

**2025**

# **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.

# 2025 Accommodations Tax Funds Request Application

Date Received: 09/04/2024

Time Received: 03:50 PM

By: Online Submittal

*Applications will not be accepted if submitted after 4 pm on September 6, 2024*

## A. SUMMARY OF GRANT REQUEST:

**ORGANIZATION NAME:** 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:  
director@artleaguehhi.org

Contact Phone: 843-681-5060

Event Date: 2025

Event Location: Art League of Hilton Head Gallery and Academy

**Total Budget:** \$555,868.00

**Grant Requested:** \$80,000.00

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

Art League of Hilton Head (ALHH) will use the ATAX grant funds to:

- Promote our monthly changing exhibits, special events, and art classes.
- Create and distribute valuable information to attract the local community and tourists to our Academy and Gallery.
- Create and distribute national advertising for ALHH art classes, highlighting Hilton Head as an inspiring creative destination.
- Promote and advertise special events with partner organizations and organizational events, such as bringing back our popular Studio Tours, which began in 1977.

Through these marketing expenditures, ALHH aims to foster community engagement and promote Hilton Head Island's vibrant art culture.

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 of Hilton Head promotes and preserves visual arts in the Hilton Head Island community. Our gallery features over 250 local artists and is open daily, providing an extensive collection of artwork that enhances the tourism experience of the island. Additionally, our Academy attracts distinguished guest instructors from across the US to teach classes, further enriching the region's cultural landscape. Our classes and workshops are designed to accommodate students of all skill levels and media preferences, ensuring that anyone can participate in and benefit from the visual arts. The impact is measured by attendance and sales data.

A. Total Number of Physical Tourists Served: 8424

*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: 5444

*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: 7842

*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): 21710

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

Art League of Hilton Head employees gather zip codes from everyone who visits our gallery and from students participating in our classes so that we can gain valuable insight into the diverse backgrounds of our attendees. This data is essential in guiding our outreach efforts. Additionally, we partner with various organizations for special events, collecting attendance data to assess the reach and impact of our collaborative initiatives. Our additional pop-up art exhibits throughout the community reached 23,000 individuals across 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 over 250 Lowcountry artists in one location. ALHH runs year-round classes at our Academy, which include 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 attends Tufts in Boston. In 2024, we awarded \$3,000 in scholarship funds to Karen McDonnell, who will attend Savannah College of Art & Design this fall.

ALHH partners with local businesses to expand our outreach and confirm that the visual arts are part of the community's fabric 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 hosting national juried exhibits at 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 require ALHH to decrease its advertising, reducing its reach to tourists. In 2022 and 2023, over two-thirds of our daytime walk-in patrons were visitors and tourists. We expect this percentage to grow with our continued expansion of special events, 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 2023: Industry impact: \$1,161,348, FT Jobs: 31, Household Incomes: \$616,491, Local Gov't: \$41,364, State Gov't: \$64,645.

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

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

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

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

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

<p>1 - Destination Advertising/Promotion <i>Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity.</i></p>	100 %
<p>2 - Tourism-Related Events <i>Promotion of the arts and cultural events.</i></p>	0 %
<p>3 - Tourism-Related Facilities <i>Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.</i></p>	0 %
<p>4 - Tourism-Related Public Services <i>The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.</i></p>	0 %
<p>5 - Tourist Public Transportation <i>Tourist shuttle transportation.</i></p>	0 %

6 - Waterfront Erosion/Control/Repair <i>Control and repair of waterfront erosion.</i>	0 %
7 - Operation of Visitor Information Centers <i>Operating visitor information centers.</i>	0 %
<b>Total:</b>	<b>100 %</b>

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

(a) Here are some ways ALHH collaborates 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 prominent display wall in the gallery year-round
- Host collaborative, often fundraising, exhibits with other nonprofits
- ALHH artists provide the HH Symphony Orchestra with annual program artwork
- The gallery is open 90 minutes before every ACCC performance
- Donate the gallery space for local nonprofits
- Pop-up galleries at St. Joseph Candler Medical Center 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
- Host collaborative fundraising exhibits with open invites to community artists:
  - Since 2022, with Lifelong Learning of HHI
  - In 2024, we collaborated with Clemson Extension to have a unique tree exhibit
  - In 2023 and 2024, we hosted a collaborative fundraiser for Sea Turtle Patrol HHI
- In 2023, we began partnering with Sea Pines and HH Plantation to offer on-site art classes.

(b) Art League of Hilton Head provides the island's only nonprofit teaching academy and gallery open to the public. We also host the island's only national juried exhibit, the *Biennale*, the oldest and longest-running juried show in the area.

7. Additional comments. (250 words or less)

Art League of Hilton Head takes our stewardship of ATAX funds very seriously. We believe in transparency and accountability, ensuring that every dollar is strategically spent and meticulously monitored for its impact. Our commitment to responsible resource management fosters trust within our community, allowing us to continue supporting the vibrant arts scene here on the island.

We are thrilled to announce the return of a beloved tradition in 2025—the artist studio tours! This cherished event was a core event in our early days and a highlight for locals and visitors.

We are also working to introduce an additional juried event that promises to elevate our local art scene and attract national attention. This initiative aligns perfectly with our mission to enrich the cultural fabric of Hilton Head and provide a platform for artists to shine.

To monitor our success, we closely monitor ALHH's cost per tourist. As cited below, our cost was very low pre-COVID, and we are slowly returning there. It is our goal that the two new events will help this initiative.

- 2017 - \$4.85
- 2018 - \$5.75
- 2019 - \$5.28
- 2020 - \$15.35
- 2021 - \$14.07
- 2022 - \$14.28
- 2023 - \$8.90

### C. FUNDING:

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

**A summary of revenue for ALHH based on the last completed fiscal year, 2023:**

Art Sales/ Class Tuition/ Got Art? Annual Fundraiser/ Collaborative Fundraisers/ Auction Income - \$304,569.15 **57.02%**

Exhibition Fees/ Membership Drives - \$60,110.00 **11.25%**

Government Grants - \$96,868.00 **18.14%**

Grants - \$10,000 **1.87%**

Individual Donations - \$39,239.31 **7.35%**

Corporate Donations - \$0 **0.00%**

Other Income (Donated art & supply sales, Call for Entry Fees, Raffles, Interest, and Memorial Donations) - \$23,356.45 **4.37%**

**Total - \$534,142.91**

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

<u>18.14</u>	Government Sources	<u>9.22</u>	Private Contributions, Donations and Grants
0	Corporate Support, Sponsors	<u>11.25</u>	Membership, Dues, Subscriptions
<u>57.02</u>	Ticket Sales, or Sales and Services	<u>4.37</u>	Other

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

Yes X No    

If so, please list top 3 sources and amounts.

South Carolina Arts Commission	\$21,868.00
Gaylord & Dorothy Donnelley	\$10,000.00

#### D. FINANCIAL INFORMATION:

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

#### Financial Statement Requirements:

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

Budget Provided: **Yes**

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

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

Previous fiscal year Profit Loss Reports Provided:

2022- Previous FY 1

2023- Previous FY 1

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

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

Previous fiscal year Balance Sheets Provided:



2022 - Previous FY 1

2023 - Previous FY 1

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

2022 - Previous FY 2

**E. FINANCIAL GUARANTEES AND PROCEDURES:**

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

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

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

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

**F. MEASURING EFFECTIVENESS:**

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If you received 2023 or 2024 HHI ATAX funds

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

2022	\$95,000.00
2023	\$75,000.00
2024	\$75,000.00

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

ATAX funds have been instrumental in enhancing the engagement of our community

members, visitors, and tourists to support local artists and cultural initiatives. In 2023, we used these funds to launch a comprehensive print and digital distribution campaign, ensuring our monthly exhibition information reached a wider audience. By implementing targeted advertising strategies, including a direct mail campaign for our classes and events, we effectively connected with art enthusiasts both near and far.

Purchasing landing pages and spotlight ads with the local Chamber allowed us to create unique advertisements showcasing our organization's vibrancy. We boosted visibility for our exhibitions, classes, and special events through paid advertising on social media platforms like Facebook and Instagram, significantly increasing engagement. Our digital marketing partner, Local IQ, utilized innovative techniques such as Geofencing and Targeted Display Ads to promote our exhibits.

We placed ads in every issue of Plein Air Magazine and executed unique email blast campaigns to reach tourists. We purchased display ads to advertise our classes. Our designer diligently updated our website monthly with fresh class and exhibit information, contributing to a remarkable 17.6% increase in website traffic in 2023, bringing us to 44,747 users.

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

Since our founding in 1972, Art League of Hilton Head has proudly stood as a beacon of creativity and cultural richness on Hilton Head Island. Artists from bustling urban centers have flocked to our shores, seeking inspiration from the island's unique heritage, stunning landscapes, and breathtaking waterways. Our gallery and Academy fulfill a vital role that no other organization on the island can match, serving as a hub for artistic exploration and community engagement.

Thanks to the generous support from ATAX marketing funds, ALHH has solidified its status as a nationally recognized arts organization. These resources promote the island's vibrant art scene to tourists and elevate the local artistic community. In 2023, we welcomed an unprecedented number of acclaimed instructors to our Academy, fostering an environment of learning and creativity that is second to none. Our prestigious juried show, Biennale, continues to garner national attention, showcasing the incredible talent of artists nationwide.

The momentum is palpable: our social media presence and website traffic are thriving, reflecting a growing interest in the arts. In recent years, our art sales and tuition have remained robust. Our membership continues flourishing, welcoming new community members who find their creative home within our vibrant fold.

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

Art League of Hilton Head measures its effectiveness through attendance and sales figures, the heartfelt connections it fosters, and the quality of artwork it showcases. Our exhibitions are more than mere displays; they are celebrations of creativity and collaboration. We take pride in engaging with our visitors and actively seek their feedback through various platforms, including Facebook, Trip Advisor, and Google. This invaluable input helps us refine our offerings and elevate the experience we provide.

Art League Academy thrives on participation and popularity. Students are invited to share their thoughts through satisfaction surveys at the end of each class. This commitment to listening empowers us to identify areas for improvement. It guides our expansion into diverse class types and instructors, ensuring that we cater to the evolving needs of our community and its tourists.

The professionalism with which we present our gallery is a testament to our dedication to visual excellence. Our trained staff meticulously curates each display, maximizing visual impact to enhance the viewer's experience. This attention to detail elevates the artwork, drives sales, and increases memberships.

#### 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: director@artleaguehi.org

Office Phone Number: 843-681-5060

Home Phone Number:



**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 2023 BUDGET vs ACTUAL**

TOPIC	THE PLAN	BUDGET	ACTUAL SPENT	RESULTS <i>When possible, provide planned results vs. actual results, and/or current year vs. prior year results .</i>
<b>Online Advertisements to Increase Tourist Attendance</b>				
Online Marketing	Online marketing included ads with the Hilton Head Island-Bluffton Chamber of Commerce, Carolina Arts Digital Newsletter Ads, Hiltonhead.com listings, Targeted Display Ads through LocalIQ, Artshow.com promotion, website and CRM costs, 2023 Biennale Digital Calls for Art/ Exhibit ads, Plein Air Newsletter ads, and display ads on Outdoorpainter.com.	\$ 21,558.00	\$ 18,862.31	<ul style="list-style-type: none"> <li>▶ Chamber - Visitors to all ALHH ads are <b>+17.6% YoY</b>, resulting in 129,986 impressions and 745 clicks in 2023.</li> <li>▶ LocalIQ 2023 targeted display ads resulted in 612,437 impressions.</li> <li>▶ #30 of 89 things to do in HHI on Trip Advisor</li> <li>▶ Plein Air Magazine's digital readership is over 10,000 households</li> <li>▶ National call for entry ads attracted 639 entries</li> <li>▶ OutdoorPainter.com Display ads resulted in 266,783 impressions and 363 clicks. <b>-3.6% YoY</b></li> <li>▶ Website users in 2023 was 44,747 <b>+17.6% YoY</b></li> <li>▶ 136,793 page views on HiltonHead &amp; HiltonHeadIsland.com listings</li> </ul>
<b>Total</b>		\$ 21,558.00	\$ 18,862.31	

<b>Print Advertising to Increase Tourist Participation in Events &amp; Classes</b>				
Print Advertising	Place ads in Plein Air Magazine, Bluffton Today, Lowcountry Weekly, Hilton Head Sun, Island Events Magazine, LocalLife Magazine, and Hilton Head Island/ Bluffton Chamber of Commerce Tourist Guide.	\$ 27,835.00	\$ 33,701.27	<ul style="list-style-type: none"> <li>▶ Plein Air Magazine's readership is 22,000 households</li> <li>▶ Advertising in local publications promotes the gallery to locals, visitors &amp; tourists</li> <li>▶ Island Events distributes over 275,000 copies annually</li> </ul>
<b>Total</b>		\$ 27,835.00	\$ 33,701.27	

<b>Design Costs to Produce Marketing Materials</b>				
Design	Work with a designer for website updates, Exhibit advertisements, class advertisements, & Special Ads plus software fees	\$ 8,807.00	\$ 4,619.76	▶ Design work for all marketing materials and website updates is cohesive and professional
<b>Total</b>		\$ 8,807.00	\$ 4,619.76	

<b>Social Media Costs to Advertise</b>				
Facebook Ads	Thoughtfully curated Facebook ads geared at certain target audiences	\$ 6,000.00	\$ 4,942.99	<ul style="list-style-type: none"> <li>▶ Facebook ads in 2023 resulted in 865,660 impressions <b>+30.3% YoY</b></li> <li>▶ Facebook "Followers" increased to 5,166 <b>+19% YoY</b></li> </ul>
<b>Total</b>		\$ 6,000.00	\$ 4,942.99	

**ATAX EFFECTIVENESS MEASUREMENT**

TOPIC	THE PLAN	BUDGET	ACTUAL SPENT	RESULTS <i>When possible, provide planned results vs. actual results, and/or current year vs. prior year results .</i>
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<b>Print and Postage Costs to Deliver Advertising Materials</b>				
Printing	Continued printing brochures, membership drive material, exhibition postcards, class schedules, signage, and special 2023 Biennale materials	\$ 8,200.00	\$ 11,007.03	▶ Printing of professional, eye-catching marketing materials via US Mail or for public distribution. These print materials supplement all of the above plus provide vital information for display at rest stops, retail shops, and more.
Postage		\$ 2,600.00	\$ 2,089.67	▶ Postage fees to mail materials
<b>Total</b>		\$ 10,800.00	\$ 13,096.70	
Total Budget to Actual		\$ 75,000.00	\$ 75,223.03	



















# Daily Log

Date: 1/10/13

Name: Wyndsi

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.

