7 * * 7 . 7 . 7 * * * * 7 . 7 .		e kalunduran kalunduran kelangan berbahan bekan	(***).(***).****************
			A CARP CAPA AND A DAY OF THE AND		************		73 A P P P P P P P P P P P P P P P P P P
	******************	**************			**************		*********************
1 - 100 1 1 - 100 100 100 100 100 100 10	******************	+* +* +.10% (000 H + 10.4 M + 4 + 4 + 4			;++);++>++*;*+*;		********************
* ***********		******************	***********	*********		TEACHTON	**************************************
		******************		×		************************	*********************
	***************	+ - 0 - 5 - 7 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8				to o contractor in the execution	decidental de la constitución de
F	*6************	<pre></pre> <pre> <pre> <pre> <pre> <pre> <pre> </pre> </pre> </pre> <pre> <pre> <pre> </pre> </pre> <pre> <pre> <pre> </pre> </pre> <pre> <pre> <pre> <pre> </pre> <pre> </pre> <pre> </pre> <pre> <pre> <pre> </pre> <pre> </pre> <pre> <pre> <pre> <pre> <pre> <pre> <pre> <pre> </pre> <pre> <pre> <pre> <pre> <pre> </pre> <pre> <pre> <pre> <pre> <pre> </pre> <pre> <pr< td=""><td></td><td>**************</td><td></td><td>*********************</td><td>****************</td></pr<></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre>		**************		*********************	****************
(F * * * ± + 5 , 5 , 5 , 5 , 5 , 5 , 5 , 5 , 5 , 5	************		**************	Petra initro		(+ + 2 + 4 + 1 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2	· · · · · · · · · · · · · · · · · · ·
* ***********				***********		******************	remedia and and a
+ +6 +4 +3 +8 -4 -5 -4		ocernie incentracijani.			Secretary graves	**************************	************
775		O CONTRACTOR CONTRACTOR AND AN					***********
		***************		***********			gentenanananan kan
- 10.5000.	************	************	*********	O. 8018 7514 4514 651	X + + + X + + + + + + + + + + + + + + +	******************************	****************
						K+0====================================	
			********************************		***********	***************************************	AAAAAA

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ART LEAGUE OF HILTON HEAD INC.

Employer identification number 57-1061135

57 1001135
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
A COPY OF THE RETURN WAS REVIEWED BY THE TREASURER PRIOR TO SUBMISSION. A
COPY WILL BE REVIEWED BY THE ENTIRE BOARD AT THE NEXT BOARD MEETING.
- ; ; (mxtexxmi)(1-1-mi) (0.00) ; ; m(0) (m) (0.00) (0.0
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
DOCUMENTS ARE AVAILABLE UPON REQUEST.
\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
######################################

Form 990		Tax Re	Tax Return History			2022
Name ART LEAGUE	OF HILTON HEAD	D INC.			Employer 57-1	Employer Identification Number 57-1061135
		2019	2020	2021	2022	2002
Contributions, gifts, grants	-	108,484	122,289	213,069	168 165	4040
Membership dues	29,474	31,327	35,380	1	4	
Program service revenue	290,143	309,279	-		~ ~	
Investment income	252	180	83	113	E.1	
Fundraising revenue (income/loss)				2	7	
Gaming revenue (income/loss)						
Total revenue	436,913	449.270	378 437	010		
Grante and cimilar amounts poid	009 0	u	-	430,018	6/8///6	
Benefits paid to or for members	2,200	2,000	2,000	2,000	2,150	
Compensation of officers, etc.						
Other compensation	105,817	122,092	121,069	128 454	130 286	
Professional fees	2,300	2,400	7.200	4	-	
Occupancy costs	53,604	59,206	51,566	٧.	64 513	
Depreciation and depletion		563	4	4	_	
Other expenses	276,152	278,827	210,175	238.575	378 346	
Total expenses	440,373	465,088	392,924	J .	~	
Excess or (Deficit)	-3,460	-15,818	-14,487			
Total exempt revenue	436,913	449.270	378 437	400 010	000	
Total unrelated revenue			1010/010	430,010	6/8/1/6	
Total excludable revenue	290,395	309,459	220,768	217.164	358 762	
Total Assets	145,006	126,745	135,753		180 810	
Total Liabilities		49,113	73,063	52,871	61.038	
Net Fund Balances	93,450	77,632	62,690	124,108	119,772	

Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning

, and ending

57-1061135

ART LEAGUE OF HILTON HEAD INC.

Net Asset / Fund Balance at Beginning	ig of rear			62,690
Revenue				
Contributions		272,854		^
Program service revenue		272,854 217,051		1) [
Investment income		113	-	10 = 100
Capital gain / loss			Q	el Inico
Fundraising / Gaming:			-	et meal
Gross revenue			1/00	19 vacal
Direct expenses			July 1	/
Net income				tole !
Other income		0		1
Total revenue			490,018	June -
Expenses		V. 200.		0 1/22
Program services		347,730		2/11
Management and general		61,169		
Fundraising		19,349		
Total expenses			428,248	
Excess / (deficit)				61,770
				-352
Changes			-	
Changes Net Asset / Fund Bala	nce at End of Year			124,108
			Reconciliation of	124,108
Net Asset / Fund Bala Reconciliation of Rev		Total expense	Reconciliation of s per financial statemer	124,108 Expenses
Net Asset / Fund Bala Reconciliation of Rev Total revenue per financial statements		Total expense Less:		124,108 Expenses
Net Asset / Fund Bala Reconciliation of Rev otal revenue per financial statements			s per financial statemer	124,108 Expenses
Net Asset / Fund Bala Reconciliation of Rev otal revenue per financial statements ess:		Less: Donated s	s per financial statemer	124,108 Expenses
Net Asset / Fund Bala Reconciliation of Rev otal revenue per financial statements ess: Unrealized gains		Less: Donated s	s per financial statemer services	124,108 Expenses
Net Asset / Fund Bala Reconciliation of Rev otal revenue per financial statements ess: Unrealized gains Donated services		Less: Donated s Prior year	s per financial statemer services	124,108 Expenses
Reconciliation of Rev Total revenue per financial statements Less: Unrealized gains Donated services Recoveries Other		Less: Donated s Prior year Losses	s per financial statemer services	124,108 Expenses
Reconciliation of Rev Total revenue per financial statements Less: Unrealized gains Donated services Recoveries Other		Less: Donated s Prior year Losses Other Plus:	s per financial statemer services	124,108 Expenses
Reconciliation of Rev Total revenue per financial statements Lonealized gains Donated services Recoveries Other	enue	Less: Donated s Prior year Losses Other Plus:	s per financial statemer services adjustments	124,108 Expenses
Reconciliation of Rev Total revenue per financial statements Less: Unrealized gains Donated services Recoveries Other Plus: Investment expenses		Less: Donated s Prior year Losses Other Plus: Investmer Other	s per financial statemer services adjustments	124,108 Expenses
Reconciliation of Rev Total revenue per financial statements Less: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other	enue	Less: Donated s Prior year Losses Other Plus: Investmer Other Total	s per financial statemer services adjustments at expenses	124,108 Expenses
Reconciliation of Rev Total revenue per financial statements Less: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other	490,018	Less: Donated s Prior year Losses Other Plus: Investmer Other Total	s per financial statemer services adjustments at expenses expenses per return	124,108 Expenses
Reconciliation of Rev Total revenue per financial statements Less: Unrealized gains Donated services Recoveries Other Ulus: Investment expenses Other Total revenue per return	490,018 Beginning	Less: Donated s Prior year Losses Other Plus: Investmer Other Total Balance Sheet Ending	s per financial statemer services adjustments at expenses	124,108 Expenses
Reconciliation of Rev Total revenue per financial statements Less: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets	490,018 Beginning 135,753	Less: Donated s Prior year Losses Other Plus: Investmer Other Total Balance Sheet Ending 176,979	s per financial statemer services adjustments at expenses expenses per return	124,108 Expenses
Reconciliation of Rev Total revenue per financial statementsess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return	490,018 Beginning	Less: Donated s Prior year Losses Other Plus: Investmer Other Total Balance Sheet Ending	s per financial statemer services adjustments at expenses expenses per return	124,108 Expenses ats

Amended return

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

Failure to file penalty

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

20

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

EIN or SSN

	ART LEAGUE OF H	ILTON HEAD INC.	57-1061135
Name and title of officer or person subject to tax	PAT BATTEN		
	PRESIDENT		
Part I Type of Return	and Return Information		
Check the box for the return for which	you are using this Form 8879-TE an	d enter the applicable amount, if any, fro	m the return. Form 8038-
CP and Form 5330 filers may enter d	ollars and cents. For all other forms,	enter whole dollars only. If you check the	box on line 1a, 2a, 3a, 4a,
5a, 6a, 7a, 8a, 9a, or 10a below, and	the amount on that line for the return	being filed with this form was blank, the	n leave line 1b, 2b, 3b, 4b,
5b, 6b, 7b, 8b, 9b, or 10b, whicheve	r is applicable, blank (do not enter -0-	-). But, if you entered -0- on the return, th	en enter -0- on the
applicable line below. Do not comple			454,545
1a Form 990 check here		Form 990, Part VIII, column (A), line 12)	1b 490,018
2a Form 990-EZ check here	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	b Total tax (Form 1120-F		O.L.
4a Form 990-PF check here	▶ ☐ b Tax based on investm	nent income (Form 990-PF, Part VI, line	5) 4b
5a Form 8868 check here	b Balance due (Form 88	68, line 3c)	5b
6a Form 990-T check here	b Total tax (Form 990-T,	Part III, line 4)	6b
7a Form 4720 check here		Part III, line 1)	
8a Form 5227 check here	b FMV of assets at end	of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	b Tax due (Form 5330, F	Part II, line 19)	9b
10a Form 8038-CP check here	b Amount of credit pays	ment requested (Form 8038-CP, Part III	, line 22) 10b
Part II Declaration and	Signature Authorization of	Officer or Person Subject to 1	ax
complete. I further declare that the ar intermediate service provider, transmacknowledgement of receipt or reason the date of any refund. If applicable, (direct debit) entry to the financial institution to	mount in Part I above is the amount s hitter, or electronic return originator (E on for rejection of the transmission, (b I authorize the U.S. Treasury and its titution account indicated in the tax pot debit the entry to this account. To rev	, (EIN) and the total best of my knowledge and belief, thown on the copy of the electronic return (RO) to send the return to the IRS and to the reason for any delay in processing the designated Financial Agent to initiate an experience of the feroke a payment, I must contact the U.S. Tement) date. I also authorize the financial	. I consent to allow my receive from the IRS (a) an the return or refund, and (c) electronic funds withdrawal deral taxes owed on this reasury Financial Agent at
		nation necessary to answer inquiries and	
the payment. I have selected a perso	nal identification number (PIN) as my	signature for the electronic return and, it	f applicable, the consent to
electronic funds withdrawal.			
PIN: check one box only			10045
X lauthorize JUNECPA		to enter my PIN	
	ERO firm name		Enter five numbers, but do not enter all zeros
on the tax year 2021 electron agency(ies) regulating charit return's disclosure consent s	ies as part of the IRS Fed/State progr	within this return that a copy of the return ram, I also authorize the aforementioned	is being filed with a state
filed return. If I have indicate	ect to tax with respect to the entity, I w d within this return that a copy of the n, I will enter my PIN on the return's d	rill enter my PIN as my signature on the ta return is being filed with a state agency(ie lisclosure consent screen.	es) regulating charities as part
Signature of officer or person subject to tax		Date	, 05/11/22
Part III Certification an	d Authentication		
ERO's EFIN/PIN. Enter your six-digit		E2126	462201
number (EFIN) followed by your five-	digit self-selected PIN.		462291
r er og at til a skalendarska alter	is an one of the second and the second	70.0700	nter all zeros
am submitting this return in accordar Providers for Business Returns.	ns my PIN, which is my signature on the control of Pub. 416	the 2021 electronically filed return indicat 63, Modernized e-File (MeF) Information	for Authorized IRS e-file
MARK N	JUNE, CPA	Date >	05/11/22
ERO's signature		Jale F	# T = 47 - 45
	ERO Must Retain T	his Form — See Instructions	