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Total:

(19)

## Customer Zip Code Tracker:

43235			
29926			
43235			
29910			
29909			
29910			
72758			
21014			
21050			
48138			
48189			
29910			
29926			
29928			
29928			
60043			
60043			
07450			
07450			





# Daily Log

Date: 1/12/2023

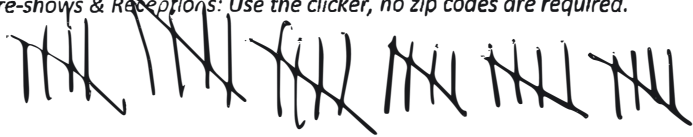
Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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

	Total: <b>30</b>
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## Customer Zip Code Tracker:

29928			
29926			
29909			
29909			
55125			
55125			
11946	29928		
11946	63127		
29615	63127		
29928			
29928			
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01930			
29910			
29926			
29928			
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# Daily Log

Date: 1/13/23

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

### Gallery Attendance:

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

Total:

22

### Customer Zip Code Tracker:

29928	29926		
29928	29926		
29909			
29909			
43212			
43212			
29926			
E4P4R4			
E4P4R4			
29926			
29926			
29910			
20401			
54138			
29909			
29926			
29928			
29910			
29910			
29926			

# Daily Log

Date: 1/14/23

Name: ~~\_\_\_\_\_~~ Mina Smith

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

### Gallery Attendance:

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

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Total:  
(23)

### Customer Zip Code Tracker:

<u>29928</u>	<u>29926</u>		
<u>29910</u>	<u>29926</u>		
<u>29910</u>	<u>10530</u>		
<u>31405</u>			
<u>31405</u>			
<u>29926</u>			
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<u>45429</u>			
<u>29909</u>			
<u>29909</u>			
<u>29909</u>			
<u>29908</u>			
<u>29908</u>			
<u>29908</u>			

# Daily Log

Date: 1-15-23

Name: Mina

Gallery Shift Time: 12-4

Day Shift  Pre-Show  Reception

### Gallery Attendance:

<p>Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows &amp; Receptions: Use the clicker, no zip codes are required.</p> <p><u>    </u> <u>    </u> <u>    </u> <u>  </u></p>	<p>Total: <u>16</u></p>
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### Customer Zip Code Tracker:

33027			
33009			
33331			
06019			
29928			
29909			
29910			
29910			
29916			
29926			
29926			
29909			
29910			
29910			
43235			
43235			

# Daily Log

Date: 1/16/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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

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Total:  
23

## Customer Zip Code Tracker:

04607	29910		
43235	29910		
29910	29910		
30342			
30342			
15330			
29926			
29910			
29910			
29928			
29928			
40205			
40205			
29928			
29928			
29910			
16057			
16066			
29909			
29909			

# Daily Log

Date: 1/17/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

### Gallery Attendance:

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

	<b>Total:</b> <u>32</u>
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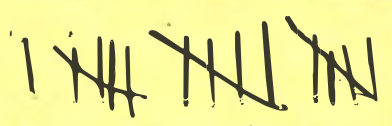
### Customer Zip Code Tracker:

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29910	29926		
29928	29926		
29928	08758		
29926	08758		
29926	29910		
29926	29910		
29926	11357		
29926	11357		
29926	19064		
29926	19064		
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		57662
		92662
		92662
		69660
		01668
		45044
		45044
		05041
		05041
		14886
		29028
		29028
		20854

Customer Zip Code Tracker:

<p>16</p> <p>Total</p>	
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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.

Gallery Attendance:

Day Shift  Pre-Show  Reception

Gallery Shift Time: 10-4

Name: Lynda

Date: 1/19/2023

Daily Log



# Daily Log

Date: 1/20/2023


Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

### Gallery Attendance:

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

	Total: <u>20</u>
--	---------------------

### Customer Zip Code Tracker:

15009			
15009			
29928			
29928			
29910			
29910			
29926			
29926			
14150			
30062			
30062			
53156			
53156			
29928			
06002			
29926			
29926			
29926			
29928			
29928			



# Daily Log

Date: 1-22-23

Name: Lina Smith

Gallery Shift Time: 12-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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

Total:  
20

## Customer Zip Code Tracker:

29928			
29928			
29928			
29928			
29910			
29910			
20008			
21401			
21032			
13148			
29910			
29910			
13148			
84121			
29928			
29928			
33712			
33712			
M56158			



# Daily Log

Date: 1/24/23

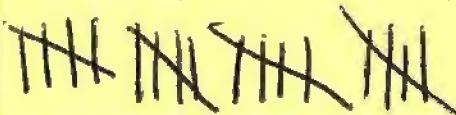
Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

### Gallery Attendance:

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

	<p><b>Total:</b> <span style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">20</span></p>
--	--

### Customer Zip Code Tracker:

29910			
29910			
29928			
29910			
29909			
29909			
29910			
44126			
44126			
26253			
29910			
29910			
29910			
22963			
22963			
32779			
32779			
43065			
43065			
29926			





# Daily Log

Date: 1/27/23

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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

Total:

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

32

## Customer Zip Code Tracker:

29928	55433		
81623	55126		
81623	55126		
29910	48323		
29926	48323		
18302	29926		
18302	29926		
66006	02675		
66006	02675		
29928	20906		
29928	20906		
22928	20906		
28512			
29928			
29928			
29928			
29928			
29928			
55433			
55126			



# Daily Log

Date: 1/28/23

Name: Mina Smith

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

### Gallery Attendance:

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

|||||

21

Total:

### Customer Zip Code Tracker:

30046	29927		
30033			
28144			
28144			
29144			
45215			
15311			
15317			
29928			
29926			
28203			
28203			
55447			
55447			
K4MIE3			
13066			
13021			
29803			
29927			
29927			







# Daily Log

Date: 2/1/23

Name: Lyndsi Lyche

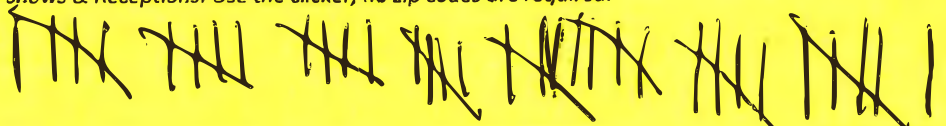
Gallery Shift Time: 10-4 5:30-7:30-

Day Shift  Pre-Show  Reception

Evening = 35

## 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.

	41	Total: <span style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">76</span>
--	----	---

## Customer Zip Code Tracker:

29928	29926	19444	
29928	08226		
29928	08226		
44094	08223		
44057	29609		
44094	30327		
19123	30319		
19123	20170		
01860	20170		
01860	06473		
01860	06473		
01860	94591		
29928	20003		
29928	KOH130		
44057	KOH130		
29928	12401		
29910	31419		
44126	30344		
44126	30344		
29926	19130		

**Daily Log**

Date: 2/2/23

Name: Lyndsi

Lyndsi

Gallery Shift Time: 10-4

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.



Customer Zip Code Tracker:

			28604
			21042
			21042
			01666
			01666
			82666
			82666
			29926
			29926
			29926
			80908
	37090		80908
	37090		80903
	33473		80923
	29928		63132
	29926		63132
	92083		48168
	15320		48168
	33446		48103
	33446		29926
	28604		29926

Total: 30/2

# Daily Log

Date: 2/3/23

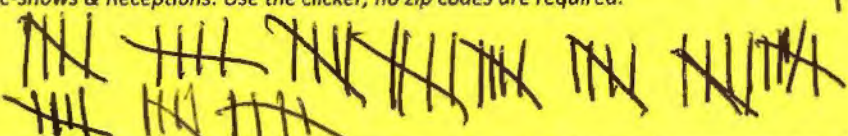
Name: Lyndsi Lydin

Gallery Shift Time: 10-4 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.

	<p>45</p>	<p>Total:</p>
--	-----------	---------------

## Customer Zip Code Tracker:

29909	27597	49022	
29909	60613	21078	
29926	53711	Ⓢ L3B0Y4	
29909	19803	L3B0Y4	
30341	60613	08618	
30341	53711	08618	
29926	31411	29909	
29926	31411	29928	
29926	31411	29928	
29926	45231	37923	
29909	29928		
29909	29928		
29909	29909		
29928	10308		
57718	19958		
29928	20619		
29928	27960		
29928	21784		
29928	29060		
33785	24926		

# Daily Log

Date: 2/4/22

Name: Gene Smiter

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.

25

Pre Show 53  
 III III III III  
 III III III III III  
 III III

Total:

## Customer Zip Code Tracker:

15701			
POEIEC X2			
NSA423 X2			
28027			
28269			
11413 X2			
11413 X2			
29928			
29928			
29910			
02184			
29920			
29910			
29910			
29926			
21666			
29002			
43235			
47250 X3			





# Daily Log

Date: 2/5/23

Name: Ms. Smith

Gallery Shift Time: 12-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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

<p><del>TH</del> <del>TH</del> <del>TH</del> <del>TH</del>    <input checked="" type="checkbox"/>   R.S., 75</p>		Total:
--	--	--------

## Customer Zip Code Tracker:

29909				
29909				
29909				
29928				
29928				
29928				
29928				
29926				
29926				
29910				
29910				
29910				
49136				
49136				
44136				
29926				
29910				
29910				
49160D				
29909				
28107				
28107				



# Daily Log

Date: 2/7/23

Name: Lyndsi *Lyndsi*

Gallery Shift Time: 10-4 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.

44	Pre 70	Total: 114
----	-----------	---------------

### Customer Zip Code Tracker:

55906	53953	29926	
<del>29922</del> 29229	15090	29926	
29229	15090	29926	
29926	10920	87532	
29926	10920		
06351(x2)	30253		
02124	30253		
02126	<del>56001</del> 56001		
60620	56001		
60620	37205		
70810	75205		
<del>129926</del>	37205		
<del>29926</del>	75205		
18045	43085		
18045	95670		
29910	95670		
29926	93085		
29926	29928		
54555	29928		
54555	03753		

# Daily Log

Name: Lynds

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Date: 2/8/23

*[Signature]*  
5-7+

## Gallery Attendance:

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

43

|||||||

|||||||

192

Total:

99

*[Signature]*

## Customer Zip Code Tracker:

28805	06033	31410
28805	L7G559	31410
29928	56435	29451
29928	56435	
07203	29926	
07203	29926	
07203	50613	
60565	52240	
06902	52240	
33473	50613	
06902	08088	
29928	08088	
33467	29926	
18078	29928	
18078	03842	
32940	01913	
13470	10035	
32940	29926	
13470	30097	
29928	20707	
L7G559	20921	

# Daily Log

Date: 2/9/23


Name: Lynski *Lynski*

Gallery Shift Time: 10-4 *5:30-7:30+pm*

Day Shift  Pre-Show  Reception

### Gallery Attendance:

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

 <p style="text-align: right; margin-right: 20px;">34</p>	<i>Pre-Show</i> 80	Total:
---	-----------------------	--------

### Customer Zip Code Tracker:

19970	34134		
19970	34134		
19970	30030		
08736	30030		
29928	30002		
<del>07719</del>	<del>30002</del>		
19968	22901		
19968	29928		
34957	29926		
34957	29928		
29910	29928		
29910	07423		
21057	07423		
21057	29928		
29926	10940		
60015	29928		
29928	10940		
17365			
17365			
34134			

# Daily Log

Date: 2/10/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

56

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.

83

Total:

## Customer Zip Code Tracker:

31210	29926	48104	
31061	29926	48104	
27523	29926	48104	
27519	52601	29926	
27519	52601	29926	
28804	62221	12514	
28804	62221	60048	
N8N452	62221	60048	
414121	30281	13031	
29926	30281	13031	
29926	29928	30331	
29909	29928	30213	
29910	60462	30296	
29910	60462	16365	
18447	83001	16365	
18447	83001	<del>20117</del>	
13045	29928		
13045	43110		
49690	29928		
49690	29928		







# Daily Log

Date: 2/13/23

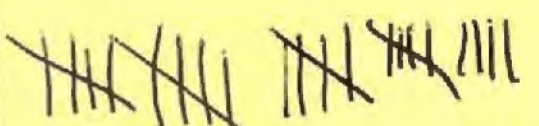
Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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

	Total: <span style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block; font-size: 2em;">24</span>
--	---

## Customer Zip Code Tracker:

62236	18812		
61607	11222		
19335	28712		
19335	28692		
32806			
32806			
17402			
17402			
19454			
19454			
53051			
53051			
K06140			
20175			
20175			
20175			
45387			
43123			
43123			
43125			

# Daily Log

Date: 2/14/23

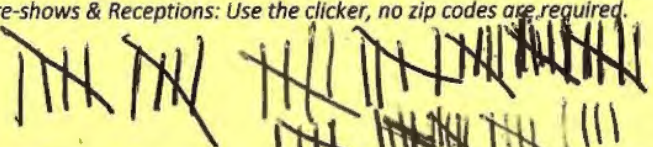
Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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

	Total: <span style="font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">59</span>
--	---

## Customer Zip Code Tracker:

29926	54701	29928	
29928	12866	29676	
29926	19958	29676	
29926	12210	19150	
64157	19958	77489	
54001	12210	77469	
54005	29909	29909	
54001	29927	29909	
64157	61525	29909	
06811	29630	29544	
06811	29630	29544	
06798	29928	29544	
06798	29926	29544	
29928	37204	60914	
22963	37204	60914	
19067	02215	46074	
19067	32301	46074	
54701	32301	54313	
54701	48629	54313	
54720	48629		

# Daily Log

Date: 2/15/23

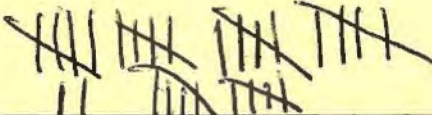
Name: Lynds Lynda

Gallery Shift Time: 10-4 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.

 32	<div style="border: 1px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <span style="font-size: 2em; font-family: cursive;">94</span> </div>	Total: <span style="font-size: 2em;">126</span>
---	---	--

## Customer Zip Code Tracker:

29926	01590		
29926	29928		
60620	03842		
60620	03842		
31302	34203		
29910	34203		
29927	41075		
31419	12801		
29902	7682329		
29920	7682329		
29907			
29926			
29926			
37640			
37640			
07010			
18708			
107010			
18708			
01590			

# Daily Log

Date: 2/16/23

Name: Lyndsi

Lyndsi  
5:30-7:30+

Gallery Shift 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.

36                      90

Total:  
126

## Customer Zip Code Tracker:

63129	12210		
60096	23970		
48104	23229		
48104	23229		
17036	23970		
44004	23320		
29926	29910		
17036	05701		
44004	29927		
24060	29928		
24060	29928		
45206	29928		
45206	29928		
93235	29928		
71601	20191		
32701	20191		
<del>78700</del> 75094			
32814			
32814			
19958			

# Daily Log

Date: 2/17/23

Name: Lynds

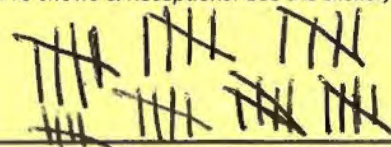
*Lynds*  
5:30-7:30

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.

 35	77	<b>Total:</b>
--	----	---------------

## Customer Zip Code Tracker:

53901	53545		
53901	30127		
29720	30127		
01730	30068		
01730	30068		
01730	31220		
10031	77489		
43065	28209		
43065	28209		
30034	53211		
30034	43452		
04043	16801		
04043	16801		
29928	15767		
29928	15767		
02790			
02790			
29910			
29909			
29909			

# Daily Log

Date: 2-18-23

Name: Aina Smith

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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

48	$\begin{array}{r} \text{Bus} \\ \hline 35 \end{array}$	74	Total:
----	--	----	--------

## Customer Zip Code Tracker:

32256	29928	15801	
32256	29926	1581	
03625	28078	03102	
29928	28078	03102	
11530	28078	01238	
19087	11530	01238	
02534	11530	37205	
11530	19087	29928	
29908	19087		
19087	32256		
60126	32256		
60126	29928		
47960	03102		
44720	03102		
29621	03102		
29621	49682		
20816	49682		
29926	48207		
20814	48207		
29928	15801		





# Daily Log

Date: 2-20-23

Name: Lydia

Gallery Shift Time: 10A-4 p.

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.

22	Total:
----	--------

### Customer Zip Code Tracker:

29910	22408		
28202	31090		
20745			
20745			
31088			
31088			
48430			
48430			
48843			
48843			
01720			
01720			
01728			
29928			
29928			
29928			
19720			
29926			
29909			
22408			

# Daily Log

Date: 2/21/23

Name: Lynch

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

<p>Daytime: The total number of tally marks should be equal to the total zip codes below.                  Pre-shows &amp; Receptions: Use the clicker, no zip codes are required.</p>	<p>Total: 37</p>
--	----------------------

## Customer Zip Code Tracker:

29928	NOH2PO		
43209	53901		
43209	53901		
29928	53901		
29926	53901		
2845	27545		
2845	<del>2845</del> 28152		
29910	29928		
29910	29928		
29461	08801		
29461	08801		
27712	60045		
29928	29909		
29642	29926		
29642	29926		
20611	21842		
20611	21842		
29650	29926		
29650			
29650			

# Daily Log

Date: 2/22/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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

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

Total:

45

## Customer Zip Code Tracker:

30161	43054	32266	
30161	29926	03031	
54601	AOC2NO	29928	
48025	AOC2NO	29926	
29926	29928	29926	
29926	34481		
14568	34482		
37620	34481		
24211	34481		
54913	55356		
24201	55403		
01720	29926		
01778	29926		
20169	44124		
20169	44124		
29926	KIG5E4		
54942	KIG5E4		
57006	30116		
57006	30213		
57006	32266		

# Daily Log

Date: 2/23/23

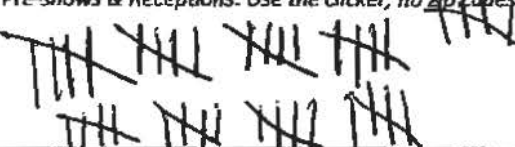
Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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

	Total: <span style="font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">47</span>
--	---

## Customer Zip Code Tracker:

48150	55082	29926	
48150	<del>55082</del> 55438	M2N1T6	
20011	02891	M2N1T6	
02021	11215	418009	
28791	11215	29926	
20832	11215	29926	
29910	11215	48009	
01752	29212		
60438	55106		
60177	14701		
19403	14701		
32601	55604		
32601	84121		
55113	55604		
46312	84121		
55060	32162		
55060	32162		
27511	29926		
27511	32162		
44077	32162		

# Daily Log

Date: 2-24-23

Name: Lydia Lima

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

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:

38

## Customer Zip Code Tracker:

<u>29910</u>	<u>29928</u>		
<u>29926</u>	<u>29910</u>		
<u>30328</u>	<u>60-124</u>		
<u>55356</u>	<u>03246</u>		
<u>85403</u>	<u>03246</u>		
<u>54467</u>	<u>07461</u>		
<u>54481</u>	<u>03246</u>		
<u>48105</u>	<u>29910</u>		
<u>48706</u>	<u>29910</u>		
<u>54467</u>	<u>61039</u>		
<u>30307</u>	<u>61039</u>		
<u>29928</u>	<u>19130</u>		
<u>29928</u>	<u>03466</u>		
<u>54407</u>	<u>11261</u>		
<u>54407</u>	<u>12866</u>		
<u>25539</u>	<u>11975</u>		
<u>28510</u>	<u>12983</u>		
<u>29910</u>	<u>30034</u>		
<u>29910</u>			
<u>29909</u>			

# Daily Log

Date: 2-25-23

Name: Lina Smith

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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

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

Gullah Bus Tour  
31

Total:

58

## Customer Zip Code Tracker:

29072	20068		
14051	60068		
29909	29909		
14051	29909		
50575	40502		
52405	40502		
52405	28403		
52405	29926		
52405			
29928			
29928			
63108			
32128			
32128			
32128			
29926			
08805			
08805			
15042			
15042			

# Daily Log

Date: 2-26-29

Name: Lina Smith

Gallery Shift Time: 12-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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

37

Bus  
TOUR 38

Total:

75

## Customer Zip Code Tracker:

00821	03458		
00821	43235		
00821	05482		
00821	03449		
45459	43235		
45459	43235		
55127	03458		
55127	03449		
55127	60606		
55127	60606		
60047	46K3N6		
60047	46K3N6		
29924	55127		
30228	00821		
30228	14424		
09857	53717		
60606	53717		
60606			
29707			
29707			

# Daily Log

Date: 2-27-23

Name: Alina

Gallery Shift Time: 10 - 4

Day Shift

Pre-Show

Reception

## Gallery Attendance:

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

Total:

19

## Customer Zip Code Tracker:

55906			
55906			
03894			
29928			
05482			
05482			
14001			
14001			
01590			
63146			
63146			
29926			
22101			
29928			
60647			
33957			
29928			
20203			
29926			



# Daily Log

Date: 2-28-23

Name: Lysia

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.

~~41~~ 41

Total:

## Customer Zip Code Tracker:

55347	02346	29928	
75864	70853		
80209	70853		
16254	02346		
80209	38135		
34787	38058		
34787	29488		
29488	38125		
29474	38127		
29924	29926		
38135	38058		
02132	38127		
27731	28277		
48103	60515		
49712	60515		
49712	24073		
45439	29928		
45429	29928		
43110	03240		
43110	03240		

# Daily Log

Date: 3/1/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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

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

Total:

32

## Customer Zip Code Tracker:

48072	29693		
48072	29693		
40383	29693		
32820	29693		
77578	29909		
27401	28374		
20020	28374		
52068	37064		
77027	37216		
77479	21663		
29568	21663		
29568	99508		
77578			
29926			
28711			
28711			
29928			
44907			
44907			
43217			





# Daily Log

Date: 3-4-23

Name: Mina Smith

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

*Pre Show*

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

||||| ||||| ||||| ||||| ||||| ||||| 23

20

Total:

## Customer Zip Code Tracker:

13090	49648		
29909	45203		
29909	45203		
15236			
15236			
29958			
29928			
29910			
8012E0			
8012E0			
29978			
03841			
01907			
01907			
15036			
15236			
15236			
77356			
77356			
49648			





# Daily Log

Date: 3/7/23

Name: Kristen / Lyndsi

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:

26

## Customer Zip Code Tracker:

24343	44126		
24343	44126		
N2M 4V6	29926		
N2M 4V6	29928		
02882	1165E4		
02882			
29909			
29910			
29910			
37385			
95242			
29909			
29909			
92009			
29909			
44691			
44691			
30064			
14150			
14450			



# Daily Log

Date: 3/8/2023

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

### Gallery Attendance:

<p>Daytime: The total number of tally marks should be equal to the total zip codes below.                  Pre-shows &amp; Receptions: Use the clicker, no zip codes are required.</p>		<p>Total: 2</p>
	<p>185</p>	

### Customer Zip Code Tracker:

49712	60025		
49712	60025		
48059	55347		
48059	16254		
07932	15864		
M6B2C5	60440		
M6B2C5	60440		
37643			
376433			
29926			
46321			
46321			
29926			
54432			
52101			
53095			
54701			
29926			
48306			
29926			

# Daily Log

Date: 3/9/23

Name: Lyndsi

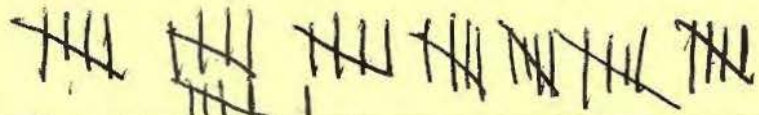
Lyndsi  
5:30-7:30pm

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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

	<p>94 preshow</p>	<p>Total:</p>
--	-----------------------	---------------

## Customer Zip Code Tracker:

29910	29924	70360	
29909	29928		
29909	29926		
29909	29909		
29909	29926		
29910	29926		
29910	29928		
29910	29926		
29910	29926		
04650	29926		
30269	29910		
30269	29928		
29928	21042		
03031	46383		
29928	29926		
31410	27282		
31410	29926		
02129	29928		
29926	29928		
02539	70360		

# Daily Log

Date: 3/10/23

Name: Lyndsi Caulder

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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

<p>29</p>	<p>III</p> <p>Preview</p>	<p>Total:</p> <p>140</p>
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## Customer Zip Code Tracker:

24502	21704	37130	
24502	21704	04971	
29928	07450	29526	
30329	29550	M9A2M7	
30329	29550	M9A2M7	
29928	07450	18977	
19640	52403	29928	
18944	52403	18977	
43950	22314	29928	
L4G5Y4	37405		
17754	37405		
17754	22314		
L4G5Y4	06026		
77399	06026		
65801	21204		
12019	19475		
12065	19475		
12019	16415		
03782	16415		
03782	37130		

# Daily Log

Date: 3-11-23

Name: Wina Smith

Gallery Shift Time: \_\_\_\_\_

Day Shift  Pre-Show  Reception

### Gallery Attendance:

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

Total:

25

### Customer Zip Code Tracker:

12084	29926		
12084	2986		
04106	29909		
03782	29909		
12084	29909		
29927			
17325			
17325			
17325			
17325			
31410			
29928			
29928			
19335			
19335			
KOK3NO			
KOK3NO			
KOH1GO			
KOH1GO			



# Daily Log

Date: 3/13/23


Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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

	Total: <span style="font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">28</span>
--	--

## Customer Zip Code Tracker:

29926	29928		
29926	29928		
29910	29928		
29910	16038		
29910	16038		
29910	94115		
29910	48809		
29928	29926		
35763			
35763			
35763			
35763			
29926			
29926			
29926			
29909			
29909			
16803			
29928			
16803			

# Daily Log

Date: 3/14/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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

	Total: <span style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">42</span>
--	---

## Customer Zip Code Tracker:

29928	30642	03750	
20008	22701	03750	
21703	22701		
20816	29910		
35630	57702		
35630	24440		
29902	29926		
29902	29926		
<del>29928</del> 29928	17044		
34683	49855		
29926	08833		
29926	18014		
29926	07852		
29926	18055		
29926	29926		
29926	29926		
29910	29926		
29910	15126		
29926	29926		
30642	20047		

*Lyndsi*

# Daily Log

Date: 3/15/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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

	Total: <span style="font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">48</span>
--	--

## Customer Zip Code Tracker:

52245	29926	29909	
52245	29909	29909	
52245	44256	66085	
52245	<del>29909</del> 29909	29909	
54701	<del>48</del> 48044	66085	
54701	29909	66085	
54701	48044	66085	
31024	28731	29909	
31024	48152		
32018	28731		
29909	29910		
75225	62879		
75225	02879		
75225	48152		
32926	07470		
29910	07470		
95864	29926		
29909	29909		
29909	29909		
29926	15116		



# Daily Log

Date: 3/16/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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

Total:

39

## Customer Zip Code Tracker:

03457	80015		
03457	40241		
48439	34241		
48421	34241		
29926	34241		
29928	29928		
<del>4848346</del>	32828		
48346	32828		
88011	32828		
80134	<del>32828</del>		
29910	29926		
29910	29926		
29909	29926		
29910	29926		
29909	07446		
JOE2TO	07446		
K8A6W4	29928		
27511	55311		
JOE2TO	07853		
40241			

# Daily Log

Date: 3/17/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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

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

Total:

28

## Customer Zip Code Tracker:

29910	29926		
29910	29926		
53066	31322		
25526	94087		
29910	06525		
25526	06525		
29910	06877		
29910	06877		
28751			
28751			
43147			
43147			
19130			
07853			
47972			
46804			
06117			
29928			
37919			
37919			

# Daily Log

Date: 3-18-23

Name: Dina Smith

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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

|||||

Total:

36

## Customer Zip Code Tracker:

<u>17543</u>	<u>23226</u>		
<u>17543</u>	<u>20016</u>		
<u>06492</u>	<u>31324</u>		
<u>06492</u>	<u>39214</u>		
<u>01851</u>	<u>29926</u>		
<u>01851</u>	<u>29926</u>		
<u>48329</u>	<u>03875</u>		
<u>48307</u>	<u>29936</u>		
<u>22181</u>	<u>55060</u>		
<u>22181</u>	<u>55060</u>		
<u>29926</u>	<u>34695</u>		
<u>29926</u>	<u>34695</u>		
<u>13152</u>	<u>34695</u>		
<u>13152</u>	<u>34695</u>		
<u>24084</u>	<u>29926</u>		
<u>24084</u>	<u>29926</u>		
<u>24060</u>			
<u>60461</u>			
<u>60422</u>			
<u>46385</u>			

# Daily Log

Date: 3-19-23

Name: Aina Smith

Gallery Shift Time: 12-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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

|||||

Total:  
 (19)

## Customer Zip Code Tracker:

29928			
29926			
29909			
29926			
44321			
29926			
29928			
29928			
13662			
13662			
13662			
13662			
K7M6R4			
K7M6R4			
K7M6R4			
K7M6R4			
29928			
29909			
29969			

# Daily Log

Date: 3-20-23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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

Total:  
**40**

## Customer Zip Code Tracker:

29928	29909		
29928	29909		
14226	28374		
14226	28374		
10023	06525		
29909	44017		
29909	44017		
16316	29926		
16335	23039		
29907	64151		
29907	29907		
29907	29907		
62W1B2	01923		
29910	29466		
29910	29928		
55374	60634		
55125	07860		
85739	07422		
29909			
29910			

# Daily Log

Date: 3/21/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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

Total:  
**39**

## Customer Zip Code Tracker:

40065	02878		
40065	55112		
40065	55112		
M4X1X5	55112		
L6J4R8	55112		
29910	29928		
29910	44691		
29681	44691		
29681	29909		
29681	29909		
B2V2M2	29909		
B2V2M2	66213		
29910	21401		
29910	05452		
29910	16648		
29910	16648		
29928	29910		
29928	59868		
29910	29910		
29910			

# Daily Log

Date: 3/22/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

<p><i>Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows &amp; Receptions: Use the clicker, no zip codes required.</i></p> <p> </p>	<p><b>Total:</b> <u>44</u></p>
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## Customer Zip Code Tracker:

29928	25302	02871	
29926	15234	30338	
27330	29928	30338	
29910	12590		
29910	07422		
29910	07860		
29910	07860		
29910	29909		
29910	29926		
59803	29926		
59803	04856		
59803	22043		
55129	04843		
54701	29910		
55129	49348		
54701	49348		
29910	29928		
29910	11787		
49682	11725		
49682	02871		

# Daily Log

Date: 3/23/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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

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

Total:

19

## Customer Zip Code Tracker:

29910			
29926			
29910			
29910			
29910			
03840			
03840			
29926			
29926			
02021			
60010			
75034			
22015			
29926			
19008			
N6A2X1			
L5J4J9			
N6A2X1			
L5J4J9			



# Daily Log

Date: 3/24/2023

Name: Lyndsi


Lyndsi  
5:30-7:30

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.

	23	75 Pre Show	Total: 98
--	----	----------------	--------------

## Customer Zip Code Tracker:

29926	29920		
15601	48198		
15601	48335		
29910			
29910			
03824			
29909			
29910			
29910			
29928			
29909			
29909			
37774			
20601			
43065			
43065			
54022			
54022			
29928			
06334			

# Daily Log

Date: 3-25-23

Name: Lydia

Gallery Shift Time: 10a-4p

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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

*JB*

Total:

## Customer Zip Code Tracker:

29909			
33830			
33830			
29910			
29910			
20148			
20148			
10023			
29926			
29928			
29928			
29940			
29940			
<del>4948</del> 48			
48335			
29928			
44840			
43701			
<del>32563</del>			
32563			



# Daily Log

Date: 3/27/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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

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

Total: 23

## Customer Zip Code Tracker:

28806	29926		
28806	48170		
29926	48170		
29926			
29928			
22963			
29672			
44039			
44039			
29926			
29926			
29909			
29928			
11222			
29928			
29926			
B3M067			
B3M067			
29926			
49505			

# Daily Log

Date: 3/28/23

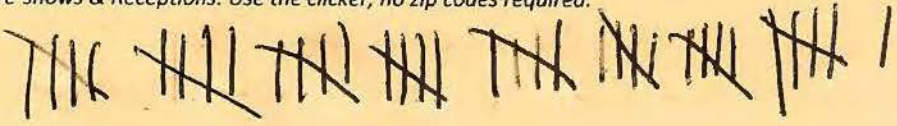
Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

**Gallery Attendance:**

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

	Total: <span style="font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">41</span>
--	--

**Customer Zip Code Tracker:**

29926	29928	48173	
34224	49720		
29909	49720		
29909	49720		
29910	49720		
91214	29928		
29910	29928		
20015	29909		
20814	29909		
20008	06472		
29928	06475		
29928	32904		
29928	44281		
29928	44281		
29928	02891		
29928	02891		
29928	29926		
29928	45231		
29928	32408		
29928	48173		

**Daily Log**

Date: 3-29-23

Name: Lynds

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:  
**36**

**Customer Zip Code Tracker:**

44047	60525		
44047	60525		
44047	60525		
29650	60525		
29650	29928		
98503	75034		
418118	75034		
29926	75034		
KIKOK3	29909		
KIKOK3	29909		
16803	20155		
16803	20155		
15824	29926		
46256	29926		
29927	29910		
29926	29910		
29928			
29910			
29910			
29910			









# Daily Log

Date: 4/2/23

Name: Lyndsi

Gallery Shift Time: 12-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

<p><small>Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows &amp; Receptions: Use the clicker, no zip codes required.</small></p> <div style="font-size: 2em; margin-top: 10px;"> <span style="display: inline-block; vertical-align: middle; margin-right: 10px;">    </span> <span style="display: inline-block; vertical-align: middle; margin-right: 10px;">    </span> <span style="display: inline-block; vertical-align: middle; margin-right: 10px;">    </span> <span style="display: inline-block; vertical-align: middle;">    </span> </div>	<p><b>Total:</b></p> <p style="font-size: 2em; text-align: center;">20</p>
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## Customer Zip Code Tracker:

29909			
77399			
77080			
77840			
77872			
29928			
29928			
27828			
29928			
29925			
29928			
29928			
48167			
48167			
29926			
30342			
29926			
29909			
29909			
29910			

# Daily Log

Date: 4/3/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

### Gallery Attendance:

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

Total:  
(31)

### Customer Zip Code Tracker:

63845	29926		
63845	29928		
26415	29928		
26415	53012		
03857	30092		
29909	49878		
29909	52333		
03857	52333		
29926	52240		
43551	555116		
43551	28712		
20175			
20175			
11209			
11209			
14609			
14609			
<del>14609</del> 11992			
29928			
29928			



# Daily Log

Date: 4/5/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

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

Total:

20

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

## Customer Zip Code Tracker:

<u>30809</u>			
<u>29910</u>			
<u>31419</u>			
<u>31405</u>			
<u>29926</u>			
<u>43085</u>			
<u>43085</u>			
<u>08833</u>			
<u>08833</u>			
<u>20895</u>			
<u>20895</u>			
<u>20895</u>			
<u>30143</u>			
<del>29928</del> <u>29928</u>			
<u>60605</u>			
<u>29910</u>			
<u>29910</u>			
<u>29910</u>			
<u>34242</u>			
<u>29926</u>			



# Daily Log

Date: 4/7/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

<p><i>Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows &amp; Receptions: Use the clicker, no zip codes are required.</i></p> <p><del>    </del> <del>    </del> <del>    </del> <del>    </del>  </p>	<p>Total: <u>21</u></p>
---	-----------------------------

## Customer Zip Code Tracker:

29928	29928		
29926			
29928			
29928			
29910			
29910			
29910			
29926			
29926			
29928			
29928			
06033			
06902			
06902			
15102			
29926			
29926			
30126			
30126			
29926			

# Daily Log

Date: 4-8-23

Name: Lydia

Gallery Shift Time: \_\_\_\_\_

Day Shift  Pre-Show  Reception

Gallery Attendance:

<p>Daytime: The total number of tally marks should be equal to the total zip codes below.                  Pre-shows &amp; Receptions: Use the clicker, no zip codes are required.</p> <p style="text-align: center; font-size: 2em;">31</p>	Total:
--	--------

## Customer Zip Code Tracker:

29909	MSMIM4		
29928	MSMIM4		
29926	11786		
29926	11786		
29910	11788		
29988	11788		
22911	39931		
29988	80127		
22911	80127		
29909	39931		
29909	29928		
50131			
29926			
L4C6K7			
49431			
06385			
06385			
44256			
44256			
29909			





# Daily Log

Date: 4-11-23

Name: Lydia

Gallery Shift Time: 10A-4P 5:30-7:30p.

Day Shift  Pre-Show  Reception

Gallery Attendance:

<p>Daytime: The total number of tally marks should be equal to the total zip codes below.                  Pre-shows &amp; Receptions: Use the clicker, no zip codes are required.</p>		Total:
<p>Day 4</p>	<p>Pre Show 73</p>	<p>-</p>

## Customer Zip Code Tracker:

29926	29910	29928	
05346	29910	29910	
05346	50230		
29926	29928		
29926	29928		
45241	29928		
45241	29928		
44333	16505		
44333	29928		
44333	16505		
44333	16505		
10533	16505		
10533	29928		
29928	29928		
29928	29928		
16505	02879		
16505	02879		
53901	29928		
53901	29928		
22910	29928		



# Daily Log

Date: 4-13-23

Name: Lynnie

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.

30

Total:

## Customer Zip Code Tracker:

29920	45419		
29909	45419		
29926	29926		
44839	33707		
29926	33707		
29926	29989		
02066	29989		
29928	02535		
28173	02535		
28173	29928		
29926			
15243			
15243			
29909			
29909			
43235			
43235			
43004			
43604			
29928			











# Daily Log

Date: 4/18/23

Name: Lynda

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

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

Total:

30

## Customer Zip Code Tracker:

53070	56515		
53070	29094		
29910	29094		
29926	80121		
29926	80121		
29928	29672		
29926	29672		
48323	29672		
48323	M4TB35		
02421	M4TB35		
02421			
92568			
92568			
30504			
30504			
29926			
29926			
29926			
29926			
55422			

# Daily Log

Date: 4/19/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

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

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

Total:  
18

## Customer Zip Code Tracker:

29909			
29928			
29928			
22207			
22207			
29426			
29426			
16803			
29926			
29926			
29928			
29910			
29909			
29909			
29910			
29926			
32903			
32903			





# Daily Log

Date: 4-22-23

Name: Mina

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

<p>Daytime: The total number of tally marks should be equal to the total zip codes below.                  Pre-shows &amp; Receptions: Use the clicker, no zip codes are required.</p> <p>                     IIII IIII IIII IIII IIII II                      ✖                 </p>	Total: <span style="font-size: 2em;">27</span>
--	---

## Customer Zip Code Tracker:

37909	29909		
37909	29909		
48105	29909		
48105	29909		
02050	29938		
0250	29938		
0250	76092		
02568			
29928			
34119			
34119			
34119			
29615			
03905			
03833			
29928			
43123			
43123			
15017			
29909			



# Daily Log

Date: 4/24/23

Name: Cynds.

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

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

Total:

23

## Customer Zip Code Tracker:

<u>99849</u>	<u>29928</u>		
<u>99301</u>	<u>19968</u>		
<u>29909</u>	<u>23188</u>		
<u>29926</u>			
<u>29926</u>			
<u>29928</u>			
<u>29928</u>			
<u>29926</u>			
<u>37660</u>			
<u>37660</u>			
<u>29910</u>			
<u>29910</u>			
<u>29910</u>			
<u>29910</u>			
<u>02840</u>			
<u>02840</u>			
<u>29928</u>			
<u>29928</u>			
<u>44107</u>			
<u>44107</u>			





# Daily Log

Date: 4/26/23

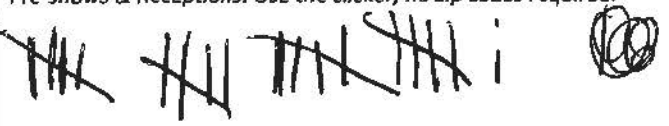
Name: Lyndsi Lyndsi

Gallery Shift Time: 10-4 5:30 + 7:30p.

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.

	ReShow <u>65</u>	Total: <u>21/65 =</u>
--	---------------------	--------------------------

## Customer Zip Code Tracker:

07040	14580		
07040			
29926			
29909			
29926			
29621			
08640			
29926			
29926			
30144			
22124			
22124			
29926			
30040			
30040			
48067			
48067			
29926			
29926			
14580			

# Daily Log

Date: 4/27/23

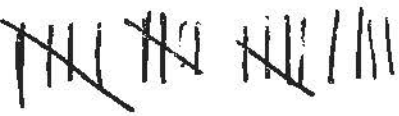
Name: Lyndsi Lyndsi

Gallery Shift Time: 10-4 5:30-9:30p.

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.

	Pre Show 58	Total:
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## Customer Zip Code Tracker:

44709			
29928			
29928			
29926			
29926			
22701			
29910			
29909			
29909			
46031			
46031			
03823			
03823			
43082			
43082			
03405			
03405			
L3C7A5			
L3C7A5			

# Daily Log

Date: 4/28/23

Name: Lyndsi Lyndsi

Gallery Shift Time: 10-4 5:30-7:30p.

Day Shift  Pre-Show  Reception

## Gallery Attendance:

<p><small>Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows &amp; Receptions: Use the clicker, no zip codes required.</small></p> <p><u>Pre Show</u></p> <p> <del>    </del> <del>    </del> <del>    </del>              (19)       </p>	<p>Total:</p> <p>(65)</p>
--	---------------------------

## Customer Zip Code Tracker:

29928			
29910			
28173			
28173			
29926			
34482			
34482			
34677			
29578			
29578			
29578			
29578			
29928			
29928			
66209			
66209			
H3J249			
H8R0C4			
23185			

# Daily Log

Date: 4/29/23

Name: Gina Smith


you

Gallery Shift Time: 10-4

5:30-7:30

Day Shift  Pre-Show  Reception

## Gallery Attendance:

<small>Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows &amp; Receptions: Use the clicker, no zip codes required.</small>		<b>Total:</b>
	<u>Pre Show</u> <u>17</u>	

45

## Customer Zip Code Tracker:

17111			
93446			
92987			
29926			
29926			
85308			
92649			
30417			
30417			
44281			
29909			
29969			
27012			
27403			
03057			
29926			
29267			













# Daily Log

Date: 5/5/23

Name: Lyndsi Lydia

Gallery Shift Time: 10-4 5:30-7:30p.

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.

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

Pre Show  
55

Total:

## Customer Zip Code Tracker:

28601	29928		
28601	29928		
29926			
53070			
53070			
29910			
29926			
22936			
29526			
29526			
27540			
27540			
29928			
34170			
28209			
70810			
70810			
25541			
42503			
42503			





# Daily Log

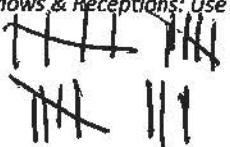
Date: 5/8/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

<p><i>Daytime: The total number of tally marks should be equal to the total zip codes below.</i></p> <p><i>Pre-shows &amp; Receptions: Use the clicker, no zip codes required.</i></p> <p>  </p>	<p>Total:</p> <p><b>18</b></p>
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## Customer Zip Code Tracker:

29928			
29910			
29909			
29909			
29926			
27605			
22044			
22044			
48917			
48917			
29928			
29928			
66207			
66207			
34211			
29926			
29910			
29910			

# Daily Log

Date: 5-9-23

Name: Heire / Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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

Total:  
**39**

## Customer Zip Code Tracker:

49506	29909		
49506	29909		
48632	37919		
48632	48306		
29909	48306		
29909	20878		
29909	20878		
29909	53217		
29909	29926		
29909	32163		
29909	02043		
29909	02025		
29909	02043		
29909	02025		
29909	29928		
29909	29938		
29909	29938		
29909	37067		
29909	37067		
29909			

# Daily Log

Date: 5/10/23

Name: Lyndsi

Lydia

Gallery Shift Time: 10-4

5:30-7:30p.

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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

	<p>Pre-Show</p> <p>51</p>	<p>Total:</p> <p>98</p>
--	---------------------------	-------------------------

## Customer Zip Code Tracker:

29710	29926	08121	
29710	29926	13060	
08043	29926	05401	
37408	29926	52240	
37408	29926	29909	
29928	29926	29928	
29928	29926	29926	
94559	29926		
74074	29926		
14882	29926		
73120	29926		
17011	29926		
17011	29926		
17011	06042		
02360	06042		
02360	06033		
36877	37067		
36877	37067		
29926	29909		
29926	29927		





# Daily Log

Date: 5/12/23


Name: Lyndsi *Lyndsi*

Gallery Shift Time: 10-4 5:30-7:30p.

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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

	<p><i>Pre Show</i> Total:</p>
--	-------------------------------

## Customer Zip Code Tracker:

01570			
01570			
29926			
29926			
28655			
28655			
24210			
24210			
17512			
75002			
17512			
33772			
30092			
30092			
23185			
23185			
19067			
19067			

# Daily Log

Date: 5-13-23

Name: Mina

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

<p><i>Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows &amp; Receptions: Use the clicker, no zip codes required.</i></p> <p>THH THH 1</p>	<p>Total: 30</p>
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## Customer Zip Code Tracker:

27565	29909		
27565	29926		
30309	29926		
30309	29909		
30309	29910		
31326	29910		
31326	<del>29926</del> 29926		
19067	15127		
19067	29926		
29223	29928		
29223			
30904			
30904			
29926			
30904			
30157			
31406			
29915			
29910			
29910			







# Daily Log

Date: 5/17/23

Name: Lyndsi Aydia

Gallery Shift Time: 10-4 5:30-7:30p.

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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

~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ | 26

PreShow  
54

Total:  
80

## Customer Zip Code Tracker:

29926	37205		
29928	29928		
16046	29902		
16046	29902		
29909	27518		
- 29910	27518		
29928			
29910			
29910			
29928			
43017			
30041		-	
30041			
29910			
29910			
25314			
28104			
23322			
- 29926			
37205			

# Daily Log

Date: 5/18/23

Name: Lyndsi

*Lyndsi*

Gallery Shift Time: 10-4

5:30-7:30p.

Day Shift  Pre-Show  Reception

*Pre Show*  
65

## 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.

*[Tally marks: 12 groups of vertical lines, some with diagonal slashes]*

Total:  
125

## Customer Zip Code Tracker:

60

29920	20895	60091	
29926	25443	60091	
29567	29926	<del>299</del> 60076	
29567	40383	30062	
62946	40383	29910	
29926	29910	29910	
29928	29926	28278	
17067	29926	28278	
17067	02131	44127	
17067	10708	94127	
17067	03824	61801	
29928	29926	71705	
17067	29926	46814	
15235	29926	46814	
15235	72223	11434	
43015	72223	11434	
29910	29412	18017	
43110	29926	18017	
29926	28603	07960	
29926	60614	07960	

# Daily Log

Date: 5/19/23

Name: Lyndsi

Lyndsi  
5:30 - 7:30p.

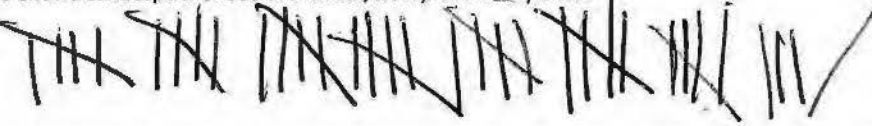
Gallery Shift Time: \_\_\_\_\_

Day Shift  Pre-Show  Reception

reception  
370  
pre show  
50  
38

## 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:

48642	11757		
48642	60540		
28159	60540		
28159	29926		
06853	29926		
29928	17325		
29928	10536		
29928	10536		
06441	29926		
06441	29926		
44223	29928		
26253	29928		
29910	29928		
29909	29909		
29910	29910		
10301	29910		
27834	29308		
77030	23908		
11757			
11757			







# Daily Log

Date: 5/22/23


Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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



Total:  
20

## Customer Zip Code Tracker:

43220			
43202			
29926			
29928			
29928			
29928			
29928			
29928			
29928			
29928			
29928			
29928			
29928			
29928			
29926			
29926			
29926			
46614			
29928			
29926			
29926			
29926			

# Daily Log

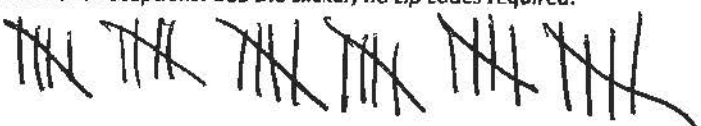
Date: 5/23/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

<p>Daytime: The total number of tally marks should be equal to the total zip codes below.                  Pre-shows &amp; Receptions: Use the clicker, no zip codes required.</p> 	<p>Total: 30</p>
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## Customer Zip Code Tracker:

22701	29926		
22701	30161		
29926	89104		
29926	30161		
55424	15129		
- 29928	15129		
29928	15129		
29928	29928		
29929	29928		
29926	29926		
29910			
29910			
60047			
60047			
29928			
29909			
05401			
21909			
- Africa-Uganda			
29926			

# Daily Log

Date: 5/24/23

Name: Lyndsi / Lene

Gallery Shift Time: 10-2 / 2-4 / 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.