Do Not Submit This Form to the IRS Unless Requested To Do So

Form 990

Return of Organization Exempt From Income Tax

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

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

2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service

В	Check if applicable: Address change	C Name of organization	, and ending			D Employer	dentification r	number
-		Doing business as	OE OF HILLON HEAD	INC.		57-1	061135	
Tana a	Name change Initial return	Number and street (or P.O. box if mail is not de P.O. BOX 22834	livered to street address)		Room/suite	E Telephon		60
	Final return/	City or town, state or province, country, and ZIF						
	terminated	HILTON HEAD ISLAND	SC 29925			G Gross rece	eipts\$	490,018
	Amended return	F Name and address of principal officer:	30-7 avenue 300	0000000		. v		
	Application pending	LINDA SAYLOR 29 PERCHERON LN. HILTON HEAD ISLAND			H(a) Is this a ground H(b) Are all substitution of "No."	ordinates incli		Yes X No
	Tax-exempt status:		◀ (insert no.) 4947(a)(1) or	527	7.2		4.1	
		WW.ARTLEAGUEHHI.ORG			H(c) Group exer			
	Form of organization:		Other ►	L Y	ear of formation: 1	911	M State of lega	al domicile: SC
_		ummary escribe the organization's mission or mo	The second second second second					
Activities & Governance	2 Check th	is box ▶ if the organization discont	inued its operations or disposed		de se conserva e e e e e e e e	ts.		
ŏ		of voting members of the governing bod		*************	=0 Y00 = 0 Y00 = 0 Y00 = 0 X00	. 3	15	
ties		of independent voting members of the g					15	
ťívi	The state of the s	nber of individuals employed in calenda				5	7	
Ac		mber of volunteers (estimate if necessar	The second secon	S15551 1113 (1 5 1-		6	56	
		elated business revenue from Part VIII,				7a		0
_	b Net unrel	lated business taxable income from For	m 990-T, Part I, line 11		Prior Yea	. 7b	Curro	nt Year
53	8 Contribut	tions and grants (Part VIII, line 1h)		7,669		272,854		
ne	9 Program	service revenue (Part VIII, line 2g)		,685		217,051		
Revenue			83		113			
Re		ent income (Part VIII, column (A), lines 3 venue (Part VIII, column (A), lines 5, 6d,				0		
6		enue – add lines 8 through 11 (must eq	The second results of	·	378	3,437		490,018
7	13 Grants at	nd similar amounts paid (Part IX, column	n (A) lines 1–3)	1		2,000		2,000
	14 Benefits	paid to or for members (Part IX, column	(A), line 4)	ne socialisma.				0
co.		other compensation, employee benefits		0)	121	1,069	16	128,454
Expenses		onal fundraising fees (Part IX, column (A				0		
be		draising expenses (Part IX, column (D),						
ŵ	17 Other exp	penses (Part IX, column (A), lines 11a-	269	855		297,794		
	18 Total exp	enses. Add lines 13-17 (must equal Pa	art IX, column (A), line 25)		392	2,924		128,248
	19 Revenue	less expenses. Subtract line 18 from lin	ne 12	Secretary lands		1,487		61,770
Net Assets or Fund Balances	Western	A CAR TARREST WAY		1/4	Beginning of Curr			of Year
sset	20 Total ass		(46) 14 100 103 00 101 (2012) 1	in the state of th		753		176,979
et A	21 Total liab	ilities (Part X, line 26)	18151818381818181818181818181818	010-1-0		3,063		52,871
		ts or fund balances. Subtract line 21 fro	m line 20	postanos estado com estado est	02	2,690	-	124,108
Ur	nder penalties of	gnature Block perjury, I declare that I have examined this re	- 아니라 아이는 아이는 아이들이 아니는 것이 없네요. 그리는 것이 없는 것이 없는 것은 것이다.			ALC: NO STATE OF THE PARTY OF T	wiedge and be	elief, it is
tru	ie, correct, and co	omplete. Declaration of preparer (other than	officer) is based on all information	of which preparer ha	s any knowledge.			
Sig	100	Signature of officer			2-12	Date		
Hei		PAT BATTEN		PRESII	DENT			
		ype or print name and title	Tax and a second		Trans	1	I al proj	
Date		e preparer's name	Preparer's signature		Date	Check	if PTIN	121212
Paid	narer	JUNE, CPA	MARK N JUNE, CPA			22 self-em		630869
	parer Firm's na		7m		Fi	rm's EIN	20-4	046229
U36		99 MAIN STREE		6	1		013-0	42-6500
NA	Firm's ad			U	PI	none no.	- Presid	
_		s this return with the preparer shown ab action Act Notice, see the separate instruc-		**********		411444444		Yes No

orm 990 (2021) ART LEAGUE OF	HILTON HEAD INC.	57-1061135	Page 2
Part III Statement of Program	n Service Accomplishments ontains a response or note to an	ny line in this Part III	
1 Briefly describe the organization's miss	ion:		
ARTS EDUCATION AND PR	ROMOTION.		
5110 (m) - 131 (132 m) - 14 (17 m) - 14 (17 m)			
1,041-111-111-14-19-19-19-19-19-19-19-19-19-19-19-19-19-	** * * * * * * * * * * * * * * * * * * *		
2 Did the organization undertake any sign	nificant program services during the year	ar which were not listed on the	
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new services of	The state of the s		
3 Did the organization cease conducting,		conducts, any program	
services?			Yes X No
If "Yes," describe these changes on Sc	hedule O.		
4 Describe the organization's program se	rvice accomplishments for each of its th	hree largest program services, as measure	ed by
		t the amount of grants and allocations to o	thers,
the total expenses, and revenue, if any	, for each program service reported.		
4a (Code:) (Expenses \$	347,730 including grants	of \$ 2,000) (Reven	ue \$ 217,051)
ART GALLERY - PROVIDE PURCHASED BY THE PUB		Y TO EXHIBIT ARTWORK	CHAT CAN BE
ART ACADEMY - OFFERS PURPOSE IS TO NOT ON		S TO THE GENERAL PUBL EVELOP TALENT.	IC. THE
THE REPORT OF THE PROPERTY OF	VIDES SPONSORSHIPS I	FOR SPECIAL EVENTS, LE	CTURES, SPACE
RENTAL ETC.	AND THE RESERVE OF THE PROPERTY OF THE PROPERT		(() () () () () () () () () () () () ()
(4,447)(416)(414)(4116)(4116)(414)(414)(414)(4			AND THE PROPERTY OF THE PROPERTY OF THE
(m+p+n) + (m+n) + (m	(*)**(*)**(*)**(*)**(*)**(*)***********		
		2009 C. A. C. S. C.	0.0140-010-0110-010-010-010-010-010-010-01
4b (Code:) (Expenses \$	including grants	of \$) (Rever	nue \$)
N/A			
			·) (ii) (ii) (ii) (iii)
			(1) ((4) 1) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
1101110111011101101101101101101010101010			
112242112211221122112221222222222222222			$(x_{i_1},x_{i_2},x_{i_3},x_{$
11-11- 11-11-11-11-11-11-11-11-11-11-11-			
		aran da ana en en antido de la composició de la composici	
= (-1, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,		ryrokrosioning gamang memerikasi sa	
	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	(1. 4) 4	414.00.000.000.000.0000.0000.0000.0000
PARTER (PROPERTY CONTROLS CONTROLS CONTROL			***************
(10 0×01+×0+0×010×0+01)	**********************	and a mark of the first term is the second contract of the second co	resident (Tita tenateux Gert Leitterens
4c (Code:) (Expenses \$	including grants	of \$) (Rever	nue \$
N/A	************************) X 1 6 - 1 6 1 4 1 5 6 6 7 1 5 6 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7
	\$40,000,000,000,000,000,000,000,000,000,	$(xy + x_1) + (x_1 + x_2) + (x_1 + x_1) + (x_1 + x_2) + (x_1 + x_1) + ($	\$4.00(X(*)X(*)X(*)X(*)X(*);
0.010448.01040.04448.04(0.00140310.022222	San		
F== == + + + + + + + + + + + + + + + + +		Concession and the contract of	\$44 CONTRACTOR (\$150 CO
-11/1000-000-000-000-000-000-000-000-000		2.22.22.23.23.24.24.25.20.20.20.20.20.20.20.20.20.20.20.20.20.	errormaning district contraction (i.e.,

148(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(******************	**************************************
Fig. 17 2 11 2 2 2 2 1 2 1 2 2 2 2 2 2 2 2 2	***********	111111111111111111111111111111111111111	# # # # # # # # # # # # # # # # # # #
(-0.2000) 12(504) 4 min (0.0) 4 (Y 0) (X 0) (0.0)	*********************************	\$255.00 (100.0	ary a cost in a contrast set set the contract
X161150.1543400400000000000000000000000000000000	Thirty 1 (1) \$150 11 10 11 15 10 (0 to east) \$10,500	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	1811381110000 0000 00000000000
X1()11 m11 m1 (,)1-5-1-5-()-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-		expression on exception to the test	TOTAL STREET, THE STREET, STRE
4d Other program services (Describe on	Schedule O.)		
(Expenses \$	including grants of \$) (Revenue \$)
4e Total program service expenses ▶	347,730		F 990 /202

Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 1 complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, X 5 assessments, or similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X 6 "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 complete Schedule D. Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or X 9 debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 10 or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII. VIII. IX. or X. as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a X complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more X 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more X 11c of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 122 X Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X 19 If "Yes," complete Schedule G, Part III X 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Form 990 (2021)

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

17

Form 990 (2021)

ARTLEA 05/12/2022 Form 990 (2021) ART LEAGUE OF HILTON HEAD INC. 57-1061135 Page 5 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 7 Statements, filed for the calendar year ending with or within the year covered by this return X 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, X 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c C If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X 6a organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c required to file Form 8282? 7d If "Yes," indicate the number of Forms 8282 filed during the year 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 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? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b Section 501(c)(7) organizations. Enter: 10 10a Initiation fees and capital contributions included on Part VIII, line 12 a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: 11a Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources 11b 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 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which 13b the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 X 15 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

If "Yes," complete Form 6069.

Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in

activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Form 990 (2021) ART LEAGUE OF HILTON HEAD INC. 57-1061135 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 15 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 1b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a The governing body? a X 86 Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. b X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 x Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe on Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure SC List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19

ROBERT SEFTON

financial statements available to the public during the tax year.

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

14 SHELTER COVER LANE

SC 29928

843-842-5738

20

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

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

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

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

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

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

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

-	_	Check	II SCI	ledule O col	ntains a	a respo	nse or note	to any line in this	s Part VIII	Service of the service of the service of	1981-1981-7181-211
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	2 1	a Federated cam	paigns		1a						
Srai	3	b Membership du		4 8 9 9 9 9 9 9 9 9 9 9 9 9	1b		59,785				
s, c		c Fundraising eve			1c		27,73				
Sift	5	d Related organiz			1d						
S, C	,	e Government grants (o		The state of the s	1e		133,354				
ion	2	f All other contributions	, gifts, gr	ants,	10						
pri	2	and similar amounts r Noncash contributions	not includ	ed above	1f		79,715				
Ę	,			in - (3 1-330) (0	1g	\$					
Contributions, Gifts, Grants	1	h Total. Add lines	1a-1	*031-080310	L.g			272,854			
						January Cons.	Business Code	2/2,034			
a	28	ART SALES					Business Code	150,981	150,981		
Program Service		ART ACADEM	ſΥ	137-181111-111	00 1 20 TO	\$-0-0-0-0-0		54,331	54,331		
Se		SPECIAL EV	DOM: N	111111111111111111111111111111111111111	*****	2007128		9,150	9,150		
ram		MISC	VALUE OF THE	d	8:088:X8X	110000000		2,589	2,589		
60		* American entre constant		GAS BANCAMATANA	X 3 - (X 9 + 2	13111381		2,303	2,369		
о.		f All other program	m serv	ice revenue	113517446						
	0						•	217,051			
	3							217,031			
		3 Investment income (including dividends, other similar amounts)		,	oci, and	•	113		1 11	110	
	4	Income from inv			ot bond n	roceeds		113			113
	5	Royalties	2000	in or tax oxomi	ot bolla p	locceus	13 8 11 0 1 0				
	1			(i) Real		(ii) F	Personal				
	6a	Gross rents	6a	(7		1.7.					
	b		6b								
	c		6c								
	d			1991							
	7a	Gross amount from		(i) Securitie	s	(ii)	Other				
		sales of assets other than inventory	7a	100		17	3.55				
e	b	Less: cost or other									
enr		basis and sales exps.	7b					1			
Sev	c	Gain or (loss)	7c								
Other Revenue		Net gain or (loss									
Ē		Gross income from		sing events							
		(not including \$			1 1		4.000	1	- 1		
		of contributions rep		line			- 11		1	111	
		1c). See Part IV, lin		****************	8a						
	b	Less: direct expe	10.0	100010000000000000000000000000000000000	8b				- 1		
- 1		Net income or (lo		m fundraising			Y •				
- 1		Gross income fro				201111-120					
		activities. See Pa			9a						
- 1	b	Less: direct expe		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9b						
		Net income or (lo		m gaming activ	- 10						
		Gross sales of in			T						
	3	returns and allow			10a				1		
	b	Less: cost of goo		8 (- 1 - 1 -	10b	_					
		Net income or (lo									
0						~1455414	Business Code				
venue	11a										
Revenue	b	4.000000P01111-11	1 5110	* 1 8 1 1 1 8 1 4 7 7 7 1 1 7 7	000000000000000000000000000000000000000						
976	C		1×10-110	*(*) = (1 = -, 1 , 2 , 2 , 2							
nœ.		All other revenue	cian-i-	t co		.,					
		Total. Add lines			x+x+x+x-	(×0+0×0= L					
-	3.77	Total revenue.				*******		490,018	217,051	0	113