	<p>Pre-Show</p> <hr/> <p>67</p>	<p>Total:</p> <hr/> <p>97</p>
--	---------------------------------	-------------------------------

## Customer Zip Code Tracker:

<del>66083</del>	29909		
66083	29909		
64015	29928		
64057	29928		
64057	29910		
64057	29910		
10003	90046		
10003	29928		
29909	90046		
29909	29928		
29909			
17602			
17602			
17602			
29926			
29909			
29928			
29909			
29928			



# Daily Log

Date: 5/26/23

Name: Lyndsi

Lyndsi

Gallery Shift Time: 10-4

6.30 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.		
	<u>Pre Show</u> <u>90</u>	Total:

## Customer Zip Code Tracker:

29909	38654		
29907	38654		
29910	38654		
29928	39922		
29926	39922		
29926			
29926			
29910			
29910			
41017			
<del>41017</del> 41017			
27516			
27516			
29910			
29926			
29928			
63017			
63017			
40513			
40513			

# Daily Log

Date: 5-27-23

Name: Kira

Hydra  
5:30-7:30

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.		
	28	
		Pre Show
		51
		Total: 79

## Customer Zip Code Tracker:

32207	49004		
32207	49004		
43113	08169		
43113	08169		
29631	20126		
29674	20120		
29170	<del>29926</del>		
29170	29926		
45227	23693		
29928			
29928			
32220			
32206			
32206			
29928			
29928			
29928			
29910			
28037			



# Daily Log

Date: 5/28/23

Name: Genia

Gallery Shift Time: 12-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes are required.		Total: <b>93</b>
<p> <del>    </del> <del>    </del> <del>    </del> <del>    </del>          24                  Pro Mat. new                  Show 69             </p>		

Customer Zip Code Tracker:

	29920		
29910	29910		
29910	29926		
20882	29910		
20882			
29928			
29928			
53051			
53051			
27410			
27410			
29909			
14450			
14450			
29909			
29928			
29928			
29928			
31324			

# Daily Log

Date: 5/30/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

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

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

Total:

22

## Customer Zip Code Tracker:

29926	29928		
29926	29928		
27502			
27502			
19422			
29928			
29928			
29928			
29926			
29928			
29926			
29928			
44122			
44122			
29928			
29928			
29926			
29909			
29909			
46142			

# Daily Log

Date: 5/31/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

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

Total: 16

## Customer Zip Code Tracker:

28211			
30345			
<del>29926</del> 29909			
<del>29926</del> 29909			
29926			
29926			
14202			
14202			
29926			
29926			
22963			
22963			
30342			
29920			
29920			
29928			

# Daily Log

Date: 6/1/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

<p>Daytime: The total number of tally marks should be equal to the total zip codes below.                  Pre-shows &amp; Receptions: Use the clicker, no zip codes are required.</p> <p style="font-size: 2em; font-family: monospace;"> <del>    </del> <del>    </del> <del>    </del> <del>    </del>                     </p>	<p>Total:  <span style="font-size: 2em; font-family: monospace;">23</span></p>
---	--

## Customer Zip Code Tracker:

53403	80015		
29926	80015		
29928	29909		
53403			
29909			
29909			
29925			
29928			
29926			
08228			
29928			
31313			
31313			
31313			
77450			
77450			
29910			
29926			
80015			
80015			

# Daily Log

Date: 9/2/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

<p>Daytime: The total number of tally marks should be equal to the total zip codes below.                  Pre-shows &amp; Receptions: Use the clicker, no zip codes are required.</p>	<p>Total: <u>32</u></p>
--	-----------------------------

## Customer Zip Code Tracker:

29909	72718		
29909	72718		
29926	14606		
29926	30629		
29909	14606		
31324	27703		
31324	27703		
29926	27703		
29926	29926		
Germany	29926		
29909	88021		
29909	79835		
29928			
29928			
29926			
29909			
29926			
29926			
29926			
29926			



# Daily Log

Date: 6-4-23

Name: Mina

Gallery Shift Time: 12-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

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

Total:

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

17

## Customer Zip Code Tracker:

17325			
17325			
29921			
29926			
29928			
29928			
14700 - Europe			
29926			
29928			
31411			
30152			
29928			
29907			
32043			
32043			
29909			
29909			







# Daily Log

Date: 6/7/23

Name: Amy Wehrman-Jones, Kristen

Gallery Shift Time: 10-12:30 12:30-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

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

Total:

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

24

## Customer Zip Code Tracker:

29928	29928		
28405	29909		
28405	29909		
30269	30076		
30269			
29928			
29928			
06905			
06905			
29926			
29909			
29928			
29909			
03122			
29928			
53142			
29928			
29909			
29928			
29928			

# Daily Log


Date: 6/8/23

Name: Lynds

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

<p>Daytime: The total number of tally marks should be equal to the total zip codes below.                  Pre-shows &amp; Receptions: Use the clicker, no zip codes are required.</p> <p>  </p>	<p>Total: 23</p>
--	----------------------

## Customer Zip Code Tracker:

29910	29910		
29926	29909		
29910	29910		
29928			
32507			
77078			
29926			
29928			
29926			
29926			
45102			
45102			
29928			
29928			
29349			
29910			
29910			
29910			
29926			
29926			

# Daily Log

Date: 6/9/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

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

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

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

Total: 18 128

Customer Zip Code Tracker:

29928			
29928			
30720			
29910			
29928			
29928			
30518			
30075			
30075			
41101			
41101			
29926			
37415			
37415			
TIVIV8			
29910			
29926			
29928			







# Daily Log

Date: 10/13/23

Name: Lynds

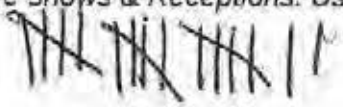
Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

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

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

	<p>Total: <u>17</u></p>
---	-----------------------------

Customer Zip Code Tracker:

29926			
29928			
29910			
49203			
49203			
29928			
29928			
29928			
29928			
29926			
29926			
37918			
37918			
29928			
29928			
29926			
29926			





# Daily Log

Date: 01/15/23

Name: Lyndsi  
10-4

Gallery Shift Time: \_\_\_\_\_

Day Shift  Pre-Show  Reception

Gallery Attendance:

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

Total:

23

## Customer Zip Code Tracker:

<u>29926</u>	<u>37204</u>		
<u>44113</u>	<u>37204</u>		
<u>63376</u>	<u>29926</u>		
<u>63376</u>			
<u>44134</u>			
<u>29909</u>			
<u>29909</u>			
<u>29928</u>			
<u>29928</u>			
<u>29928</u>			
<u>29926</u>			
<u>08205</u>			
<u>08205</u>			
<u>08205</u>			
<u>37604</u>			
<u>37604</u>			
<u>28451</u>			
<u>28451</u>			
<u>37204</u>			
<u>37204</u>			











# Daily Log

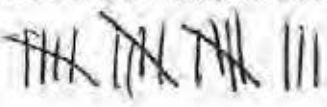
Date: 6/21/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

<p>Daytime: The total number of tally marks should be equal to the total zip codes below                  Pre-shows &amp; Receptions: Use the clicker, no zip codes are required.</p>		Total:
<p>  </p>	<p>18</p>	<p>Reception 92</p>

Customer Zip Code Tracker:

29926			
29928			
17601			
25314			
25314			
25213			
25213			
29926			
29926			
<del>29926</del>			
44094			
45050			
29907			
<del>060462</del>			
<del>060462</del>			
97266			
97266			
01912			



# Daily Log

Date: 6/22/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

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

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

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

Total:  
18

## Customer Zip Code Tracker:

15642			
06611			
33914			
33914			
32914			
14530			
14530			
33991			
33991			
29909			
29909			
46565			
46565			
46565			
46565			
29926			
40515			
40515			



# Daily Log

Date: 6-24-23

Name: Mina

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

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

|||| |

Total: 17

Customer Zip Code Tracker:

<del>Demetrius Jelmond "Demetrius" Jelmond</del>		
10024		
10024		
10024		
10024		
29909		
29909		
20008		
29926		
29926		
29926		
29926		
29928		
29928		
29909		
29909		
21012		
27012		



# Daily Log

Date: 6/26/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

<p>Daytime: The total number of tally marks should be equal to the total zip codes below.                  Pre-shows &amp; Receptions; Use the clicker, no zip codes are required.</p> <p><del>    </del> <del>    </del> <del>    </del>    </p>	<p>Total: 18</p>
---	----------------------

## Customer Zip Code Tracker:

31316			
31316			
29926			
29926			
53558			
53558			
31061			
29910			
29910			
29926			
29926			
29910			
29910			
29910			
29926			
28278			
28054			
6323			

# Daily Log

Date: 6/27/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

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

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

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

Total:

28

## Customer Zip Code Tracker:

<u>29910</u>	<u>29928</u>		
<u>29910</u>	<u>29926</u>		
<u>29926</u>	<u>29926</u>		
<u>29928</u>	<u>29926</u>		
<u>29928</u>	<u>29928</u>		
<u>29928</u>	<u>20783</u>		
<u>29928</u>	<u>29926</u>		
<u>29928</u>	<u>29928</u>		
<u>29910</u>			
<u>29910</u>			
<u>29926</u>			
<u>29928</u>			
<u>29909</u>			
<u>29928</u>			
<u>98501</u>			
<u>98520</u>			
<u>98520</u>			
<u>29928</u>			
<u>29909</u>			
<u>29928</u>			













# Daily Log

Date: 7-3-23

Name: Lynna

Gallery Shift Time: \_\_\_\_\_

Day Shift  Pre-Show  Reception

Gallery Attendance:

<p>Daytime: The total number of tally marks should be equal to the total zip codes below.                  Pre-shows &amp; Receptions: Use the clicker, no zip codes are required.</p> <p style="text-align: center; font-size: 2em;">18</p>	<p>Total:</p>
--	---------------

## Customer Zip Code Tracker:

<del>32163</del> 32163		
32163		
29926		
29926		
29909		
29909		
29928		
29928 / 28736		
35713		
29926		
29928		
29650		
10804		
29437		
29437		
29909		
29909		
18009		





# Daily Log

Date: 7-7-23

Name: Lynnea

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.

$$16 + 2 = 18$$

76

Total.

Customer Zip Code Tracker:

29928			
29926			
29926			
29926			
29909			
29909			
29928			
29928			
29928			
29928			
29909			
29909			
30041			
30041			
30041			
30041			
37777			
37777			







# Daily Log

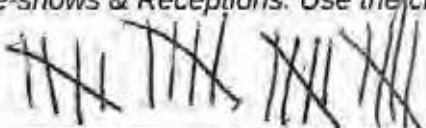
Date: 7/10/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

<p>Daytime: The total number of tally marks should be equal to the total zip codes below.                  Pre-shows &amp; Receptions: Use the clicker, no zip codes are required.</p> 	<p>Total: <u>20</u></p>
--	-----------------------------

## Customer Zip Code Tracker:

29909			
29909			
21035			
29926			
29928			
29926			
29926			
29926			
07090			
07090			
07090			
29928			
29928			
32608			
32608			
29928			
29928			
29928			
29928			







Daily Log

Name: Lyndsi

Date: 7/14/23

*Lyndsi*

9:30-7:30p.

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.

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

75

Total:

Customer Zip Code Tracker:

47122			
47122			
47122			
29060			
29926			
29926			
29926			
29928			
29928			
29928			
29928			
29926			
29926			
29928			
29909			
29909			
29909			













# Daily Log

Date: 7/20/23

Name: Lynda

*Lynda*

Gallery Shift Time: 10-4

*6:30-7:30 p.*

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.

*||||* *||||* *||||* *|*

*64*

Total:

## Customer Zip Code Tracker:

<i>29926</i>			
<i>29926</i>			
<i>29910</i>			
<i>29910</i>			
<i>29928</i>			
<i>29928</i>			
<i>29928</i>			
<i>29928</i>			
<i>29910</i>			
<i>29910</i>			
<i>29926</i>			
<i>29926</i>			
<i>29926</i>			
<i>29926</i>			
<i>29910</i>			
<i>29910</i>			

# Daily Log

Date: 7/21/23

Name: Lyndsi

*Lyndsi*

Gallery Shift Time: 10-4

*5:30-7:30p*

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.

~~||||~~ ~~||||~~ ~~||||~~ |||| 19

63

Total:

## Customer Zip Code Tracker:

29926			
29926			
29910			
29910			
29928			
29928			
61742			
61742			
29928			
53104			
53104			
45040			
45040			
29926			
29926			
08844			
<del>08844</del> 11103			
08844			
11103			









# Daily Log

Date: 7/25/23

Name: Lyndsi

Ryan

Gallery Shift Time: 10-4

5:30-7:30-p

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.

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

95

Total:

## Customer Zip Code Tracker:

34481			
34481			
29928			
29926			
29910			
30265			
30265			
20708			
20708			
20708			
20708			
20708			
29909			
29909			
22124			
13326			
13326			



# Daily Log

Date: 7/27/23

Name: Lynesi

Lynesi

Gallery Shift Time: 10-4

5:30-7:30p.

Day Shift  Pre-Show  Reception

Gallery Attendance:

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

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

Pre Show  
94

Total:

## Customer Zip Code Tracker:

29928	08876		
22963	08876		
44444	08876		
44444			
29928			
29926			
29926			
29910			
29926			
29926			
29926			
29926			
29926			
29910			
29910			
29927			
29926			
29909			
29926			
08876			



Daily Log

Date: 7/29/23

Name: Debra Smith

Lynne  
5:30-7:30p

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.

16

90  
Pre Show

Total:  
106

Customer Zip Code Tracker:

<u>11272</u>			
<u>29928</u>			
<u>78277</u>			
<u>29877</u>			
<u>79464</u>			
<u>29926</u>			
<u>29926</u>			
<u>06903</u>			
<u>06903</u>			
<u>29910</u>			
<u>29909</u>			
<u>29909</u>			
<u>29928</u>			
<u>29928</u>			
<u>29926</u>			
<u>29928</u>			













# Daily Log

Date: 8/4/23


Name: Lyndsi Lyndsi

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

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.

	<u>Pre Show</u> 70	Total: <span style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">92</span>
--	-----------------------	---

## Customer Zip Code Tracker:

29910	29910		
29926	29928		
29926			
29926			
29926			
29926			
15243			
15243			
29926			
29928			
29902			
29926			
29063			
29926			
29063			
46228			
29910			
29910			
29910			
29926			













# Daily Log

Date: 8/10/23

Name: Lyndsi

Lyndsi

Gallery Shift Time: 10-4

5:30-7:30p.

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.

PreShow  
95

Total:  
117

## Customer Zip Code Tracker:

25427	29967		
25427	29926		
25427			
25427			
25427			
25043			
25043			
28337			
28337			
30067			
30067			
29928			
29909			
29926			
29926			
29926			
29926			
29926			
<del>29926</del>			
29940			









# Daily Log

Date: 8/15/23

Name: Lyndsi

Lyndsi

Gallery Shift Time: 10-4

5:30-7:30 p

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.

<del>    </del> <del>    </del> <del>    </del>       17	Pre Show 92	Total: <b>(109)</b>
--	----------------	------------------------

## Customer Zip Code Tracker:

29926			
22701			
29928			
29928			
29907			
20832			
20832			
29910			
29926			
31410			
31411			
29926			
29926			
06811			
06811			
60527			
60527			







# Daily Log

Date: 8/18/23

Name: ~~Lyndsi~~ Lyndsi / Lyndsi

Gallery Shift Time: 10-12 12-4p

Lyndsi  
5:30-7:30p

Day Shift  Pre-Show  Reception

Gallery Attendance:

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

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

		Pre Show 98	Total: 114
--	---	----------------	---------------

## Customer Zip Code Tracker:

92692			
92692			
29928			
03801			
03801			
29928			
20816			
20816			
47725			
29909			
29909			
29910			
29910			
29928			
11050			
110381			

# Daily Log

Date: 8-19-23

Name: Laura

Lynnie

Gallery Shift Time: 10-4

5:30-7:30 p.

Day Shift  Pre-Show  Reception

Gallery Attendance:

<p>Daytime: The total number of tally marks should be equal to the total zip codes below.                  Pre-shows &amp; Receptions: Use the clicker, no zip codes are required.</p>		<p>Total: <b>100</b></p>
<p>                     IIII IIII IIII 15                      Pre Show                      85                 </p>		

## Customer Zip Code Tracker:

29928			
29928			
29928			
29928			
29909			
29909			
29910			
29910			
29926			
29910			
29924			
29926			
29926			
29924			
29926			



# Daily Log

Date: 8/21/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

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

Total:  
16

Customer Zip Code Tracker:

29928			
29928			
29909			
29926			
29928			
29928			
08628			
02151			
28083			
28083			
23230			
..			
23226			
90041			
29926			
53589			
53589			

































# Daily Log

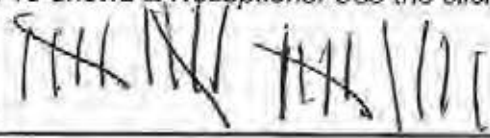
Date: 4/6/23

Name: Lynda

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

<p>Daytime: The total number of tally marks should be equal to the total zip codes below.                  Pre-shows &amp; Receptions: Use the clicker, no zip codes are required.</p> 	<p>Total:                  (19)</p>
---	---

## Customer Zip Code Tracker:

29926		
29926		
29926		
29926		
29926		
29926		
29926		
29926		
29926		
29928		
29926		
29926		
29928		
29928		
45140		
29926		
29910		
29936		
29936		
29926		



# Daily Log

Date: 9/8/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

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

Total:

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

20

## Customer Zip Code Tracker:

60614			
60614			
29601			
29601			
Denmark			
8000			
29926			
29928			
30909			
30909			
28273			
28273			
30068			
30062			
30062			
30068			
17372			
63146			
63146			
29928			









# Daily Log

Date: 9/12/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

## Gallery Attendance:

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

	Total: <span style="font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">19</span>
--	--

## Customer Zip Code Tracker:

49253			
49253			
43540			
29926			
28327			
28327			
29627			
29627			
29928			
29926			
29926			
29928			
17222			
17222			
29928			
29928			
33173			
33173			
37849			



Daily Log

Date: 9/14/23

Name: Lyndsi + Cindy S.

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

<p>Daytime: The total number of tally marks should be equal to the total zip codes below.                  Pre-shows &amp; Receptions: Use the clicker, no zip codes are required.</p>		Total:
<p><del>    </del>      </p>	+ 19	30

Customer Zip Code Tracker:

40207			
40207			
29909			
29910			
17110			
17110			
29928			
29909			
29909			
29910			
29910			
60447			
29928			
29910			
29910			
29928			
29928			













# Daily Log

Date: 9/20/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

<p>Daytime: The total number of tally marks should be equal to the total zip codes below.                  Pre-shows &amp; Receptions: Use the clicker, no zip codes are required.</p> <p><del>    </del> <del>    </del> <del>    </del>   </p>	<p>Total:</p> <p>(17)</p>
--	---------------------------

Customer Zip Code Tracker:

12309			
12309			
33491			
24015			
33491			
30040			
30040			
16059			
16659			
29928			
61742			
48390			
29909			
29909			
29909			
29928			
10023			











# Daily Log

Date: 9/26/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

<p><i>Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows &amp; Receptions: Use the clicker, no zip codes are required.</i></p> <p><del>    </del> <del>    </del> <del>    </del>     </p>	<p>Total:</p> <p style="font-size: 2em; border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">18</p>
--	--

## Customer Zip Code Tracker:

16046			
16046			
60041			
10098			
10098			
77382			
46069			
29928			
29926			
29928			
29928			
29585			
29585			
29928			
29928			
34715			
77070			
77070			

# Daily Log

Date: 9/27/23

Name: Lyndsi

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

Day Shift  Pre-Show  Reception

Gallery Attendance:

<p>Daytime: The total number of tally marks should be equal to the total zip codes below.                  Pre-shows &amp; Receptions: Use the clicker, no zip codes are required.</p>		Total: <u>80</u>
<p> <del>    </del> <del>    </del> <del>    </del> <del>    </del> <del>    </del>     28 / Pre                      52                 </p>		

## Customer Zip Code Tracker:

29926	29928		
29926	29926		
29928	29926		
29928	29926		
30013	29926		
30013	29928		
29926	29928		
29909	29928		
29909			
28205			
28205			
21201			
21201			
85396			
85396			
43569			
43902			
43506			
29928			
45430			



# Daily Log

Date: 9/28/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

<p><i>Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows &amp; Receptions: Use the clicker, no zip codes are required.</i></p> <div style="font-size: 2em; font-family: monospace; margin-top: 10px;">             III IIII IIII IIII         </div>	<p>Total:</p> <div style="font-size: 2em; border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <span style="font-size: 1.5em;">20</span> </div>
--	---

## Customer Zip Code Tracker:

30030			
78959			
12180			
10128			
43149			
<del>43149</del> 43130			
29928			
60015			
60015			
29928			
20910			
23111			
23456			
29928			
29928			
29909			
29909			
29909			
29926			
29926			



























# Daily Log

Date: 10/11/23

Name: Lynda

Lynda

Gallery Shift Time: 10-4

5:30-9:30 p.

Day Shift  Pre-Show  Reception

Gallery Attendance:

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

	<p>Pre 35</p>	<p>Total: 233</p>
--	-------------------	-----------------------

## Customer Zip Code Tracker:

44233	62946		
44133			
44233			
44133			
29909			
29909			
78239			
78239			
78239			
29926			
29910			
29070			
29070			
15234			
15146			
15146			
20926			
29926			
44011	<del>19464</del>		
19464			

# Daily Log

Date: 10/12/23

Name: Lyndsi Caulder

Lyndsi

Gallery Shift Time: 10-4

5:30-7:30p.

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.

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

61

Total: 85

## Customer Zip Code Tracker:

15235	30009		
15235	30009		
34235	30001		
34235	<del>30001</del> 30144		
48192			
48192			
37683			
28729			
28729			
48021			
48169			
48021			
29928			
29928			
15234			
15234			
29928			
29928			
29926			
29926			

# Daily Log

Date: 10/13/23

Name: Lyndsi

Lyndsi

Gallery Shift Time: 10-4

5:30-7:30 p.

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.

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Ⓟ

Total:  
100

## Customer Zip Code Tracker:

15235		
15235		
66213		
11648		
29909		
29910		
29926		
29928		
29909		
29909		
30909		
30909		
29927		
29927		
29928		
37771		
37771		
12309		
93309		
93309		











# Daily Log

Date: 10/18/23

Name: Lyndsi

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

Day Shift  Pre-Show  Reception

Gallery Attendance:

<p>Daytime: The total number of tally marks should be equal to the total zip codes below.                  Pre-shows &amp; Receptions: Use the clicker, no zip codes are required.</p>		Total:
	(115)	135

## Customer Zip Code Tracker:

29466			
29466			
29466			
34238			
34238			
34238			
34238			
29910			
27612			
94110			
29910			
29910			
29576			
29576			
29928			
29928			
91436			
91436			
91436			
91436			

# Daily Log

Date: 10/19/23

Name: Lynda

Lynda

Gallery Shift Time: 10-4

6:30-7:30p.

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.

~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ || 22

95

Total:

17

## Customer Zip Code Tracker:

29909	31410		
29909	29910		
29909			
29909			
29909			
43220			
43220			
43220			
29926			
29928			
29928			
14706			
14706			
23464			
29910			
29910			
29926			
29926			
31324			
31324			















# Daily Log

Date: 10/26/23

Name: Lyndsi

Gallery Shift Time: 10-4

5:30-7:30p.

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.

~~||||~~ ~~||||~~ ~~||||~~ |||| 19

54

Total:

73

## Customer Zip Code Tracker:

46240			
46240			
29928			
29926			
29926			
29910			
25117			
25117			
90732			
90732			
29926			
28645			
28645			
27106			
29928			
29928			
29928			















# Daily Log

Date: 11/2/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

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

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Total:

25

## Customer Zip Code Tracker:

29926	29928		
19130	29928		
19130	29926		
30625	29926		
30625	47150		
19717			
78717			
03244			
03244			
03244			
22551			
22551			
27407			
27407			
27713			
55347			
53590			
53590			
29928			
29928			

# Daily Log

Date: 11/3/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

<p><i>Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows &amp; Receptions: Use the clicker, no zip codes are required.</i></p> <p><del>    </del> <del>    </del> <del>    </del>   </p>	Total: <u>17</u>
--	---------------------

## Customer Zip Code Tracker:

29928			
25213			
25213			
25314			
29926			
17055			
17011			
12603			
12603			
29926			
06471			
06471			
29926			
29928			
29928			
48072			
48072			

# Daily Log

Date: 11-4-23

Name: Lydia

Lydia

Gallery Shift Time: 10a-4p

4:30-7:30p

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.

28

65

Total:

93

## Customer Zip Code Tracker:

29485			
27284	60A 1E0	60A 1E0	
24319	29928	29910	
24319	29928	30370	
29928	29928	29926	
31313			
31313			
29907			
28358			
28360			
29940			
29928			
29928			
29928			
29910			
29910			
29910			
29910			
29906			
29910			







# Daily Log

Date: 11/7/23

Name: Lynda

*Lynda*

Gallery Shift Time: 10-4

6:30-11:30p.

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.

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92

Total: 114

## Customer Zip Code Tracker:

29926	29910		
29928	29909		
29928			
29928			
29928			
29926			
29926			
29928			
29928			
01581			
01581			
28277			
28277			
29928			
29928			
29926			
29928			
29926			
29926			
29928			

# Daily Log

Date: 11/8/23

Name: Lyndsi

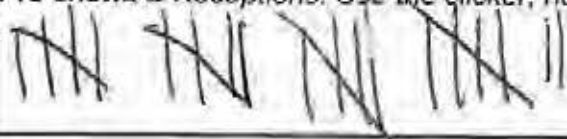
Gallery Shift Time: 10-4 \*Matinee

Lyndsi  
5:30 7:30p

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.

	<u>50</u>	<u>85</u>	Total:
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## Customer Zip Code Tracker:

29926	29910		
29926	29910		
29928			
29928			
29910			
29910			
29909			
29909			
29910			
29910			
29910			
29910			
29909			
29928			
25702			
25702			
25702			
35243			
35243			
616260			









# Daily Log

Date: 11/14/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

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

Total:

26

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## Customer Zip Code Tracker:

46060	78233		
46060	77489		
29910	77578		
29910	78220		
29910	29910		
29928	04441		
29926			
29926			
45050			
40883			
40383			
47143			
47143			
29926			
30022			
19709			
19709			
37919			
39266			
77071			

# Daily Log

Date: 11/15/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

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

~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ || <sup>31</sup> / 68

Total:

103

## Customer Zip Code Tracker:

46214	28215		
46214	28215		
46214	55362		
46214	29910		
28469	29910		
28469	201830		
22153	01830		
22079	29910		
20121	29909		
22153	44118		
22099	44118		
20121	44145		
20121	29926		
02631	29926		
02631	20175		
47124	20175		
47124	L9ROSS		
29928			
28215			
28215			



# Daily Log

Date: 11/16/23

Name: Lyndsi  
 Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

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

	<p>Total:  <u>37</u></p>
--	------------------------------

## Customer Zip Code Tracker:

NIE4G5	29910		
NIE4G5	29910		
29803	29928		
29803	29926		
<del>29928</del> 5069	27292		
43026	27292		
43026	72761		
37681	22407		
28645	12065		
28645	32043		
29928	55113		
19968	55113		
29646			
19968			
29909			
29909			
28104			
28104			
22315			
29315			



Daily Log

Date: 11-18-23

Name: Mina Smith

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

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

Total:

Customer Zip Code Tracker:

31324 (3)

29927 (3)  
29910 2

100  
116

29928	44905 (2)	59201	63084
29928		26201	29924
*87100 -	Finland	48108	29910
88610	"	29910	31324
29483		02484	29928 x2
29928 x3	29926	28655	29926
36117	53009	29926	46074
36117	45046	61073	29910 x2
30022	29927 (2)	29928 x2	29916
30022	29926	15421	29927
29605 (3)	29928	10994	29926
29928 (2)	29926	30022	29928 x2
29926	21525 (3)	29928	44129 (3)
29926	85085	21770	29928
29909	33009	29928	21014
40514 (2)	45036	30044	44074
05458 (2)	85045	29926	29910 2
29936	33009	29924	29910
29926	29926	29910 x2	40514 (6)
29925	29910	29206	

27

25105 (2)  
29925 (3) (2)

120

30



# Daily Log

Date: 11/20/23

Name: Lynds

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:

17

Customer Zip Code Tracker:

29928			
29926			
29926			
29926			
29910			
31312			
30033			
30033			
29928			
29928			
29926			
30033			
31312			
30033			
30033			

# Daily Log

Date: 11/21/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

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

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

Total:

(32)

## Customer Zip Code Tracker:

29926	29909		
65804	29909		
65804	29909		
65804	64113		
65804	64113		
02025	63006		
02025	63006		
02467	63006		
29301	63006		
21742	63006		
21742	63006		
27519	64113		
21742			
29926			
29928			
29910			
29910			
29910			
29910			

# Daily Log

Date: 11/22/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

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

~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ | Gollak tar: 11

Total: ~~47~~ 47

## Customer Zip Code Tracker:

06488	31088		
06488	27341		
24701	27341		
24701	27341		
24701	27316		
37027			
37027			
28278			
28278			
28278			
64113			
37076			
08081			
08081			
08081			
08081			
08081			
29910			
29910			
31088			

# Daily Log

Date: 11/24/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

<p>Daytime: The total number of tally marks should be equal to the total zip codes below.                  Pre-shows &amp; Receptions: Use the clicker, no zip codes are required.</p>	<p>Total: <u>39</u></p>
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## Customer Zip Code Tracker:

29928	43701		
29928	32180		
48309	32180		
48306	29928		
29926	17025		
48306	17025		
29926	30082		
37212	30126		
06105	29835		
06105	29835		
06105	29910		
06105	29910		
06105	30339		
30909	29928		
44870	37939		
29910	29910		
29910	29928		
29910	29928		
29909	19540		
29909			



# Daily Log

Date: 11-25-23

Name: Lydia

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

<p>Daytime: The total number of tally marks should be equal to the total zip codes below.                  Pre-shows &amp; Receptions: Use the clicker, no zip codes are required.</p> <p style="text-align: center; font-size: 2em;">35</p>	<p>Total:</p>
--	---------------

## Customer Zip Code Tracker:

92106	29926		
27105	29926		
40236	29926		
46236	45206		
38173	45206		
37814	29910		
37814	29926		
37814	29926		
37814	30005		
03867	30005		
29926	29138		
29928	29928		
29927	29928		
29927	29926		
29212	29926		
29212			
29910			
29910			
29910			
1800 9			

# Daily Log

Date: 11-26-23

Name: Lynne

Gallery Shift Time: 12-4p.

Day Shift  Pre-Show  Reception

Gallery Attendance:

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

25

Total:

26

## Customer Zip Code Tracker:

29928	43821		
55416	43821		
29928	27410		
97408	33547		
29936	52753		
29936	29928		
60185			
60185			
29902			
29902			
33381			
33980			
29928			
80401			
86401			
29928			
29412			
29920			
29928			

# Daily Log

Date: 11/27/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

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

Total:  
21

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## Customer Zip Code Tracker:

30305	29915		
48450			
48450			
29926			
33710			
29928			
29928			
15139			
15139			
61036			
61036			
49508			
49508			
29926			
11791			
29928			
29928			
11933			
11933			
29915			

# Daily Log

Date: 11/28/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

<p>Daytime: The total number of tally marks should be equal to the total zip codes below.                  Pre-shows &amp; Receptions: Use the clicker, no zip codes are required.</p> <p> <del>    </del> <del>    </del> <del>    </del> <del>    </del> <del>    </del>                    </p>	<p>Total: 27</p>
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## Customer Zip Code Tracker:

29928	29672		
29910	KOK3L0		
32174	KOK3L0		
19147	23831		
32174	23831		
19147	31061		
45040	31061		
45140			
45140			
NOKINO			
NOKINO			
43054			
43054			
48187			
48187			
29426			
44440			
44021			
29910			
29909			

# Daily Log

Date: 11/29/23

Name: Lyndsi Coulter

Dyden

Gallery Shift Time: 10-4

15:30 7:30p.

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.

~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ ~~||||~~ Gollah, 15

50

Total:

90

## Customer Zip Code Tracker:

30075	19317		
30075	19317		
21047	19317		
29928	29926		
29928	29926		
29926			
29710			
29710			
14326			
28210			
28210			
11725			
11725			
45373			
45373			
30571			
21919			
21919			
29926			
29926			



# Daily Log

Date: 12/1/23

Name: Lyndi

Lyndi

Gallery Shift Time: 10-4

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.