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) (C) Management and (D) Fundraising Program service 8b, 9b, and 10b of Part VIII. expenses ganeral expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 2,000 2,000 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 119,113 66,703 Other salaries and wages 36,925 15,485 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9,341 5,231 10 Payroll taxes 2,896 1,214 Fees for services (nonemployees): Management b Legal 1,300 C Accounting 1,300 Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 65,049 65,049 13 Office expenses Information technology 14 15 Royalties 57,347 16 Occupancy 57,347 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 572 572 3,132 23 Insurance 2,819 313 Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) COMMISSIONS 96,323 96,323 INSTRUCTOR FEES 30,190 b 30,190 SUPPLIES 13,169 9,877 3,292 c 9,444 MISCELLANEOUS 5,677 1,117 2,650 21,268 e All other expenses 11,074 10,194 25 Total functional expenses. Add lines 1 through 24e 428,248 347,730 61,169 19,349 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing 91,918 1 127,581 Savings and temporary cash investments 2 3 Pledges and grants receivable, net Accounts receivable, net 30,236 30,550 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 55,364 10a b Less: accumulated depreciation 54,357 1,579 10b 1,007 10c 11 Investments—publicly traded securities 11 12 Investments-other securities. See Part IV, line 11 12 13 Investments-program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 12,020 17,841 15 Total assets. Add lines 1 through 15 (must equal line 33) 16 135,753 176,979 16 10,725 17 Accounts payable and accrued expenses 17 12,607 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 62,338 40,264 25 Total liabilities. Add lines 17 through 25 73,063 52,871 Organizations that follow FASB ASC 958, check here > X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 60,297 122,065 27 Net assets with donor restrictions 28 2,393 28 2,043 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 32 Total net assets or fund balances 62,690 124,108 32 33 Total liabilities and net assets/fund balances 135,753 176,979

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1 2 3 4 5 6 7 8 9	4	62,	
Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	2 3 4 5 6 7 8 9	4	28, 61, 62,	248 770 690
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	2 3 4 5 6 7 8 9	4	28, 61, 62,	248 770 690
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	3 4 5 6 7 8 9		61, 62,	770 690
Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	4 5 6 7 8 9	1	62,	690
Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	5 6 7 8 9	1		
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O)	6 7 8 9	1		352
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O)	7 8 9	1	-2	352
Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	8 9	1	- 2	352
Other changes in net assets or fund balances (explain on Schedule O)	9	1	- 2	352
		1		
The lassets of fully paralless at end of year. Compline lines 3 infouding (must edual Part A, line	10	1		
32, column (B))			24,	108
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII				
			Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		11	1	
If the organization changed its method of accounting from a prior year or checked "Other," explain on		-		
Schedule O.				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
reviewed on a separate basis, consolidated basis, or both:				
Separate basis Consolidated basis Both consolidated and separate basis				-
b Were the organization's financial statements audited by an independent accountant?		2b		X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
separate basis, consolidated basis, or both:		1		
Separate basis Consolidated basis Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			1 7	
the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
If the organization changed either its oversight process or selection process during the tax year, explain on 🖣				
Schedule O.				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
Single Audit Act and OMB Circular A-133?		3a		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	990	

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

ART LEAGUE OF HILTON HEAD INC.

Employer identification number 57-1061135

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

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	122,688	146,518	139,811	157,669	272,854	839,540
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	122,688	146,518	139,811	157,669	272,854	839,540
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						839,540
Sec	tion B. Total Support						,
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	122,688	146,518	139,811	157,669	272,854	839,540
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	57	252	180	83	113	685
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						840,225
12	Gross receipts from related activities, etc. (s	ee instructions)			1 X 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	12	1,037,158
13	First 5 years. If the Form 990 is for the organization, check this box and stop here	anization's first, sec	ond, third, fourth, o	r fifth tax year as a	a section 501(c)(3)		
Sec	tion C. Computation of Public Su	pport Percenta	ae		estation nineri en re	(a)	aritaria (S
14	Public support percentage for 2021 (line 6, c			f)γ		14	99.92%
15	Public support percentage from 2020 Scheo	lule A. Part II. line 1	4	W 18 1-00 1 00	00 (00 000-00-00-00-00-00-00-00-00-00-00-00-	15	99.91%
16a	33 1/3% support test-2021. If the organiz	ation did not check	the box on line 13.	and line 14 is 33	1/3% or more, che	ck this	33.31 10.
	box and stop here. The organization qualifi-						▶ X
b	33 1/3% support test—2020. If the organiz this box and stop here. The organization qu	ation did not check	a box on line 13 or	16a, and line 15	s 33 1/3% or more	, check	•
17a	10%-facts-and-circumstances test—2021				or 16b, and line 14	4 is	
	10% or more, and if the organization meets						
	Part VI how the organization meets the facts organization	s-and-circumstance		The second second	Administration .		TINT.
b	10%-facts-and-circumstances test—2020 15 is 10% or more, and if the organization m	. If the organization	did not check a bo	ox on line 13, 16a,	16b, or 17a, and li	ne	
	in Part VI how the organization meets the fa						W. Cher
18	organization Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see	8-1-1-1-1-1-1-1	
	instructions	. 112-112-19					

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

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

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

	ction A. Public Support							
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	21	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	15 - 10						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
C	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1	(f) Total
9	Amounts from line 6	L						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
C	Add lines 10a and 10b							
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)			7 = 1				
14	First 5 years. If the Form 990 is for the organization, check this box and stop here		econd, third, fourth,	or fifth tax year as	a section 501(c)(3	3)		\$ m
Sec	tion C. Computation of Public Su	CONTRACTOR PROPERTY.	tage		TATE TO THE OWNER OF THE PARTY			L.
15	Public support percentage for 2021 (line 8,			n (f))			15	%
16	Public support percentage from 2020 Scheo						16	%
	tion D. Computation of Investmen							,,,
17	Investment income percentage for 2021 (lin			column (f))			17	%
18	Investment income percentage from 2020 S		the state of the s	Den		0 0115-115-	18	%
19a	33 1/3% support tests—2021. If the organ		CS CF CHILY UNI	14, and line 15 is r	more than 33 1/3%	, and line		
	17 is not more than 33 1/3%, check this box							>
b	33 1/3% support tests—2020. If the organ line 18 is not more than 33 1/3%, check this	ization did not che	eck a box on line 14	or line 19a, and li	ine 16 is more than	33 1/3%, a	nd	
20	Private foundation. If the organization did							

Schedule A (Form 990) 2021 Part IV

Supporting Organizations

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

Section A. A	III S	Supporting	O	rganizations
		· - · · · · · · ·	-	guinzations

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

Yes	No
	H
1 1 7	

Par	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	1		
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	1 9		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	10		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		11	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1 1		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	100	1 9	
•	supervised, or controlled the supporting organization.	2		
Sect	on C. Type II Supporting Organizations		Yes	No
			res	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	11		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		1 0
Cont	the supported organization(s). on D. All Type III Supporting Organizations			
Seci	on D. All Type in Supporting Organizations		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
•	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		10 - 15	4
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	1 1	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
3	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		1	-
	supported organizations played in this regard.	3		
Sect	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	uctions).		
2	Activities Test. Answer lines 2a and 2b below.	T.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		
	how the organization was responsive to those supported organizations, and how the organization determined	201		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would		(41)	
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	- A-S		
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	50		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

1 Check here if the organization satisfied.	ally Integrated 509(a)(3) Supporting sfied the Integral Part Test as a qualifying trush infunctionally integrated supporting organization	t on Nov. 20, 197	0 (explain in Part VI). S	ee
Section A – Adjusted Net Income	-tunctionally integrated supporting organization	ons must complet	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain		11		(optional)
2 Recoveries of prior-year distributions		2		
3 Other gross income (see instructions)		3		
4 Add lines 1 through 3.		4		
5 Depreciation and depletion		5		
6 Portion of operating expenses paid or of gross income or for management, of property held for production of income	conservation, or maintenance of	6		
7 Other expenses (see instructions)	7	7		
8 Adjusted Net Income (subtract lines	5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(Ā) Prior Year	(B) Current Year (optional)	
 Aggregate fair market value of all non- instructions for short tax year or assets 				
a Average monthly value of securities		1a		
b Average monthly cash balances		1b		
c Fair market value of other non-exempt	-use assets	1c		
d Total (add lines 1a, 1b, and 1c)		1d		
e Discount claimed for blockage or othe (explain in detail in Part VI):	er factors			
2 Acquisition indebtedness applicable to	non-exempt-use assets	2		
3 Subtract line 2 from line 1d.		3		
4 Cash deemed held for exempt use. En see instructions).	ter 0.015 of line 3 (for greater amount,	4		
5 Net value of non-exempt-use assets (s	subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.		6		
7 Recoveries of prior-year distributions		7		
8 Minimum Asset Amount (add line 7 t	o line 6)	8		
Section C - Distributable Amount		1.3		Current Year
1 Adjusted net income for prior year (from	n Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	Y Y W MITTER	2		
3 Minimum asset amount for prior year (rom Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.		4		
5 Income tax imposed in prior year		5		
6 Distributable Amount. Subtract line 5 emergency temporary reduction (see in		6		

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

Schedule A (Form 990) 2021

(see instructions).

Par	t V Type III Non-Functionally Integrated 509(a	a)(3) Supporting Organiza	tions (continued)	
Sect	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt	purposes		
2	Amounts paid to perform activity that directly furthers exempt pur organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of	supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provid	de details in Part VI)		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations to which the organizations.			
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
10	Line o amount divided by line 9 amount	m m	011	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required–explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018	1		
	From 2019			
е	From 2020			
f	Total of lines 3a through 3e		~	
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
í	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020		~	
е	Excess from 2021			

Schedule A (For	m 990) 2021	ART	LEAGUE	OF	HILTON	HEAD	INC.	57-3	1061135	Page 8
Part VI	Supplemental II III, line 12; Part I' B, lines 1 and 2; 3a, and 3b; Part lines 2, 5, and 6.	nformation V, Section Part IV, Se V, line 1; P	n. Provide t A, lines 1, 2 ection C, line Part V, Sect	he ex 2, 3b, e 1; f ion B	xplanations , 3c, 4b, 4c, Part IV, Sec s, line 1e; Pa	required 5a, 6, 9 ction D, li art V, Se	by Part I a, 9b, 9c nes 2 an ction D, I	I, line 10; Part I , 11a, 11b, and d 3; Part IV, Se ines 5, 6, and 8	I, line 17a or 11c; Part IV, ction E, lines ; and Part V,	17b; Part Section 1c, 2a, 2b,
					_					
	*********		******							omensore.
~ % \$. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$										
C 1001115-01160151	*************************						ESTÉREA A PARA PARA PARA PARA PARA PARA PARA	en e en en egicken ek en e		
************	***************					rtistorum.	10151515171			
* 10-000-00-00-00-00-00-00-00-00-00-00-00-		*********		*****	**********	(**********			era da ar evanena e	
- (10) (11) (11) (2)	B. F. G. F. F. B. F. S. F. G. F.	-			eriseriserisi.	136513611361			************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
								*		
***************************************	*****************		**).(**).(**).**		(61)(1)(61)(1)					
*)141114114141										***********
	0.00						(********			
										10101010101-01-9
Allegate of a standard and a sale		. repriest		*****	T 17 K2 t4 K3-t4 43-43	********				
****(************	(***) (***) (**) (*********************			поц						
(e de la contraction de la cont									
					************	************	***********			**************
,	*****************	in in its	***************************************							
4.50105-10101-171				i i y v i r	**********			**********		un en en exploration
Liminoinese		(**********			***********	FX	. (* : +) * ; = ; 1	(012) (17) (17) (10) (10) (10) (17)		(x0)(x)((10÷110+11
	***************************************	************						× ************************************		
Exercise consequences	* * * * * * * * * * * * * * * * * * * *	*************		15(11)		********			1) (X (X 1 X + 2 1 X 1 X 1 X 1 X 1 X 1 X 1 X 1 X 1 X 1	.) () -) = (
*100-8-010-6-00-6-00-6-6-6-6										
		2012 Yeshiyasa ya	********						**********	
*************	******************			11//11						
		erri erri anda	80.386300		1111201120111					
	*************				*****		*********	***********	*****	
-(-1f4-1-4-11-14-14-	**********************	******		etan et	sector atroves to	outhern America	whose services	construction and all a	n kerk van Stransverk en	

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

ART LEAGUE OF HILTON HEAD INC.

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

57-1061135

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

Special Rules

contributor's total contributions.

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

▶ \$

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

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

Schedule B (Form 990) (2021)

Name of organization ART LEAGUE OF HILTON HEAD INC.

Employer identification number 57-1061135

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TOWN OF HILTON HEAD ONE TOWN CENTER COURT HILTON HEAD ISLAND SC 29926	\$ 65,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	GAYLORD & DOROTHY DONNELLY FOUNDATIO 4 NORTH ATLANTIC WHARF, SUITE 100 CHARLESTON SC 29401	s 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	SC ARTS COMMISSION 1026 SUMTER STREET COLUMBIA SC 29201	\$ 19,488	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	STATE OF SC 1200 SENATE STREET, SUITE 214 COLUMBIA SC 29201	s 49,788	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	(\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$,	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047 Open to Public

Inspection Name of the organization Employer identification number ART LEAGUE OF HILTON HEAD INC. 57-1061135 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public

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

Schedule D (Form 990) 2021

Part III Organizations Maintaini	ng Collections of			her Simila	r Assets	(contin		age Z
3 Using the organization's acquisition, access collection items (check all that apply):						1		
a Public exhibition	d 🗍	Loan or exchange pr	ogram					
b Scholarly research	e							
c Preservation for future generations								
4 Provide a description of the organization's	collections and explain	how they further the	organization's exemp	t purpose in F	art			
XIII.								
5 During the year, did the organization solicit							-	
assets to be sold to raise funds rather than		art of the organization	s collection?			Ye	s	No
Part IV Escrow and Custodial A Complete if the organization 990, Part X, line 21.		" on Form 990, P	art IV, line 9, or re	eported an	amount	on Forn	a	
1a Is the organization an agent, trustee, custo included on Form 990, Part X?			or other assets not			Ye	s	No
b If "Yes," explain the arrangement in Part XI	II and complete the foll	owing table:		_				
						Amoun	t	_
c Beginning balance					1c			_
d Additions during the year		99755750 0		_	1d			ابت
e Distributions during the year		0.003103001000000	000 DX I 000 D00 E00×00	-0000000	1e			_
† Ending balance	money or a service of the service of	a local contract of the second	AND THE PERSON NAMED IN		1f	771152		-
2a Did the organization include an amount on			기타 내가 있는데 되었다고 있는데 되었다.	?	x	Ye	s _	No
b If "Yes," explain the arrangement in Part XI Part V Endowment Funds.	II. Check here if the ex	planation has been p	rovided on Part XIII					
Complete if the organization	on answered "Yes	on Form 990 P	art IV line 10					
complete if the organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Fou	r years b	back
1a Beginning of year balance							7.000	
b Contributions								
c Net investment earnings, gains, and								
d Grants or scholarships				*				-
e Other expenditures for facilities and						-		
programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage of the cu	rrent vear end balance	(line 1g. column (a))	held as:			1		
a Board designated or quasi-endowment ▶	%	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
b Permanent endowment ▶ %)							
c Term endowment ► %								
The percentages on lines 2a, 2b, and 2c sh								
3a Are there endowment funds not in the poss	ession of the organiza	tion that are held and	administered for the			1		74
organization by:						la m	Yes	No
					((a =) ((a ()) (a -)	3a(i)		
(ii) Related organizationsb If "Yes" on line 3a(ii), are the related organi	notions listed as requir	ad an Cahadula D2			((a =)) (a :) (= =)	3a(ii) 3b		
4 Describe in Part XIII the intended uses of the			.4-1		× × ×	35		
Part VI Land, Buildings, and Eq		Willett fullds,						
Complete if the organization		on Form 990, P	art IV. line 11a. S	ee Form 9	90. Part	X. line 1	0.	
Description of property	(a) Cost or other b			c) Accumulated		(d) Book		
	(investment)	(o)	her)	depreciation				
1a Land								
b Buildings								
c Leasehold improvements								
d Equipment								
e Other		V antique (D) to a	55,364	54,	357			007
LOTAL ADD LINES TO TOTALIDA TO ALLIMO (A) MILE	CHEST POSTS GUIL POR	A COURDINESS DOD TO	H = 1				The state of the s	1111

	Complete if the organization answered "Y	es" on Form 990 Part IV line 1	1b. See Form 990, Part X, lin	0.10
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	e 12.
74V =	(including name of security)		Cost or end-of-year market value	9
(1) Financial				
(3) Other	eld equity interests	:		
(A)	$(1 \ (1 \ (1 \ (1 \ (1 \ (1 \ (1 \ (1 \$	760 = 070000		
(B)	**************************************	**************************************		
(C)	Constitute of the contraction of			
(D)	**************************************	550.00		
(E)		4-14-4X		
(F)		4-0740 t		
(G)	11111 O (0.1111) + 0.11 + 1.11 + 1.11 + 1.11 + 1.11 + 1.11 + 1.11	C-110011		
(H)	**************************************	- AV (4-21-2		
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Y	es" on Form 990, Part IV, line 1	1c. See Form 990, Part X, line	e 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)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX	Other Assets.			
	Complete if the organization answered "Y	es" on Form 990 Part IV line 1	Id See Form 990 Part X line	15
	(a) Descri			ook value
(1)	UNDEPOSITED FUNDS		(5) 50	13,478
(2)				
(2)	SECURITY DEPOSITS			2.500
(3)	SECURITY DEPOSITS PREPAID POSTAGE			
(3) (4)				
(3) (4) (5)				
(3) (4) (5) (6)				
(3) (4) (5) (6) (7)				
(3) (4) (5) (6) (7) (8)				
(3) (4) (5) (6) (7) (8) (9)	PREPAID POSTAGE			1,863
(3) (4) (5) (6) (7) (8) (9) Fotal. (Column	PREPAID POSTAGE (b) must equal Form 990, Part X, col. (B) line 15.)			1,863
(3) (4) (5) (6) (7) (8) (9)	PREPAID POSTAGE (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	es" on Form 990. Part IV line 11		1,863
(3) (4) (5) (6) (7) (8) (9) Fotal. (Column	PREPAID POSTAGE (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes	es" on Form 990, Part IV, line 11		1,863
(3) (4) (5) (6) (7) (8) (9) Fotal. (Column	PREPAID POSTAGE (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	es" on Form 990, Part IV, line 11	e or 11f. See Form 990, Part	1,863 17,841 X,
(3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	PREPAID POSTAGE (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye line 25.	es" on Form 990, Part IV, line 11	e or 11f. See Form 990, Part	1,863
(3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	PREPAID POSTAGE In (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description of flability	es" on Form 990, Part IV, line 11	e or 11f. See Form 990, Part	ok value
(3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	PREPAID POSTAGE in (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description of liability income taxes ID MEMBERSHIP FEES NED TUITION	es" on Form 990, Part IV, line 11	e or 11f. See Form 990, Part	17,841 X, ok value 28,645
(3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	PREPAID POSTAGE (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description of liability income taxes IID MEMBERSHIP FEES	es" on Form 990, Part IV, line 11	e or 11f. See Form 990, Part	17,841 X, ok value 28,645 11,119
(3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	PREPAID POSTAGE in (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description of liability income taxes ID MEMBERSHIP FEES NED TUITION	es" on Form 990, Part IV, line 11	e or 11f. See Form 990, Part	17,841 X, ok value 28,645 11,119
(3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal (2) PREPA (3) UNEAR (4) RENTA (5) (6)	PREPAID POSTAGE in (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description of liability income taxes ID MEMBERSHIP FEES NED TUITION	es" on Form 990, Part IV, line 11	e or 11f. See Form 990, Part	17,841 X, ok value 28,645 11,119
(3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal (2) PREPA (3) UNEAR (4) RENTA (5) (6) (7)	PREPAID POSTAGE in (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description of liability income taxes ID MEMBERSHIP FEES NED TUITION	es" on Form 990, Part IV, line 11	e or 11f. See Form 990, Part	17,841 X, ok value 28,645 11,119
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) PREPA (3) UNEAR (4) RENTA (5) (6) (7) (8)	PREPAID POSTAGE in (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description of liability income taxes ID MEMBERSHIP FEES NED TUITION	es" on Form 990, Part IV, line 11	e or 11f. See Form 990, Part	17,841 X, ok value 28,645 11,119
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Federal (2) PREPA (3) UNEAR (4) RENTA (5) (6) (7) (8) (9)	PREPAID POSTAGE in (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description of liability income taxes ID MEMBERSHIP FEES NED TUITION	es" on Form 990, Part IV, line 11	e or 11f. See Form 990, Part	1,863 17,841 X,

Part XIII Supplemental Information (continued)	57-1061135	Page 5
- arexin - Supplemental information (continued)		

	******************	************
	*****************************	***********
T. 1775 160 186 17 17 17 17 17 17 17 17 17 17 17 17 17	*******	

* ************************************	*************************	***************

A32/02/42/41/492/4934.co.de.co.de.co.de.co.de.co.de.co.de.co.de.co.de.co.de.co.de.co.de.co.de.co.de.co.de.co.d		*************
= 2225 + 234 +	*******************	***************************************
T-12000 (4-100-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	************	
Faranas Caranas Maria and Caranas Cara		
	*****************************	Alexandro de la compresa del compresa del compresa de la compresa del compresa de la compresa del compresa de la compresa del compresa de la compresa del compresa del compresa de la compresa del compresa del compresa de la compresa de la compresa de la compresa del compresa del compresa del
		#FF1 1 100000000

(\$1\$##\$	******************************	

	. 5. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	

	***************************************	- CONSTRUCTOR TOTAL TO

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

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

	- 00 = 00 + 00 + 00 + 00 + 00 + 00 + 00
	oroxida o on paristrum successor.

Form 4562

Department of the Treasury Internal Revenue Service (99

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

Identifying number

chment 17

ART LEAGUE OF HILTON HEAD INC. 57-1061135 Business or activity to which this form relates INDIRECT DEPRECIATION Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 1 Maximum amount (see instructions) 1,050,000 1 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,620,000 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2022, Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year. See instructions 14 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2021 17 572 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 19a 3-year property b 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM SI Nonresidential real 39 yrs. MM S/L property MM S/L Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. S/L c 30-year 30 yrs. MM S/L d 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 22 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 572 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

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

05/12/2022

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior	MACRS:								
1	Computer	3/09/95	3,424			3,424	7 HY 200DB	3,424	0
2	Fire Ext Computer/Software	9/05/97	515			515	3 HY 200DB	515	0
4	Office Furn & Equip	1/31/00 1/31/01	3,466			3,466	7 HY 200DB	3,466	0
5	Computer H/W & S/W	1/31/01	718 2,299			718	7 HY 200DB	718	0
6	Carpet	1/30/01	6,363			2,299 6,363	7 HY 200DB 7 HY 200DB	2,299	0
7	Furn & Fixtures	1/31/01	3,103			3.103	7 HY 200DB	6,363	0
8	Leasehold Improvements	1/31/01	17,715			17,715	7 HY 200DB	17,715	0
9	Desk/Filing Cab	1/31/00	1,732			1,732	7 HY 200DB	1,732	0
10	HP Computer	12/29/10	516		X	0	5 HY 200DB	516	Ö
11 12	Printing Press	2/28/11	800		X	0	7 HY 200DB	800	0
13	Computer Desk	12/31/11	564		X X X	0	5 HY 200DB	564	0
14	Shelving	12/31/11 9/20/11	321		X	0	7 HY 200DB	321	0
16	Computer	1/01/19	772 2,205		Х	2 205	7 HY 200DB	772	0
17	Lockers	1/01/19	851			2,205 851	5 HY 200DB 7 HY 200DB	1,147	423
		1/01/15			-		/ HY 200DB	330	149
		-	45,364		-	42,391		43,785	572
	Depreciation:								
15	Leasehold Improvements	1/01/11	10,000		_	10,000	5 MO S/L	10,000	0
	Total Other Depreciation	-	10,000		-	10,000	_	10,000	0
	Total ACRS and Other Dept	reciation =	10,000			10,000	J	10,000	0
	Grand Totals		55,364			52,391		53,785	572
	Less: Dispositions and Trans	sfers	0			0		0	0
	Less: Start-up/Org Expense		0			0		0	Ő
	Net Grand Totals		55,364			52,391		53,785	572

ARTLEA Art League of Hilton Head Inc.