<del>    </del> <del>    </del> <del>    </del> <del>    </del> <del>    </del> <del>    </del> 27	<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">54</div>	Total	<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">61</div>
--	--	-------	--

## Customer Zip Code Tracker:

99508	95062		
29909	NSXIG9		
24577	NSXIG9		
24572	29928		
24018	29928		
22206	06443		
Senegal	28721		
08043			
08043			
29223			
29223			
29926			
29909			
28504			
28504			
24926			
29926			
30327			
30327			
85140			

# Daily Log

Date: 12-2-23

Name: \_\_\_\_\_

*Lenia*

*Lydian*

Gallery Shift Time: \_\_\_\_\_

*5:30 - 7:30 p.*

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:
<i>20</i>	<i>58</i>	<i>78</i>

Customer Zip Code Tracker:

*EWTB #50*

<i>29928</i>			
<i>34731</i>			
<i>34731</i>			
<i>34731</i>			
<i>28904</i>			
<i>28906</i>			
<i>28906</i>			
<i>49307</i>			
<i>29928</i>			
<i>29902</i>			
<i>11791</i>			
<i>11791</i>			
<i>27965</i>			
<i>27565</i>			
<i>28409</i>			
<i>28409</i>			
<i>28739</i>			
<i>28739</i>			
<i>37416</i>			
<i>37416</i>			





# Daily Log

Date: 12/4/23

Name: Lynds

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

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

Total:

32

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

## Customer Zip Code Tracker:

34210	28787		
34210	27403		
98367	12170		
98367	29928		
29928	29909		
29928	29909		
35801	29909		
35801	29926		
83402	37918		
28117	37918		
12170	29926		
28787	29926		
29928			
29585			
29926			
23666			
10536			
10536			
10536			
10534			

# Daily Log

Date: 12/5/23

Name: Lynnda

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

(Daily) Note: The total number of tally marks should be equal to the total zip codes below.  
Shows & Receptions: Use the clicker, no zip codes are required.

Total:

40

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

## Customer Zip Code Tracker:

33810	30034		
33813	29928		
33813	29910		
29928	22152		
29928	29926		
29928	06811		
21210	06811		
29926	29926		
31405	02852		
31405	02852		
45413	39350		
32820	30345		
32713	19518		
80423	<del>208</del> 24862		
30458	21136		
29909	29910		
33813	29910		
33813	22310		
44094	22310		
44094	22310		

# Daily Log

Date: 12/6/23

Name: Lyndsi

Lyndsi  
5:30-7:30 p.

Gallery Shift Time: 10-4

Lyndsi Prozyra  
Volunteer

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.

<del>    </del> <del>    </del> <del>    </del>	Gullah: 21	(40)	Pre Show 95	Total:
---	------------	------	-------------	--------

## Customer Zip Code Tracker:

29928			
29650			
29650			
29909			
29909			
29910			
29910			
27017			
28697			
27055			
28651			
40185			
40185			
40815			
40815			
29910			
35110			
01360			
01360			
29909			

# Daily Log

Date: 12/7/23

Name: Lynds. Caulder

7pm  
5:30 9:30p

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.

~~||||~~ ~~|||||~~ ~~|||||~~ ~~|||||~~ ~~|||||~~ 75

Pre Show  
95  
Total: 120

## Customer Zip Code Tracker:

29928	29910		
63011	44122		
84093	44122		
84093	23236		
30512	23236		
30512			
29926			
29926			
06443			
32086			
29909			
31322			
31312			
30512			
30512			
29926			
29926			
06811			
29910			
29910			

# Daily Log

Date: 12/8/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Lyndsi  
5:30-7:30 p

COL: Connie Kirkens 5:30-7:30 p

Gallery Attendance:

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

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

Pre Show  
94

Total:  
116

## Customer Zip Code Tracker:

35242	27603		
35242	27603		
30601			
29928			
05472			
05472			
29926			
K1H1B6			
K1H1B6			
29926			
19938			
21842			
19940			
19709			
11233			
L7M349			
L7M349			
29909			
29909			









# Daily Log

Date: 12/12/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

<p>Daytime: The total number of tally marks should be equal to the total zip codes below.                  Pre-shows &amp; Receptions: Use the clicker, no zip codes are required.</p>	<p>Total: 23</p>
--	----------------------

## Customer Zip Code Tracker:

29909	29910		
29909	29910		
29910	29910		
29910			
29926			
29926			
29926			
29926			
29909			
29910			
56758			
56758			
37737			
37737			
37737			
28277			
28277			
29926			
29926			
23454			















# Daily Log

Date: 12/19/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

<p>Daytime: The total number of tally marks should be equal to the total zip codes below.                  Pre-shows &amp; Receptions: Use the clicker, no zip codes are required.</p> <p><del>    </del> <del>    </del> <del>    </del> <del>    </del></p>	<p>Total:  <u>20</u></p>
---	------------------------------

## Customer Zip Code Tracker:

20191		
20191		
08510		
29928		
20191		
20191		
34986		
33324		
29526		
29526		
40241		
28031		
28031		
32163		
32163		
29928		
29926		
44256		
44256		
44256		



# Daily Log

Date: 12/26/23

Name: Lyndsi

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

Day Shift  Pre-Show  Reception

Gallery Attendance: Pre Show

<p>Daytime: The total number of tally marks should be equal to the total zip codes below.                  Pre-shows &amp; Receptions: Use the clicker, no zip codes are required.</p>	
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <del>    </del> <del>    </del> <del>    </del> <del>    </del> </div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; font-size: 2em; font-weight: bold;">130</div> <div style="text-align: center;"> <p>Total</p> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; font-size: 2em; font-weight: bold;">44</div> </div> </div>	

## Customer Zip Code Tracker:

29928	29910		
29928	29926		
12053	44087		
12053	29926		
20782			
20782			
30058			
30281			
30281			
30215			
30215			
16801			
15206			
29928			
29907			
20018			
20018			
29926			
23236			
23236			

# Daily Log

Date: 12/22/23

Name: Lyndsi

Lyndsi

Gallery Shift Time: 10-4

5:30-7:30p


Day Shift  Pre-Show  Reception

Connie Narkens

Gallery Attendance:

5:30-7:30

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

	<p>97</p>	<p>Total: 121</p>
---	-----------	-------------------

## Customer Zip Code Tracker:

29928	32773		
46410	55038		
48111	10960		
48111	10960		
48111	10960		
46410	10960		
01950	10960		
01950	29910		
01950	29909		
45440	29909		
45440	29926		
30189	29926		
30189	29926		
43149	29926		
29926			
29520			
11560			
78738			
78738			
32773			





# Daily Log

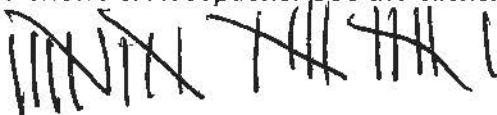
Date: 12/26/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

<p>Daytime: The total number of tally marks should be equal to the total zip codes below.                  Pre-shows &amp; Receptions: Use the clicker, no zip codes are required.</p> 	<p>Total: 21</p>
--	----------------------

Customer Zip Code Tracker:

45848	29926		
45848			
32080			
32080			
15642			
15642			
15642			
15642			
29926			
20853			
37214			
37214			
37214			
33917			
33917			
28205			
<del>28</del> 29928			
20003			
20003			
55351			

# Daily Log

Date: 12.27.23

Name: Luzia

Gallery Shift Time: \_\_\_\_\_

Day Shift  Pre-Show  Reception

Gallery Attendance:

<p>Daytime: The total number of tally marks should be equal to the total zip codes below.                  Pre-shows &amp; Receptions: Use the clicker, no zip codes are required.</p> <p>  <i>55</i></p>	<p>Total: <b>33</b></p>
---	-----------------------------

## Customer Zip Code Tracker:

19008	29928		
19008	37207		
19008	12719		
28110	29926		
28110	29928		
45174	29928		
60010	29928		
55805	30680		
55805	30062		
29944	30062		
29944	30062		
29944	30062		
29928	20878		
MATIT4 CAN			
MATIT4 CAN			
20002			
20002			
76244			
76244			
29928			



# Daily Log

Date: 12/28/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

<p><i>Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows &amp; Receptions: Use the clicker, no zip codes are required.</i></p> <div style="font-size: 2em; font-family: monospace;"> <del>    </del> <del>    </del> <del>    </del> <del>    </del> </div> <p style="font-size: 1.5em; margin-left: 20px;">Gullah: 15</p>	<p>Total: <span style="font-size: 2em;">33</span></p>
--	---

## Customer Zip Code Tracker:

<u>28658</u>			
<u>33594</u>			
<u>28658</u>			
<u>28688</u>			
<u>33594</u>			
<u>33594</u>			
<u>29926</u>			
<u>29928</u>			
<u>21206</u>			
<u>29926</u>			
<u>22101</u>			
<u>22314</u>			
<u>22314</u>			
<u>29928</u>			
<u>18914</u>			
<u>24014</u>			
<u>24014</u>			
<u>44333</u>			

# Daily Log

Date: 12/29/23

Name: Lyndsi

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

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

Total:

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

29

## Customer Zip Code Tracker:

28560	32966		
28560	29365		
31522	32966		
31322	32966		
44106	29365		
27545	30345		
31322	30345		
31322	30345		
44106	29909		
44106			
27595			
27545			
55803			
55803			
30035			
55804			
28270			
<del>28278</del> <del>28278</del> <del>28278</del>			
28278			
28270			

# Daily Log

Date: 12/30/23

Name: \_\_\_\_\_

*Lina Smith*

Gallery Shift Time: 10-4

Day Shift  Pre-Show  Reception

Gallery Attendance:

<p>Daytime: The total number of tally marks should be equal to the total zip codes below.                  Pre-shows &amp; Receptions: Use the clicker, no zip codes are required.</p>		Total:
<p><i>26</i></p>		<p><i>26</i></p>

## Customer Zip Code Tracker:

<i>28838</i>			
<i>23838</i>			
<i>29909</i>			
<i>68106</i>			
<i>31328</i>			
<i>68106</i>			
<i>68106</i>			
<i>29927</i>			
<i>29927</i>			
<i>29969</i>			
<i>29909</i>			
<i>20010</i>			
<i>19184</i>			
<i>33414</i>			
<i>19125</i>			
<i>2006850</i>			
<i>06850</i>			
<i>93637</i>			
<i>29908</i>			
<i>29908</i>			

# Daily Log

Date: 12-31-23

Name: Lynnie

Gallery Shift Time: 12:40pm

Day Shift  Pre-Show  Reception

Gallery Attendance:

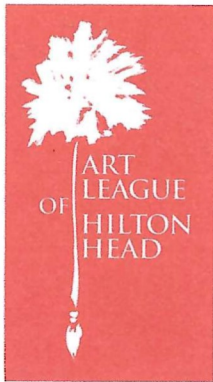
Daytime: The total number of tally marks should be equal to the total zip codes below.  
Pre-shows & Receptions: Use the clicker, no zip codes are required.

Total:

~~||||~~ ~~||||~~ ~~||||~~ |||| (19)

## Customer Zip Code Tracker:

29910			
29609			
276649			
276649			
44011			
44011			
44035			
44035			
29910			
29910			
19939			
22181			
20169			
23188			
29906			
29910			
29909			
29926			
29926			



August 13, 2024

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 2025 ATAX Grant Application.

**ART LEAGUE GALLERY**

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

843.681.5060  
gallery@artleaguehhi.org

  
\_\_\_\_\_  
Judy Blahut, Chairperson  
Board of Directors

**ART LEAGUE ACADEMY**

Located south-island off Pope  
Avenue at 106 Cordillo Parkway

843.842.5738  
academy@artleaguehhi.org

**MAIL TO:**

PO Box 22834  
Hilton Head Island, SC 29925

**VISIT US ONLINE:**

[www.artleaguehhi.org](http://www.artleaguehhi.org)

Live Art.Love Art.Learn Art.

Art League of Hilton Head  
**Profit & Loss Budget Overview**  
January through December 2025

	<u>Jan - Dec 25</u>
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
<b>Art Sales</b>	205,000.00
<b>Classes &amp; Workshops</b>	117,000.00
<b>Donations</b>	15,000.00
<b>Grants</b>	111,868.00
<b>Membership Dues</b>	66,000.00
<b>Special Events</b>	16,000.00
<b>x Other Types of Income</b>	25,000.00
<b>Total Income</b>	<u>555,868.00</u>
<b>Gross Profit</b>	555,868.00
<b>Expense</b>	
<b>Advertising /Promo /Mailing</b>	82,000.00
<b>Artist Commissions</b>	135,700.00
<b>Awards</b>	5,250.00
<b>Credit Card &amp; Bank Fees</b>	12,000.00
<b>Dues &amp; Subscription</b>	260.00
<b>Guest Instructor Costs</b>	2,000.00
<b>Instructors Fees</b>	67,850.00
<b>Insurance</b>	4,572.00
<b>Legal &amp; Accounting</b>	2,500.00
<b>Miscellaneous</b>	700.00
<b>Payroll Expenses</b>	166,100.00
<b>Reception-Food &amp; Wine</b>	1,700.00
<b>Rent</b>	41,700.00
<b>Repairs &amp; Maintenance</b>	10,000.00
<b>Rewards Benefits</b>	2,375.00
<b>Scholarship Granted</b>	2,000.00
<b>Supplies</b>	8,000.00
<b>Taxes &amp; Licenses</b>	250.00
<b>Utilities</b>	12,000.00
<b>Total Expense</b>	<u>556,957.00</u>
<b>Net Ordinary Income</b>	<u>-1,089.00</u>
<b>Net Income</b>	<u><u>-1,089.00</u></u>

	<u>Jun 30, 24</u>
<b>ASSETS</b>	
Current Assets	
Checking/Savings	140,368.46
Accounts Receivable	12,052.86
Other Current Assets	
Prepaid Postage	1,656.13
Undeposited Funds	4,272.23
Total Other Current Assets	<u>5,928.36</u>
Total Current Assets	158,349.68
Fixed Assets	2,888.55
Other Assets	
CFLC Investment Acct	16,150.80
Security Deposits Asset	2,500.00
Total Other Assets	<u>18,650.80</u>
<b>TOTAL ASSETS</b>	<b><u><u>179,889.03</u></u></b>
<b>LIABILITIES &amp; EQUITY</b>	
Liabilities	
Current Liabilities	
Accounts Payable	6,925.61
Credit Cards	954.89
Other Current Liabilities	
Gift Certificates	2,563.15
Unearned Tuition	9,452.00
Total Other Current Liabilities	<u>12,015.15</u>
Total Current Liabilities	<u>19,895.65</u>
Total Liabilities	19,895.65
Equity	
Restricted Funds	16,100.00
Unrestricted Net Assets	124,555.69
Net Income	19,337.69
Total Equity	<u>159,993.38</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b><u><u>179,889.03</u></u></b>

	Dec 31, 23
<b>ASSETS</b>	
Current Assets	
Checking/Savings	127,557.80
Accounts Receivable	33,709.97
Other Current Assets	
Prepaid Annual Marketing	1,486.10
Prepaid Postage	2,319.80
Undeposited Funds	23,594.70
Total Other Current Assets	27,400.60
Total Current Assets	188,668.37
Fixed Assets	2,888.55
Other Assets	
CFLC Investment Acct	
CFLC Cap Improvement	5,000.00
CFLC Endowment	10,008.14
Total CFLC Investment Acct	15,008.14
Security Deposits Asset	2,500.00
Total Other Assets	17,508.14
<b>TOTAL ASSETS</b>	<b>209,065.06</b>
<b>LIABILITIES &amp; EQUITY</b>	
Liabilities	
Current Liabilities	
Accounts Payable	14,895.43
Credit Cards	488.28
Other Current Liabilities	
Gift Certificates	1,636.50
Prepaid Membership Fees	28,455.00
Sales Tax Payable	1,521.11
Tuition Paid in Advance	20,894.00
Total Other Current Liabilities	52,506.61
Total Current Liabilities	67,890.32
Total Liabilities	67,890.32
Equity	
Restricted Funds	
ALHH Scholarship Fund	119.05
Low Income Educ Fund	1,100.00
Michael B. Pearson Award Fund	400.00
Total Restricted Funds	1,619.05
Unrestricted Net Assets	118,971.86
Net Income	20,583.83
Total Equity	141,174.74
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>209,065.06</b>