57-1061135

SC Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	SC Prior	SC Current	Federal Current	Difference Fed - SC
Prior	MACRS:							
1	Computer	3/09/95	3,424	3,424	3,424	0	0	C
2	Fire Ext	9/05/97	515	515	515	0	0	C
3	Computer/Software	1/31/00	3,466	3,466	3,466	0	0	C
4	Office Furn & Equip	1/31/01	718	718	718	0	0	0
5	Computer H/W & S/W	1/31/01	2,299	2,299	2,299	0	0	. (
6	Carpet	1/30/01	6,363	6,363	6,363	0	0	(
7	Furn & Fixtures	1/31/01	3,103	3,103	3,103	0	0	
8	Leasehold Improvements	1/31/01	17,715	17,715	17,715	0	0	- (
9	Desk/Filing Cab	1/31/00	1,732	1,732	1,732	0	0	(
10	HP Computer	12/29/10	516	516	516	0	0	(
11	Printing Press	2/28/11	800	800	800	0	0	(
12	Computer	12/31/11	564	564	564	0	0	(
13 14	Desk	12/31/11	321	321	321	0	0	Ç
16	Shelving	9/20/11	772	772	772	0	0.	Ç
17	Computer Lockers	1/01/19 1/01/19	2,205 851	2,205 851	1,147 330	423	423	(
17	LOCKEIS	1/01/19				149	149	0
		-	45,364	45,364	43,785	572	572	0
Other	Depreciation:							
15	Leasehold Improvements	1/01/11	10,000	10,000	10,000	0	0	0
	Total Other Depreciation	-	10,000	10,000	10,000	0	0	0
	Total Other Depreciation	_	10,000	10,000	10,000	<u> </u>	V.	
	Total ACRS and Other Depr	eciation _	10,000	10,000	10,000	0	0	0
	0.15.1		. 22.222			2-2	2.1	
	Grand Totals		55,364	55,364	53,785	572	572	C
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense	-	0	0	0	0	0	
	Net Grand Totals		55,364	55,364	53,785	572	572	0

ARTLEA Art League of Hilton Head Inc.
57-1061135

Bonus Depreciation Report
Form 990, Page 1

05/12/2022

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

FYE: 12/31/2021

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

All Business Activities

Form Unit Asset

Description

Tax

AMT

AMT Adjustments/ Preferences

05/12/2022

There are no assets that meet the criteria of this report

FYE: 12/31/2021

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

Form 990, Page 1

05/12/2022

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

05/12/2022

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

FYE: 12/31/22

FYE: 12/31/2021

Form 990, Page 1

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

Form 990

32. Number of employees

33. Number of volunteers

Two Year Comparison Report

ending

56

For calendar year 2021, or tax year beginning

2020 & 2021

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

32.

33.

56

	Idy	lay iveralli mistory			1202
Name ART LEAGUE O	OF HILTON HEAD INC.			Employer 57-1	Employer Identification Number 57-1061135
	2017 2018	2019	2020	2021	2022
Contributions, gifts, grants	117,044	108,484	122,289	213,069	
Membership dues	29,474	31,327	35,380	59,785	
Program service revenue	290,143	309,279	220,685	217,051	
Capital gain or loss					
Investment income	252	180	83	113	
Fundraising revenue (income/loss)					
Gaming revenue (income/loss)					
Other revenue					
Total revenue	436,913	449,270	378,437	490,018	
Grants and similar amounts paid	2,500	2,000	2,000	2.000	
Benefits paid to or for members					
Compensation of officers, etc.					
Other compensation	105,817	122,092	121,069	128,454	
Professional fees	2,300	2,400	7,200	1,300	
Occupancy costs	53,604	59,206	51,566		
Depreciation and depletion		563	4	572	
Other expenses	-	278,827	210,175	238,575	
Total expenses	-	465,088	392,924	428,248	
Excess or (Deficit)	-3,460	-15,818	-14,487	61,770	
Total exempt revenue	436,913	449,270	378,437	490.018	
Total unrelated revenue					
Total excludable revenue	290,395	309,459	220,768	217,164	
Total Assets	145,006		135,753	176,979	
Total Liabilities	51,556	49,113	73,063	52,871	
Net Fund Balances	93,450	77.632	62.690	124 108	

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

Federal Statements

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

Description	Expe	Total Expenses	П. 07	Program Service	Man	//anagement & General		Fund
BANK FEES AWARDS PAYROLL FEES TAXES & LICENSES RECEPTION EXPESE EVENTS TRAVEL & MEETINGS	er.	7,544 5,250 4,100 1,595 1,386 1,386 443	<i>so</i> -	3,395 5,250 1,386 600 443	w	4,149 4,100 1,595 350	W-	
TOTAL	⟨ \	21,268	S	11,074	€0>	10,194	(V)	0

Federal Statements

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

Schedule A, Part II, Line 1(e)

	Schedule A, Faith, Line 1(e)
Description	Amount
MEMBERSHIP DUES LOW INCOME EDUCATION FUND P/R PROTECTIONS PROGRAM DONATIONS	\$ 59,785
TOWN OF HILTON HEAD CASH CONTRIBUTION	13,92
GAYLORD & DOROTHY DONNELLY FOUNDATIO CASH CONTRIBUTION SC APPS COMMISSION	000,01
CASH CONTRIBUTION	19,488
CASH CONTRIBUTION	49,788
TOTAL	\$ 272,854
Schedule A,	Schedule A, Part II, Line 8(e)
Description	Amount
TOTAL	\$ 113 \$ 113
Schedule A, Part II,	Schedule A, Part II, Line 12 - Current year
Description	Amount
ART SALES ART ACADEMY RENTALS RANGING PEFS	\$ 150,981 54,331
MISC SPECIAL EVENTS	2,589
TOTAL	\$ 217,051

Return of Organization Exempt From Income Tax

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

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

2020 Open to Public

> Yes No Form 990 (2020)

OMB No. 1545-0047

Firm's address

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

For Paperwork Reduction Act Notice, see the separate instructions.

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

DAA

m 990 (2020) ART LEAGUE OF	HILTON HEAD INC.	57-1061135	Page
	Service Accomplishments		
		y line in this Part III	
Briefly describe the organization's mission ARTS EDUCATION AND PR			
ARIS EDUCATION AND PR	OMOTION.		

Did the organization undertake any sign	ificant program services during the yea	r which were not listed on the	
			Yes X No
If "Yes," describe these new services or			
Did the organization cease conducting,	or make significant changes in how it co	onducts, any program	
services?			Yes X No
If "Yes," describe these changes on Sch	edule O.		
		ree largest program services, as measured by	
		the amount of grants and allocations to others,	
the total expenses, and revenue, if any,	for each program service reported.		
	177 220	2 000 \ /D	82,937
(Code:) (Expenses \$	177,228 including grants of	of \$ 2,000) (Revenue \$ 7 TO EXHIBIT ARTWORK THAT	CAN BE
PURCHASED BY THE PUBL		TO EMILDIT ARTWORK TIME	<u> </u>
ORCHASED BI THE FOBI			

2			
*			
b (Code:) (Expenses \$	97,340 including grants		76,548
			THE
PURPOSE IS TO NOT ONI	LY EDUCATE BUT TO DE	EVELOP TALENT.	
90 1 100 1 1			

*			توسنس نستسنس

6			

	42 402 is alredian arranta	of \$) (Revenue \$	56,464
(Code:) (Expenses \$	42,402 including grants	FOR SPECIAL EVENTS, LECTURE	
RENTAL ETC.	TDES SPONSORSHIES I	OR SPECIAL EVENIE, EDGIORE	
RENIAL EIC.		<u></u>	
		<u> </u>	
		<u></u>	

d Other program services (Describe on S	chedule O.)		
(Expenses \$	including grants of \$) (Revenue \$)
e Total program service expenses	316,970		9
total program continue expenses			

Form **990** (2020)

Checklist of Required Schedules

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

Form **990** (2020)

	checklist of Required Schedules (continued)							
22	Did the organization report more than \$5,000 of groups or other assistance to the consistance of the consist						Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individue Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	als on	1					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the					22	-	X
	organization's current and former officers, directors, trustees, key employees, and highest compensa	(1						
	employees? If "Yes," complete Schedule J	ted						
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more that					23	-	X
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lin	1 04	n.					
	through 24d and complete Schedule K. If "No," go to line 25a	1es 24	1 D					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?				*******	24a		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the				** * *** * *** * * * * * * * * * * * * *	24b		+
	to defease any tax-exempt bonds?	e year						18
d)	714 V I			24c		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an exce	ee bo				24d		+
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	33 DE	ше	IIL		05-		37
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in	a pri				25a	+	X
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 9	00 E7	72					
	If "Yes," complete Schedule L, Part I	30 - LZ	- 1			051		37
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any		nt.			25b	-	X
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	Curre	2111					
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II					200		v
27	Did the organization provide a grant or other assistance to any current or former officer, director, trusto					26	-	X
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	30, NO	y					
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	, 20						
	persons? If "Yes," complete Schedule L, Part III	,,,				27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule	I Pa	 art		*****	- 21		A
	IV instructions, for applicable filing thresholds, conditions, and exceptions):	, _, , а	411					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contribute	or? If						
	"Yes," complete Schedule L, Part IV	51 . <i>n</i>				28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		1		* ** * * * ** * * * * * * * *	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?		* ***			200		- 22
	"Yes," complete Schedule L, Part IV					28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedu.	le M	8.69			29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	d						
	conservation contributions? If "Yes," complete Schedule M					30	2 1 4	x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedu	ıle N. I	 Pa	rt I		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes."	,		titrese				
	complete Schedule N, Part II					32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regu	lation	is.					
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I					33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part	11, 111,						
	or IV, and Part V, line 1					34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?					35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				I NO IN THE PARTY OF EATER IN T			
•	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	2				35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitab	le						
27	related organization? If "Yes," complete Schedule R, Part V, line 2			een reen gig		36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization.	zation	1					
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, P.	art VI				37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1	lb and	t					
D٠	19? Note: All Form 990 filers are required to complete Schedule O. Int V Statements Regarding Other IRS Filings and Tax Compliance					38	X	
Г	3 in to 1 initial tax compliance							
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	<u> </u>				
10	Enter the number reported in Pay 2 of Farm 4000 Father 0 Warring in the same of the same o	1	ı	2.6	To the state of th		Yes	No
1a h	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	_	34				
b c	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0				
U	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?							
	reperses garning (garnening) winnings to prize williers?					1c	1	X

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

Form 990 (2020) ART LEAGUE OF HILTON HEAD INC. 57-1061135 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 20 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 20 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? \mathbf{x} 2 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 X Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? X Each committee with authority to act on behalf of the governing body? d8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16h organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ SC 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year.

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

14 SHELTER COVER LANE

SC 29928

843-842-5738 Form 990 (2020)

ROBERT SEFTON

HILTON HEAD ISLAND

Form 990 (2020) ART LEAGUE OF HILTON HEAD INC. Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors**

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

(A) Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and				
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-211000 IIIIOO)	(11 <u>2</u> 1666 miles)	related organizations
(1) DONNA BARNAKO	0.00									
COMMITTEE MEMBER	2.00	x					3	0	o	0
(2) LOUANNE BARRETT	0.00	122								
(2) = 0 = = = = = = = = = = = = = = = = =	2.00								19	
EDUCATION COMM CHAIR	0.00	X						0	0	0
(3) PAT BATTEN										
PRESIDENT	2.00	x		x	(e le			0	0	0
(4) JUDY BLAHUT										
	2.00							2 20		2 4 4
COMMITTEE MEMBER	0.00	X						0	0	0
(5) LINDA BLOOM	0 00									
COLOGE PER MEMORIA	2.00	x						o	0	0
COMMITTEE MEMBER (6) BILL BOSLEY	0.00	Λ						0		
COMMITTEE MEMBER	2.00	x						0	0	0
(7) JANICE GRAY										
	2.00							c _y s s		
PAST PRESIDENT	0.00	X		X	<u></u>			0	0	0
(8) BILLY HOWE										
	2.00	x						0	0	0
FACILITIES CHAIR (9) JULIANA KIM	0.00	A		-	ļ	+		0	0	0
(9) DOLIANA KIM	2.00									
COMMITTEE MEMBER	0.00	x						0	0	0
(10) DENNIS LAKE										
	2.00									
COMMITTEE MEMBER	0.00	X						0	0	0
(11) ROSALYN LESTER	2.00									
VICE PRESIDENT	0.00	X		x				0	0	0

Form 990 (2020) ART LEAGUE Part VII Section A. Officers								57-106		Page 8
(A) Name and title	(B) Average hours per week (list any	(d bo	o not o	Pos check ess pe	c) ition more	than on is both a or/truste	ie an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(12) IRIS MAGIDSON	2.00							7		,
MKTG & COMM CHAIR (13) PAT MCGUIRE	0.00	X						0	0	0
VOLUNTEER CHAIR	2.00	x						0	0	0
(14) JAN ROSS	2.00	22								
MEMBER-AT-LARGE (15) LINDA SAYLOR	0.00	X						0	0	0
(15) LINDA SAYLOR SECRETARY	2.00	x		x				0	0	0
(16) ROBERT SEFTON		22		Λ					0	0
TREASURER (17) FANOULA SEVAS	0.00	x		x				0	0	0
COMMITTEE CHAIR	2.00	x						0	0	0
(18) CINDY STRICKI		Λ					1.00		0	0
MEMBER-AT-LARGE	0.00	x						0	0	0
(19) PEG WESCHKE	2.00	x						0	0	0
MEMBERSHIP CHAIR 1b Subtotal		1101]	>	0		0
c Total from continuation she d Total (add lines 1b and 1c)							<u> </u>			
Total number of individuals (in reportable compensation from				hose	e list	ed ab	ove	e) who received more than :	\$100,000 of	Vac Na
3 Did the organization list any for employee on line 1a? If "Yes,"										Yes No
4 For any individual listed on line organization and related organ	e 1a, is the sum	of re	porta	ble o	com	pensa	tion	n and other compensation f	rom the	4 X
individual5 Did any person listed on line 1 for services rendered to the or		rue c	omp	ensa	ation	from	any	unrelated organization or	individual	5 X
Section B. Independent Contractor 1 Complete this table for your fix	ors								nan \$100 000 of	
compensation from the organi	zation. Report co (A) I business address	ompe	ensat	ion f	or th	ne cale	end	ar year ending with or withi	n the organization's tax yea (B) tion of services	ar. (C) Compensation
Name and	d business address							Descrip	otion of services	Compensation
				-				3		
	2	0				2		, and the second		
2 Total number of independent received more than \$100,000	contractors (inclu	uding	but	not l	imite	ed to the	hos	e listed above) who	0	
DAA	c. compensation	01	0	Jigi	n. 116-1					Form 990 (2020)

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

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, (A) Total expenses (B) Program service (D) Fundraising Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 2,000 2,000 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 112,465 62,866 34,492 15,107 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes 8,604 4,809 2,639 1,156 Fees for services (nonemployees): Management b Legal Accounting 7,200 С 7,200 Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 65,840 12 65,840 13 Office expenses Information technology 15 Royalties 16 Occupancy 51,566 51,582 -16 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 914 914 23 3,095 2,785 310 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) COMMISSIONS 68,488 68,488 а INSTRUCTOR FEES 41,264 b 41,264 BANK FEES 11,587 c 5,058 6,529 SUPPLIES 6,526 4,747 d 1,779 e All other expenses 13,375 7,531 5,277 567 316,970 392,924 Total functional expenses. Add lines 1 through 24e 59,124 16,830 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

ance	Sheet
	ance

				(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing			52,053	1	91,918
2	Savings and temporary cash investments				2	32/320
3	Pledges and grants receivable, net	*********			3	
4	Accounts receivable, net	*********		64,084		30,236
5	Loans and other receivables from any current or former	officer, director,	******************	<u> </u>	7	30,230
	trustee, key employee, creator or founder, substantial co	ntributor, or 35°	%			
	controlled entity or family member of any of these person	20			5	
6	Loans and other receivables from other disqualified pers	ons (as defined	d			
ts	under section 4958(f)(1)), and persons described in sect	ion 4958(c)(3)(I	в)		6	
Assets	Notes and loans receivable, net		1444	7		
⋖ 8	Inventories for sale or use				8	
9	Prenaid evnenses and deferred charges				9	A
10	Land, buildings, and equipment: cost or other	1			3	
	basis. Complete Part VI of Schedule D	10a	55,364			
1	Less: accumulated depreciation		53,785	2,493	10c	1 570
11	Investments—nublicly traded securities			2/100	11	1,579
12	Investments—other securities, See Bort IV, line 11				12	
13	Investments—program-related. See Part IV, line 11				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11		the series to the control of the series of t	8,115	15	12,020
16	Total assets. Add lines 1 through 15 (must equal line 33	0		126,745	16	135,753
17	Accounts payable and accrued expenses	7		11,886	17	10,725
18	Grants payable	11,000	18	10,725		
19	Deferred revenue			19		
20	Tay-exempt hand liabilities			20		
21	Escrow or custodial account liability. Complete Part IV of	Schedule D			21	
တ္က 22	Loans and other payables to any current or former officer	director			41	
≝	trustee, key employee, creator or founder, substantial co		6			
Liabilities	controlled entity or family member of any of these person		l**		22	
□ ₂₃	Secured mortgages and notes payable to unrelated third	narties			23	
24	Unsecured notes and loans payable to unrelated third pa	rtion			24	
25	Other liabilities (including federal income tax, payables to		*******		24	
	parties, and other liabilities not included on lines 17-24).					
	of Schedule D	oomploto r art /	`	37,227	25	62 330
26				49,113	26	62,338 73,063
	Organizations that follow FASB ASC 958, check here	▶ X		20 / 113	20	75,005
or Fund Balances 22 28 29	and complete lines 27, 28, 32, and 33.					
E 27	Not accets without donor rootriotions			74,782	27	60 297
28	Net assets with donor restrictions		to be already to be to the be to provide a set of	2,850	28	60,297 2,393
₽	Organizations that do not follow FASB ASC 958, che	ck here ▶		2/000	20	2,393
2	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or equipment			30		
2 31	Retained earnings, endowment, accumulated income, or	other funds				
30 31 32	Total makes as a few of the least of the lea		25 100 05 05 000	77,632	31	62 600
33	Total liabilities and net assets/fund balances			126,745	33	62,690 135,753
	The second secon			120,120	33	Eorm 990 (2020)

	n 990 (2020) ART LEAGUE OF HILTON HEAD INC. 57-1061135			Pa	age 1 2
Pa	art XI Reconciliation of Net Assets				.30
	Check if Schedule O contains a response or note to any line in this Part XI				
1	rotal revenue (must equal Part VIII, column (A), line 12)	1	3	78.	437
2	Total expenses (must equal Part IX, column (A), line 25)	2			924
3	Nevertide less expenses. Subtract line 2 from line 1	3			487
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			632
5	Net uffealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			-
9	Other changes in net assets or fund balances (explain on Schedule O)	9			455
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				100
	32, column (B))	10		62	690
Pa	rt XII Financial Statements and Reporting				030
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				140
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		-		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on		20		
	Schedule O.				

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Single Audit Act and OMB Circular A-133?

Form **990** (2020)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)			
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson	than o	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estimate of compe	(F) ed amour other ensation n the	nt
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organiz related or		
(20) DEBI WEST	2.00								-			
COMMITTEE MEMBER	0.00	x						0	0			0
									,			

					9							
									v	4 '		
											90	
								1 1 1 9 9 1 4 19	e 100 - 0 10 0 0	1		
1b Subtotal		Sect	ion A	١			 				•	
Total number of individuals (in reportable compensation from	cluding but not li	mite					oove	e) who received more than \$	\$100,000 of		25	
3 Did the organization list any fo employee on line 1a? If "Yes,"	complete Sched	ule .	l for	such	indi	vidua	al			3	Yes	No
 For any individual listed on line organization and related organ individual Did any person listed on line 1 	nizations greater	than	\$15	0,00	0? <i>If</i>	"Yes	s," c	omplete Schedule J for suc	h	4		
for services rendered to the or	ganization? <i>If "Y</i> o									5		
Section B. Independent Contractor 1 Complete this table for your five	e highest compe											
compensation from the organiz	zation. Report co (A) business address	mpe	nsat	ion f	or th	e ca	end		n the organization's tax yea (B) tion of services		(C) Compens	ation

r												
2 Total number of independent or received more than \$100,000								se listed above) who		-	orm 99	0 (2020)
										,	J.III 00	(2020)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2020

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

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

□ Inspection
□ Employer identification number

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

Schedule A (Form 990 or 990-EZ) 2020

Part II Support Sched

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

Sec	tion A. Public Support												
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total						
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	118,178	122,688	146,518	139,811	157,669	684,864						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf												
3	The value of services or facilities furnished by a governmental unit to the organization without charge	,			2								
4	Total. Add lines 1 through 3	118,178	122,688	146,518	139,811	157,669	684,864						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)												
6	Public support. Subtract line 5 from line 4						684,864						
Sec	tion B. Total Support	N X		н									
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total						
7	Amounts from line 4	118,178	122,688	146,518	139,811	157,669	684,864						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	77	57	252	180	83	649						
9	Net income from unrelated business activities, whether or not the business is regularly carried on												
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		with the second										
11	Total support. Add lines 7 through 10						685,513						
12	Gross receipts from related activities, etc.	(see instructions)				12	820,107						
13	First 5 years. If the Form 990 is for the org	ganization's first, se	econd, third, fourth	, or fifth tax year as	s a section 501(c)(3	3)							
	organization, check this box and stop here												
Sec	tion C. Computation of Public Sเ												
14	Public support percentage for 2020 (line 6			ı (f))		14	99.91%						
15	Public support percentage from 2019 Sche						99.91%						
16a	33 1/3% support test—2020. If the organ	ization did not ched	ck the box on line 1	13, and line 14 is 3	3 1/3% or more, ch	eck this							
	box and stop here. The organization qual						▶ X						
b	33 1/3% support test—2019. If the organ				5 is 33 1/3% or mo	re, check	. —						
	this box and stop here. The organization of												
17a	10%-facts-and-circumstances test—202												
	10% or more, and if the organization meet												
	Part VI how the organization meets the "fa	cts-and-circumstar	ices" test. The orga	anization qualifies	as a publicly suppo	orted							
	organization						▶ 📗						
b	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line												
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain												
	in Part VI how the organization meets the '	facts-and-circums	ances" test. The o	rganization qualifie	es as a publicly sup	ported							
	organization						>						
18	Private foundation. If the organization did												
	instructions						▶ ∐						
						Schedule A (Form 9	90 or 990 E7\ 2020						

Schedule A (Form 990 or 990-EZ) 2020

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

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

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

Sec	tion A. Public Support	quiently annual a	TO LOCIO HOLOGIA	olow, picace o	ompiete i art ii	.)	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					(0) 2020	(i) rotar
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513	,					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.) tion B. Total Support						
		T					
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		- x , g48				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			0			
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	22		9			
13	Total support. (Add lines 9, 10c, 11, and 12.)	,					
14	First 5 years. If the Form 990 is for the org	anization's first, se	econd third fourth	or fifth tax year as	a section 501(c)(3	8)	
	organization, check this box and stop here						•
Sec	tion C. Computation of Public Su	ipport Percent	tage				
15	Public support percentage for 2020 (line 8,	column (f), divided	by line 13, column	(f))		15	%
16	Public support percentage from 2019 Sche	edule A, Part III, line	€ 15			16	%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2020 (lin	ne 10c, column (f),	divided by line 13,	column (f))		17	%
18	Investment income percentage from 2019 S	Schedule A, Part III	, line 17			18	%
19a	33 1/3% support tests—2020. If the organ						
-	17 is not more than 33 1/3%, check this bo						▶ □
b	33 1/3% support tests—2019. If the organ						. —
20	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did	not check a box o	n line 14, 19a, or 1	9b, check this box	and see instruction	าร	

Part IV **Supporting Organizations**

Schedule A (Form 990 or 990-EZ) 2020

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

Section A. All Supporting Organizations

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

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

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

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

D				
Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	ntions (continued)	7
Sect	Current Year			
1	Amounts paid to supported organizations to accomplish exempt purpo			
2	Amounts paid to perform activity that directly furthers exempt purpose	6		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide de			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations			
	(provide details in Part VI). See instructions.	White the same of		
9	Distributable amount for 2020 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		_	
_		(i)	(ii)	(iii)
Sect	ion E – Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2020	Amount for 2020
	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required–explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	From 2019			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
-	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			1000
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
b	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
۵	Excess from 2020			

Schedule A (Forn	n 990 or 990-EZ) 202	O ART	LEAGUE (OF HILTON	HEAD	INC.	57-1061135	Page 8
Part VI	III, line 12; Par B, lines 1 and	I Information t IV, Section 2; Part IV, Se art V, line 1; P	Provide the A, lines 1, 2, ction C, line art V, Section C, line	e explanations 3b, 3c, 4b, 4d 1; Part IV, Se n B, line 1e; F	s required c, 5a, 6, 9a ection D, lin Part V, Sec	by Part II, lind a, 9b, 9c, 11a nes 2 and 3; I ction D, lines	e 10; Part II, line 17a or , 11b, and 11c; Part IV Part IV, Section E, lines 5, 6, and 8; and Part V.	17b; Part , Section s 1c. 2a. 2b.
* **** * * * * * * * * * * * * * * * *) (10.0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
* *************************************				***************************************			• • • • • • • • • • • • • • • • • • • •	
	******************			9 4 679 7 7 69 5 6 6 6 7 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6				
• • • • • • • • • • • • • • • • • • • •								
2 								
	.,							
• • • • • • • • • • • • • • • • • • • •								
			S 408 8 & 408 08 & 404 08 & 4040					

					CONTRACTOR OF THE PROPERTY AND			
E								680 + 640 + 660 ± 660 ± 770
								0.000
· ;								* ** ** ** * * * * * * * * * * * * * *
						***********		201101101101101
							**************	***************************************
• • • • • • • • • • • • • • • • • • • •			*** * * * * * * * * * * * * * * * * * *					
	enero e erena a erana a erena a erana a							***************************************
	*** * * *** * * *** * *** * * *** *				*********			

						*********	£3.7.£5	
							*** * **** * *** * *** * *** * *** * *** *	
							• •	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	RT LEAGUE OF HILTON HEAD INC.		57-1061135				
P	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F	nds or Other Similar Funds or A	Accounts.				
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in writing that t	the assets held in donor advised					
	funds are the organization's property, subject to the organization's exclus	sive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used						
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose						
-	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	Yes No				
P:	conservation Easements. Complete if the organization answered "Yes" on F						
1	Purpose(s) of conservation easements held by the organization (check a	Il that apply).	make it make it				
	Preservation of land for public use (for example, recreation or educate		mportant land area				
	Protection of natural habitat	Preservation of a certified his	• • • • • • • • • • • • • • • • • • • •				
	Preservation of open space	Lames I					
2	Complete lines 2a through 2d if the organization held a qualified conserve	ation contribution in the form of a conserv	vation				
	easement on the last day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2h				
С	Number of conservation easements on a certified historic structure include	led in (a)	2c				
d	Number of conservation easements included in (c) acquired after 7/25/06	s, and not on a					
	historic structure listed in the National Register		2d				
3	Number of conservation easements modified, transferred, released, extin	guished, or terminated by the organizatio	n during the				
	tax year ▶						
4	Number of states where property subject to conservation easement is loc						
5	Does the organization have a written policy regarding the periodic monito	ring, inspection, handling of					
	violations, and enforcement of the conservation easements it holds?		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of v	riolations, and enforcing conservation eas	sements during the year				
-							
7	Amount of expenses incurred in monitoring, inspecting, handling of violation	ions, and enforcing conservation easeme	nts 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 No				
9	In Part XIII, describe how the organization reports conservation easement	ts in its revenue and expense statement a	and				
	balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements.	ganization's financial statements that des	cribes the				
Pa		liotorical Traceures, or Other C	in the American				
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958, not to report the control of the c	ort in its revenue statement and balance s	sheet works				
	of art, historical treasures, or other similar assets held for public exhibition		public				
	service, provide in Part XIII the text of the footnote to its financial statemen						
b	If the organization elected, as permitted under FASB ASC 958, to report in	n its revenue statement and balance shee	et works of				
	art, historical treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	ublic service,				
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		S				
_	(ii) Assets included in Form 990, Part X		▶ \$				
2	in the organization received or field works of art, historical treasures, or oti	ner similar assets for financial gain, provid	de the				
	following amounts required to be reported under FASB ASC 958 relating to	to these items:					
a	Revenue included on Form 990, Part VIII, line 1	***************************************	> \$				
b	Assets included in Form 990, Part X	***************************************	\$				
DAA	aperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2020				

3а	Are there endowment funds not in the possession of the organization that are held and administered for the			
	organization by:		Yes	No
	(i) Unrelated organizations	3a(i)		
	(ii) Related organizations	3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		
4	Describe in Part XIII the intended uses of the organization's endowment funds.			

Part VI Land, Buildings, and Equipment.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment) (other) depreciation 1a Land **b** Buildings c Leasehold improvements d Equipment 55,364 ,579 53,785 e Other

Schedule D (Form 990) 2020

(2)	Part VII	Investments – Other Securities.	Towns 000 Down IV	in - 141- O F 000 D	raye
Code of resid of year monest value					
(1) Financial derivatives (2) Closely held equily interests (3) Closer yeld equily interests (4) Closery held equily interests (6) Closery held equily interests (6) Closery (6) Closery (7) Closery			(b) Book value	CONTRACTOR OF THE LONG-	
	(4) Financial d			Cost or end-or-year ma	arket value
(3) Other (4) (5) (6) (7) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	3 3				1
(A) (B) (C)		a equity interests		1844	
(6) (7) (8) (9) (9) (9) (9) (10) (10) must equal Form 990, Part X, cot. (8) line 12) (9) Book value (7) (9) (9) (10) (10) must equal Form 990, Part X, cot. (8) line 12) (10) Book value (8) (10) Book value (9) Book value (10) Book value (11) (12) (13) (14) Book value (12) (13) (14) Book value (13) (14) Book value (14) (15) (16) Book value (15) Book value (16) Book value (17) Book value (18) Book value (19) Book value (10) Book value (11) Book value (12) Book value (13) Book value (14) Book value (15) Book value (16) Book value (17) Book value (18) Book value (19) Book value (10) Book value (11) PREPAID MISC EXPENSES (11) PREPAID MISC EXPENSES (12) UNDEPOSITED FUNDS (13) SECURITY DEPOSITS (14) PREPAID FOSTAGE (15) Book value (16) Book value (17) Book value (18) Book value (19) Book value (10) PREPAID FOSTAGE (11) PREPAID FOSTAGE (12) Book value (13) Book value (14) Book value (15) Book value (16) Book value (17) Book value (18) Book value (19) Book valu					
(C) (D) (E) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(C) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F		······································			
(F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F		natioation			
(F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(G) (H) Total. (Column (I)) 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) Meltinoid or investment (c) Meltinoid or investment (d) Description of investment (d) Book value (d) Meltinoid or investment (d) Book value (d) Meltinoid or investment (e) Book value (d) Meltinoid or investment investment (d) Meltinoid or investment (e) Meltinoid or investment (f) Meltinoid or investment (f) Meltinoid or investment (f) Meltinoid or investment (f) PREPAID MISC EXPENSES (g) Description (g) Description (g) Meltinoid (g)					***************************************
Cotal. C					1
Total (Column (ii)) must equal Form 990, Part X, cot. (B) line 12.)					
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (e) Method of valuation: Coast or end-of-year market value		(1)			
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: Cotat or end-of-year market value			2		
(a) Description of investment (b) Boox value (c) Membral of valuation: Cost of and of-year method value (f) Cost of and of-year method value (g) Cost of and of year and	Part VIII		- 000 D (N/)		
(1) Cost or and of year market value (1) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (9) (9) (9) (1) (9)	***************************************				
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal form 990, Part X, col. (B) line 13) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (9) PREPAID MISC EXPENSES 4, 5 (2) UNDEPOSITED FUNDS 3, 7 (3) SECURITY DEPOSITS 2, 5 (4) PREPAID POSTAGE 1, 4 (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) 12, 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) Beck value (1) Federal income taxes (2) PREPAID MEMBERSHIP FEES 33, 2 (3) PFP LOAN 25, 4 (4) PREPAID EXHIBITION FEES 22, 6 (6) UNBARNED TUTION 5 (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ 62, 3		(a) Description of investment	(b) Book value		
(2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				Cost or end-of-year ma	arket value
(6) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) PREPAID MISC EXPENSES (1) PREPAID MISC EXPENSES (2) UNDEPOSITED FUNDS (3) SECURITY DEPOSITS (4) PREPAID POSTAGE (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Labilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Labilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal Income taxes (2) PREPAID MEMBERSHIP FEES (3) 25, 4 (4) PREPAID EXHIBITION FEES (2) 1, 0 (5) ENITAL DEPOSITS (6) UNBARNED TUITION (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) (6) UNBARNED TUITION (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) (6) UNBARNED TUITION (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) (6) UNBARNED TUITION (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) (6) ENTIAL (Column (b) must equal Form 990, Part X, col. (B) line 25)					
(4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (10					×
(6) (7) (8) (9) (9) (10)					
6					
(7) (8) (9) (1) (8) (9) (1) (1) (1) (1) (2) (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (3) (2) (2) (2) (3) (2) (2) (2) (3) (2) (3) (2) (3) (2) (3) (2) (3)			-		
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) PREPATD MISC EXPENSES (2) UNDEPOSITED FUNDS (3) SECURITY DEPOSITS (4) PREPAID POSTAGE (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 12, CO 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 (11) Federal income taxes (22) PREPAID MEMBERSHIP FEES (33, 22) PREPAID MEMBERSHIP FEES (33, 22) PREPAID MEMBERSHIP FEES (33, 22) PREPAID EXHIBITION FEES (3) PPP LOAN (4) PREPAID EXHIBITION FEES (5) RENTAL DEPOSITS (6) UNEARNED TUITION (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 62, 3					THE PLANE OF THE PARTY OF THE P
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) PREPATD MISC EXPENSES 4, 9 (2) UNDEPOSITED FUNDS 3, 0 (3) SECURITY DEPOSITS 2, 5 (4) PREPATD POSTAGE 1, 4 (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 12, 0 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) PREPATD MEMBERSHIP FEES 333, 2 (3) SPP LOAN 25, 4 (4) PREPATD EXHIBITION FEES 2, 0 (5) ENTAL DEPOSITS 1, 0 (6) UNEARNED TUITION 5 (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
Part IX					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value					
(a) Description (b) Book value (1) PREPAID MISC EXPENSES 4, 9 (2) UNDEPOSITED FUNDS 3, 0 (3) SECURITY DEPOSITS 2, 5 (4) PREPAID POSTAGE 1, 4 (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 12, 0 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PREPAID MEMBERSHIP FEES 33, 2 (3) PPP LOAN 25, 4 (4) PREPAID EXHIBITION FEES 3, 2, 0 (5) RENTAL DEPOSITS 1, 0 (6) UNEARNED TUITION 5 (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 62, 3	Part IX			A COMPANIE AND A MARKETON	
(1) PREPAID MISC EXPENSES 4, 9 (2) UNDEPOSITED FUNDS 3, 0 (3) SECURITY DEPOSITS 2, 5 (4) PREPAID POSTAGE 1, 4 (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) ▶ 12, 0 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PREPAID MEMBERSHIP FEES 33, 2 (3) PPP LOAN 25, 4 (4) PREPAID EXHIBITION FEES 2, 0 (5) RENTAL DEPOSITS 1, 0 (6) UNEARNED TUITION 5 (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25,) ▶ 62, 3		V 100 100 100 100 100 100 100 100 100 10	orm 990, Part IV, li	ne 11d. See Form 990, Part	
(2) UNDEPOSITED FUNDS 3, 0 (3) SECURITY DEPOSITS 2, 5 (4) PREPAID POSTAGE 1, 4 (5) (6) (7) (8) (9) (9) (9) (10) must equal Form 990, Part X, col. (B) line 15) ▶ 12, 0 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 33, 2 (2) PREPAID MEMBERSHIP FEES 33, 2 (3) PPP LOAN 25, 4 (4) PREPAID EXHIBITION FEES 2, 0 (5) RENTAL DEPOSITS 1, 0 (6) UNEARNED TUTTION 5 (7) (8) (9) (9) (1) must equal Form 990, Part X, col. (B) line 25, 4 (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1					
(3) SECURITY DEPOSITS 2,5 (4) PREPAID POSTAGE 1,4 (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 12,0 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PREPAID MEMBERSHIP FEES 33,2 (3) PPP LOAN 25,4 (4) PREPAID EXHIBITION FEES 3,2 (5) RENTAL DEPOSITS 1,0 (6) UNEARNED TUITION 5 (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 62,3				The state of the s	4,948
(4) PREPAID POSTAGE (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 12, 0 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PREPAID MEMBERSHIP FEES 33, 2 (3) PPP LOAN 25, 4 (4) PREPAID EXHIBITION FEES 33, 2 (5) RENTAL DEPOSITS 1, 0 (6) UNEARNED TUITION 5 (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 62, 3			90-0	*	3,095
(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) PREPATD MEMBERSHIP FEES 33, 2 (3) PPP LOAN 25, 4 (4) PREPAID EXHIBITION FEES 2, 0 (6) UNEARNED TUITION 5 (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 62, 3		The state of the s			2,500
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 12, 0 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) PREPATD MEMBERSHIP FEES 33, 2 (3) PPP LOAN 25, 4 (4) PREPAID EXHIBITION FEES 2, 0 (5) RENTAL DEPOSITS 1, 0 (6) UNEARNED TUITION 5 (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 62, 3		PREPAID POSTAGE			1,477
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 12, 0 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PREPAID MEMBERSHIP FEES 33, 2 (3) PPP LOAN 25, 4 (4) PREPAID EXHIBITION FEES 2, 0 (5) RENTAL DEPOSITS 1, 0 (6) UNEARNED TUITION 5 (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 62, 3					
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 12, 0 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PREPAID MEMBERSHIP FEES 33, 2 (3) PPP LOAN 25, 4 (4) PREPAID EXHIBITION FEES 2, 0 (5) RENTAL DEPOSITS 2, 0 (6) UNEARNED TUITION 5 (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 62, 3					
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 12, 0 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PREPAID MEMBERSHIP FEES 33, 2 (3) PPP LOAN 25, 4 (4) PREPAID EXHIBITION FEES 2, 0 (5) RENTAL DEPOSITS 1, 0 (6) UNEARNED TUITION 5 (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 62, 3	Washington and the same of the				***************************************
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PREPAID MEMBERSHIP FEES 333, 2 (3) PPP LOAN 255, 4 (4) PREPAID EXHIBITION FEES 2, 0 (5) RENTAL DEPOSITS 1, 0 (6) UNEARNED TUITION 5 (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		The state of the s	****		
Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PREPAID MEMBERSHIP FEES 33, 2 (3) PPP LOAN 25, 4 (4) PREPAID EXHIBITION FEES 2, 0 (5) RENTAL DEPOSITS 1, 0 (6) UNEARNED TUITION 55 (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) PREPAID MEMBERSHIP FEES 33, 2 (3) PPP LOAN 25, 4 (4) PREPAID EXHIBITION FEES 2, 0 (5) RENTAL DEPOSITS 2, 0 (6) UNEARNED TUITION 5 (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				· · · · · · · · · · · · · · · · · · ·	12,020
Section Sec	Part X		_		
1. (a) Description of liability (b) Book value (1) Federal income taxes 33,2 (2) PREPAID MEMBERSHIP FEES 33,2 (3) PPP LOAN 25,4 (4) PREPAID EXHIBITION FEES 2,0 (5) RENTAL DEPOSITS 1,0 (6) UNEARNED TUITION 5 (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 62,3			-orm 990, Part IV, li	ne 11e or 11f. See Form 99	0, Part X,
(1) Federal income taxes (2) PREPAID MEMBERSHIP FEES 33,2 (3) PPP LOAN 25,4 (4) PREPAID EXHIBITION FEES 2,0 (5) RENTAL DEPOSITS 1,0 (6) UNEARNED TUITION 5 (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 62,3		line 25.			
(2) PREPAID MEMBERSHIP FEES 33,2 (3) PPP LOAN 25,4 (4) PREPAID EXHIBITION FEES 2,0 (5) RENTAL DEPOSITS 1,0 (6) UNEARNED TUITION 5 (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 62,3					(b) Book value
(3) PPP LOAN 25,4 (4) PREPAID EXHIBITION FEES 2,0 (5) RENTAL DEPOSITS 1,0 (6) UNEARNED TUITION 5 (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 62,3					
(4) PREPAID EXHIBITION FEES 2,0 (5) RENTAL DEPOSITS 1,0 (6) UNEARNED TUITION 5 (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ★ 62,3					33,290
(5) RENTAL DEPOSITS 1,0 (6) UNEARNED TUITION 5 (7) (8) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 62,3			WANTED TO THE TOTAL PROPERTY OF THE TOTAL PR		25,435
(6) UNEARNED TUITION 5 (7) (8) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 62,3		the state of the s			2,095
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 62 , 3		· · · · · · · · · · · · · · · · · · ·			1,000
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 62,3	(6) UNEAR	NED TUITION	***************************************		518
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 62 , 3		WWW. 1991-1991-1991-1991-1991-1991-1991-199			4
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(8)				
			2		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.)			62,338
	2. Liability for ι	uncertain tax positions. In Part XIII, provide the text of the footnote	ote to the organization's	financial statements that reports the	•

chedule D (Form 990) 2020 ART LEAGUE OF HILTON HEAD	INC. 57	-1061135	Page 4
Part XI Reconciliation of Revenue per Audited Financial St	atements With Rever	nue per Return.	
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	
Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
Uther (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1	**********************	3	
Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1
Part XII Reconciliation of Expenses per Audited Financial S	tatements With Expe	nses per Return.	
Complete if the organization answered "Yes" on Form 9	990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d	**************	2e	w
3 Subtract line 2e from line 1		3	-
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.) c Add lines 4a and 4b	4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		4c	
Part XIII Supplemental Information.		5	
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	ort IV lines the and the Dest	V Est A. D. LV E	
Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro			
valvas, miss za ana is, ana i areval, miss za ana 45. Also complete this part to pre	wide any additional informati	IOII.	
	o		

			* * * * * * * * * * * * * * * * * * * *

	0.110.1100.1101.1111.1111		****

Schedule D (F	orm 990) 2020	ART I	LEAGUE O	F HILTON	HEAD	INC.	57-1061135	Page 5
Part XIII	orm 990) 2020 Supplemer	ntal Infor	mation (cont	ʻinued)				<u> </u>

							*******************************	***************************************
8								
				Y 653 Y 653 Y 644 Y 644 *				

F								
	******			* **** * **** * **** * **** *			***************************************	
* ***********								

								2.8
								å + 112 + 124 + 12
							5 5 4 695 4 6 74 4 6 65 4 6 65 4 6 65 4 6 65 4 6 65 4 6 65 4 66 6 6 6	2
					* **** * **** * ****			
Kirmindindi							*	
							· · · · · · · · · · · · · · · · · · ·	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Art League of Hilton Head Board of Directors Meeting August 23, 2023 Minutes

Present – Judy Blahut, Rosalyn Lester, Tomma Rychener, Cindy Strickland, Robert Wortmann, Art Cornell, Kristen McIntosh, Rebecca Jeffries, Donna Simmons, Fanoula Sevastos, Janice Gray Online – LouAnne Barrett

Open Meeting 3.30 Judy Blahut

Consent Agenda – presented

Motion to Approve Consent Agenda

1st Roslyn Lester 2nd Janice Gray APPROVED

Financial Report – Janice Gray

Discussed January to July Income/Expenses - see statement

Discussed 2024 budget – see statement

Motion to Approve 2024 Budget

1st Janice Gray 2nd Art Cornell APPROVED

Motion to approve Kristen McIntosh has approval to present ATAX report

1st Janice Gray 2nd Art Cornell APPROVED

Judy Blahut signed approval letter to present with ATAX report

Nomination Committee – Janice Gray presented committee recommendations.

Motion to approve Judy Blahut be available for another 2 year term APPROVED

Motion to approve additional 2 year terms for Janice Gray, Gabrielle Hoffmann, Rebecca

Jeffries, Robert Wortmann, Linda Bloom APROVED

Motion to approve slate as presented by committee APPROVED

Recognized Roslyn Lester for her work with Board and her continued commitment to volunteering with Art League.

Presidents Report

Proud of effort on strategic planning.

Development committee discussed Heritage Classic Foundation matching funds and gave handouts.

Development committee requested funds to begin endowment fund with Community Foundation of the Lowcountry.

Motion to approve \$5000 from operating funds to start Community Foundation of the Lowcountry Endowment Fund/Art League

1st Janice Gray 2nd Fanoula Sevastos APPROVED

2024 Exhibition Schedule presented by Kristen McIntosh, ED

Motion to approve 2024 schedule

1st Janice Gray 2nd Roslyn Lester APPROVED

Town Council 360/40 celebration at Celebration Park – Art League will have a presence. Please attend if possible.

Strategic Plan Update – need a few more areas finalized to complete. Will be turned in and completed by next executive committee meeting. Will complete a full board online vote to approve ASAP.

Motion to adjourn

1st Janice Gray

2nd Art Cornell

APPROVED



ART LEAGUE GALLERY

Located mid-island inside Arts Center of Coastal Carolina at 14 Shelter Cove Lane

843.681.5060 gallery@artleaguehhi.org

ART LEAGUE ACADEMY

Located south-island off Pope Avenue at 106 Cordillo Parkway

843.842.5738 academy@artleaguehhi.org

MAIL TO:

PO Box 22834 Hilton Head Island, SC 29925

VISIT US ONLINE:

www.artleaguehhi.org

Live Art. Love Art. Learn Art.

August 23, 2023

Resolved by the Board of Trustees of Art League of Hilton Head, that Kristen McIntosh, Executive Director or her assigned designee is authorized to act on behalf of the organization in the execution of the Town of Hilton Head Island 2024 ATAX Grant Application.

Judy Blahut, Chairperson Board of Directors

ATAX EFFECTIVENESS MEASUREMENT

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

DATA FROM 2022 BUDGET vs ACTUAL

TOPIC	THE PLAN	BUDGET	ACTUAL SPENT	RESULTS When possible, provide planned results vs. actual results, and/or current year vs. prior year results .
Online Advertiseme	nts to Increase Tourist Attendance			
Online Marketing	Online marketing included ads with the Hilton Head Island-Bluffton Chamber of Commerce, Carolina Arts Digital Newsletter Ads, Targeted Display Ads through LocalIQ, Callforentry.org listing and ads, Artshow.com promotion, Plein Air Newsletter ad, and display ads on Outdoorpainter.com.	\$ 20,000.00	\$ 20,897.07	 ▶ Chamber - Visitors to all ALHH ads are up 17.9% YoY, resulting in 110,556 impressions and 688 clicks in 2022. ▶ LocalIQ 2022 targeted display ads resulted in 2,155,549 impressions. ▶ #30 of 77 things to do in HHI on Trip Advisor ▶ Plein Air Magazine's digital readership is 10,256 households ▶ National call for entry ads attracted 298 artists ▶ OutdoorPainter.com Display ads resulted in 276,823 impressions and 504 clicks. ▶ Plein Air Newsletter with our ad had 18,690 opens.
Total	-	\$ 20,000.00	\$ 20,897.07	

Print Advertising to	Print Advertising to Increase Tourist Participation in Events & Classes										
Print Advertising	Place ads in Plein Air Magazine, Bluffton Today, HH Monthly Magazine, Lowcountry Weekly, Pink Magazine, Hilton Head Sun, the Discovery Map & RX Express.	\$	21,000.00	\$	19,540.55	 ▶ Plein Air Magazine's readership is 22,000 households ▶ Advertising in local publications promotes the gallery to locals, visitors & tourists ▶ 24,000 RX bags printed with ALHH info 					
Total	'	\$	21,000.00	\$	19,540.55						

Design Costs to Produ	Design Costs to Produce Marketing Materials									
Design	Website updates, Exhibit advertisements, class advertisements, 50th Anniversary Video & Special Ads	\$	14,000.00	\$	13,772.53	Video and design work for all marketing materials and website updates.				
Additional Design	Photographed Artwork & set- up websites for auctions	\$	1,500.00	\$	1,585.00	▶ 2,833 unique gallery views				
Website	Hosting Fees	\$	1,000.00	\$	959.88	▶ Website traffic in 2022 was 38,048 users ‡25% YoY				
WHHI		\$	300.00	\$	300.00	➤ Interview on Talk of the Town provides local TV advertising & a YouTube video to share on our Socials				

ATAX EFFECTIVENESS MEASUREMENT

TOPIC	THE PLAN	В	UDGET	ACTUAL SPENT	RESULTS
					When possible, provide planned results vs. actual results,
					and/or current year vs. prior year results .
Total		\$	16,800.00	\$ 16,617.41	

Facebook Ads	Thoughtfully curated Facebook	\$ 10,000.00	\$ 9,919.27	▶ Facebook ads in 2022 resulted in 664,341 impressions
	ads geared at certain target audiences			▶ Facebook "Followers" increased to 4,344 ‡20% from August 2021 to August 2022 & another ‡12% from August 2022 to August 2023
Social Media Coordinator	Social media coordinator posted daily & designed content for Facebook, Instagram, Pinterest, Google My Business Pages & YouTube	\$ 20,000.00	\$ 19,200.00	 ▶ 45,560 impressions from Pinterest (new) ▶ 75,786 reach from Facebook †36.8% ▶ 13,456 reach on Instagram †22.1% ▶ 626 video views on YouTube totaling 56 hours ▶ 724,273 Google Business Page(s) Views
Total	•	\$ 30,000.00	\$ 29,119.27	

Print and Postage	Print and Postage Costs to Deliver Advertising Materials									
Printing	Continued printing brochures, membership drive material, exhibition postcards, class schedules, signage, and special 50th Anniversary materials	\$	15,000.00	\$		Delivery of professional, eye-catching marketing materials via US Mail or for public distribution. These print materials supplement all of the above plus provide vital information for display at rest stops, retails shops, and more.				
Postage		\$	2,500.00	\$	2,238.23					
Total		\$	17,500.00	\$	18,825.24					

Total Budget to Actual \$ 105,300.00 \$ 104,999.54

Internal Revenue Service

Date: January 31, 2000

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

Department of the Treasury

P. O. Box 2508 Cincinnati, OH 45201

Person to Contact:

Sheena Wallace 31-04021 Customer Service Representative

Telephone Number: 877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

57-1061135

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in August 1977 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

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

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

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

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

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

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

Art League of Hilton Head Island Inc. 57-1061135

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

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

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

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

This letter affirms your organization's exempt status.

Sincerely,

Robert C. Padilla

Manager, Customer Service