Art League of Hilton Head  
**Balance Sheet**  
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 3,507.00

Prepaid Postage 1,624.47

**Total Other Current Assets** 5,131.47

**Total Current Assets** 175,421.40

Fixed Assets 2,888.55

Other Assets 2,500.00

**TOTAL ASSETS** 180,809.95

**LIABILITIES & EQUITY**

**Liabilities**

**Current Liabilities**

Accounts Payable 16,151.86

Credit Cards 285.38

**Other Current Liabilities**

Gift Certificates 2,315.00

Prepaid Membership Fees 29,145.00

Sales Tax Payable 952.85

Tuition Paid in Advance 12,188.00

**Total Other Current Liabilities** 44,600.85

**Total Current Liabilities** 61,038.09

**Total Liabilities** 61,038.09

**Equity**

Restricted Funds 800.00

Unrestricted Net Assets 121,153.28

Net Income -2,181.42

**Total Equity** 119,771.86

**TOTAL LIABILITIES & EQUITY** 180,809.95

Art League of Hilton Head  
Profit & Loss by Class  
January through June 2024

	<u>101 Endowment Fund</u>	<u>102 Capital Improvement Fund</u>	<u>6 Gullah</u>	<u>Unclassified</u>	<u>TOTAL</u>
Ordinary Income/Expense					
Income					
Art Sales	0.00	0.00	9,020.00	94,209.02	103,229.02
Classes & Workshops	0.00	0.00	0.00	82,802.33	82,802.33
Donations	1,075.00	0.00	0.00	4,461.44	5,536.44
Grants	0.00	0.00	0.00	46,031.78	46,031.78
Membership Dues	0.00	0.00	0.00	59,400.00	59,400.00
x Other Types of Income	271.26	59.31	0.00	5,466.49	5,797.06
Total Income	<u>1,346.26</u>	<u>59.31</u>	<u>9,020.00</u>	<u>292,371.06</u>	<u>302,796.63</u>
Gross Profit	1,346.26	59.31	9,020.00	292,371.06	302,796.63
Expense					
Advertising /Promo /Mailing	0.00	0.00	468.94	45,562.84	46,031.78
Artist Commissions	0.00	0.00	7,399.00	61,235.86	68,634.86
Credit Card & Bank Fees	159.31	50.00	0.00	6,335.59	6,544.90
Dues & Subscription	0.00	0.00	0.00	260.42	260.42
Fees CFLC Admin	3.60	50.00	0.00	0.00	53.60
Guest Instructor Costs	0.00	0.00	0.00	349.27	349.27
Instructors Fees	0.00	0.00	0.00	48,922.51	48,922.51
Insurance	0.00	0.00	0.00	453.64	453.64
Legal & Accounting	0.00	0.00	0.00	600.00	600.00
Miscellaneous	0.00	0.00	0.00	344.96	344.96
Payroll Expenses	0.00	0.00	0.00	71,115.36	71,115.36
Reception-Food & Wine	0.00	0.00	0.00	1,151.42	1,151.42
Rent	0.00	0.00	0.00	20,850.00	20,850.00
Repairs & Maintenance	0.00	0.00	0.00	2,024.58	2,024.58
Rewards Benefits	0.00	0.00	0.00	1,925.00	1,925.00
Scholarship Granted	0.00	0.00	0.00	3,000.00	3,000.00
Supplies	0.00	0.00	0.00	4,913.75	4,913.75
Taxes & Licenses	0.00	0.00	0.00	160.28	160.28
Utilities	0.00	0.00	0.00	6,122.61	6,122.61
Total Expense	<u>162.91</u>	<u>100.00</u>	<u>7,867.94</u>	<u>275,328.09</u>	<u>283,458.94</u>
Net Ordinary Income	<u>1,183.35</u>	<u>-40.69</u>	<u>1,152.06</u>	<u>17,042.97</u>	<u>19,337.69</u>
Net Income	<u>1,183.35</u>	<u>-40.69</u>	<u>1,152.06</u>	<u>17,042.97</u>	<u>19,337.69</u>

Art League of Hilton Head  
Profit & Loss by Class  
January through December 2023

	101 Endow...	102 Capital ...	4 Got Art	5 Biennale	6 Gullah	Unclassified	TOTAL
Ordinary Income/Expense							
Income							
Art Sales	0.00	0.00	0.00	8,089.00	14,571.00	184,333.44	206,993.44
Classes & Workshops	0.00	0.00	0.00	2,780.00	0.00	83,825.71	86,605.71
Donations	10,000.00	5,000.00	0.00	3,230.00	263.14	20,746.17	39,239.31
Grants	0.00	0.00	0.00	0.00	0.00	106,868.00	106,868.00
Membership Dues	0.00	0.00	0.00	0.00	0.00	60,110.00	60,110.00
Special Events	0.00	0.00	10,340.00	0.00	0.00	0.00	10,340.00
x Auction Sales	0.00	0.00	0.00	0.00	0.00	630.00	630.00
x Other Types of Income	108.14	0.00	0.00	13,180.91	0.00	10,067.40	23,356.45
Total Income	10,108.14	5,000.00	10,340.00	27,279.91	14,834.14	466,580.72	534,142.91
Gross Profit	10,108.14	5,000.00	10,340.00	27,279.91	14,834.14	466,580.72	534,142.91
Expense							
Advertising /Promo /Ma...	0.00	0.00	484.94	3,372.08	0.00	71,366.01	75,223.03
Artist Commissions	0.00	0.00	0.00	5,013.40	11,949.80	119,957.30	136,920.50
Awards	0.00	0.00	0.00	5,250.00	0.00	0.00	5,250.00
Credit Card & Bank Fees	0.00	0.00	0.00	0.00	0.00	12,932.04	12,932.04
Dues & Subscription	0.00	0.00	0.00	0.00	0.00	2,534.17	2,534.17
Events/Lecture/Stipends	0.00	0.00	0.00	300.00	0.00	550.00	850.00
Fees CFLC Admin	100.00	0.00	0.00	0.00	0.00	0.00	100.00
Instructors Fees	0.00	0.00	0.00	3,000.00	0.00	50,628.00	53,628.00
Insurance	0.00	0.00	0.00	0.00	0.00	4,098.49	4,098.49
Legal & Accounting	0.00	0.00	0.00	0.00	0.00	1,800.00	1,800.00
Miscellaneous	0.00	0.00	138.00	96.25	338.78	769.79	1,342.82
Payroll Expenses	0.00	0.00	0.00	0.00	0.00	142,491.98	142,491.98
Reception-Food & Wine	0.00	0.00	0.00	0.00	0.00	1,221.37	1,221.37
Reception expense	0.00	0.00	0.00	541.01	0.00	2,277.02	2,818.03
Rent	0.00	0.00	0.00	0.00	0.00	41,701.00	41,701.00
Repairs & Maintenance	0.00	0.00	0.00	0.00	0.00	7,958.61	7,958.61
Rewards Benefits	0.00	0.00	0.00	0.00	0.00	251.93	251.93
Scholarship Granted	0.00	0.00	0.00	0.00	0.00	2,000.00	2,000.00
Supplies	0.00	0.00	218.42	73.47	0.00	7,820.40	8,112.29
Taxes & Licenses	0.00	0.00	0.00	0.00	0.00	50.00	50.00
Travel and Meetings	0.00	0.00	0.00	664.50	0.00	0.00	664.50
Utilities	0.00	0.00	0.00	0.00	0.00	11,610.32	11,610.32
Total Expense	100.00	0.00	841.36	18,310.71	12,288.58	482,018.43	513,559.08
Net Ordinary Income	10,008.14	5,000.00	9,498.64	8,969.20	2,545.56	-15,437.71	20,583.83
Net Income	10,008.14	5,000.00	9,498.64	8,969.20	2,545.56	-15,437.71	20,583.83

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

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

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

## Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**57-1061135**

### ART LEAGUE OF HILTON HEAD INC.

**Net Asset / Fund Balance at Beginning of Year** 119,772

**Revenue**

Contributions	<u>206,217</u>				
Program service revenue	<u>327,665</u>				
Investment income	<u>261</u>				
Capital gain / loss					
Fundraising / Gaming:					
Gross revenue					
Direct expenses					
Net income					
Other income	<u>0</u>				
<b>Total revenue</b>			<u>534,143</u>		

**Expenses**

Program services	<u>464,324</u>				
Management and general	<u>39,694</u>				
Fundraising	<u>10,769</u>				
<b>Total expenses</b>			<u>514,787</u>		
<b>Excess / (deficit)</b>				<u>19,356</u>	

Changes 820

**Net Asset / Fund Balance at End of Year** 139,948

**Reconciliation of Revenue**

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
<b>Total revenue per return</b>	<u>534,143</u>

**Reconciliation of Expenses**

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
<b>Total expenses per return</b>	<u>514,787</u>

**Balance Sheet**

	Beginning	Ending	Differences
Assets	<u>180,810</u>	<u>207,838</u>	
Liabilities	<u>61,038</u>	<u>67,890</u>	
<b>Net assets</b>	<u>119,772</u>	<u>139,948</u>	<u>20,176</u>

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date 11/15/24  
 Failure to file penalty \_\_\_\_\_

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection

**A F 2 23 a a a a a a**

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

**C** Name of organization: **ART LEAGUE OF HILTON HEAD INC.**

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

Doing business as: \_\_\_\_\_

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

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

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

**G** Gross receipts\$: **534,143**

**F** Name and address of principal officer:  
**JUDY BLAHUT**  
**67 OUTPOST LANE**  
**HILTON HEAD ISLAND SC 29928**

**H(a)** Is this a group return for subordinates? Yes  No

**H(b)** Are all subordinates included?  Yes  No   
 If "No," attach a list. See instructions

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

**J** Website: **WWW.ARTLEAGUEHHI.ORG** **H(c)** Group exemption number: \_\_\_\_\_

**K** Form of organization:  Corporation  Trust  Association  Other

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

## Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	5
6	Total number of volunteers (estimate if necessary)		0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	a	0
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
Contributions and grants (Part VIII, line 1h)	219,117	206,217
Program service revenue (Part VIII, line 2g)	358,708	327,665
Investment income (Part VIII, column (A), lines 3, and 7d)	54	261
Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
<b>2</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>577,879</b>	<b>534,143</b>
3 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,150	2,000
4 Benefits paid to or for members (Part IX, column (A), line 4)		0
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	132,286	138,405
a Professional fundraising fees (Part IX, column (A), line 11e) n		0
Total fundraising expenses (Part IX, column (D), line 25)	10,769	
Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	445,624	374,382
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	580,060	514,787
Revenue less expenses. Subtract line 18 from line 12	-2,181	19,356

	Beginning of Current Year	End of Year
2 Total assets (Part X, line 16)	180,810	207,838
2 Total liabilities (Part X, line 26)	61,038	67,890
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>119,772</b>	<b>139,948</b>

## Part II Signature block

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

**Sig** Signature of officer: **JUDY BLAHUT** Date: \_\_\_\_\_  
**ere** Type or print name and title: **PRESIDENT**

**a** Preparer's name: **MARK N JUNE, CPA** Preparer's signature: **MARK N JUNE, CPA** Date: **07/15/24** Check  if self-employed PTIN: **P00630869**

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

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**ARTS EDUCATION AND PROMOTION.**

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

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

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

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

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

4a (Code: ) (Expenses \$ **464,324** including grants of \$ **2,000** ) (Revenue \$ **327,665** )

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

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

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

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

**N/A**

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

**N/A**

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

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

4e Total program service expenses **464,324**



**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1099. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		<b>X</b>

1a	88
1b	0

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	5		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4965?	9a			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	11a			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
<b>c</b>	Enter the amount of reserves on hand	13c			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 8069.	17			

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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.		
	<b>1a</b> 12		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 12		
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>7a</b>			<b>X</b>
<b>7b</b>			<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>8a</b>		<b>X</b>	
<b>8b</b>		<b>X</b>	
<b>9</b>	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		<b>X</b>
<b>9</b>			<b>X</b>

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

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

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed	SC
<b>18</b>	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)	
<b>19</b>	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
<b>20</b>	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 SC 29926
		843-681-5060

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director/Trustee	Key Employee	Highest Compensated Employee	Former	Former			
(1) LOUANNE BARRETT	3.00									
VICE PRESIDENT	0.00	X	X				0	0	0	
(2) PAT BATTEN	1.00									
PAST - PRESIDENT	0.00	X					0	0	0	
(3) JUDY BLAHUT	5.00									
PRESIDENT	0.00	X	X				0	0	0	
(4) LINDA BLOOM	1.00									
MEMBER-AT-LARGE	0.00	X					0	0	0	
(5) ART CORNELL	2.00									
COMMITTEE MEMBER	0.00	X					0	0	0	
(6) JANICE GRAY	4.00									
TREASURER	0.00	X	X				0	0	0	
(7) REBECCA JEFFRIES	4.00									
SECRETARY	0.00	X	X				0	0	0	
(8) TOMMA RYCHENER	3.00									
MEMBER-AT-LARGE	0.00	X					0	0	0	
(9) FANOULA SEVASTOS	1.00									
COMMITTEE MEMBER	0.00	X					0	0	0	
(10) DONNA SIMMONS	3.00									
VOLUNTEER CHAIR	0.00	X					0	0	0	
(11) CINDY STRICKLAND	2.00									
MEMBER-AT-LARGE	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>ROBERT WORTMANN</b>										
(12) <b>ACADEMY ADVISORY CHA</b>	<b>2.00</b>									
	<b>0.00</b>	<b>X</b>					<b>0</b>	<b>0</b>	<b>0</b>	
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

	Yes	No
<b>3</b> Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b	60,110			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	75,000			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	71,107			
	g Noncash contributions included in lines 1a-1f	1g \$				
	<b>h Total. Add lines 1a-1f</b>		<b>206,217</b>			
	Program Service Revenue	2a ART SALES	Business Code	206,993	206,993	
b ART ACADEMY			86,606	86,606		
c CALL FOR SHOW			13,294	13,294		
d SPECIAL EVENTS			10,970	10,970		
e MISC			8,072	8,072		
f All other program service revenue			1,730	1,730		
<b>g Total. Add lines 2a-2f</b>			<b>327,665</b>			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		261		261
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a	(i) Real	(ii) Personal		
		b Less: rental expenses	6b			
		c Rental inc. or (loss)	6c			
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
		b Less: cost or other basis and sales exps.	7b			
		c Gain or (loss)	7c			
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
		b Less: direct expenses	8b			
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses		9b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a	Business Code				
	b					
	c					
	d All other revenue					
	<b>e Total. Add lines 11a-11d</b>					
<b>12 Total revenue. See instructions</b>		<b>534,143</b>	<b>327,665</b>	<b>0</b>	<b>261</b>	

**Part IX Statement of Functional Expenses**

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,000	2,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	128,394	94,092	24,599	9,703
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	10,011	7,336	1,918	757
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	1,800		1,800	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	75,223	75,223		
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	61,270	61,270		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,227		1,227	
23 Insurance	4,098		4,098	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMISSIONS	136,921	136,921		
b INSTRUCTOR FEES	53,628	53,628		
c BANK FEES	12,932	12,932		
d SUPPLIES	8,112	2,943	5,169	
e All other expenses	19,171	17,979	883	309
25 Total functional expenses. Add lines 1 through 24e	514,787	464,324	39,694	10,769
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				



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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	163,047	1	127,558
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	7,243	4	33,710
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	58,165	10a	
	b	Less: accumulated depreciation	56,504	10b	
			2,889	10c	1,661
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	7,631	15	44,909	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	180,810	16	207,838	
Liabilities	17	Accounts payable and accrued expenses	18,752	17	14,895
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	42,286	25	52,995
	26	<b>Total liabilities.</b> Add lines 17 through 25	61,038	26	67,890
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	118,972	27	138,329
	28	Net assets with donor restrictions	800	28	1,619
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	<b>Total net assets or fund balances</b>	119,772	32	139,948	
33	<b>Total liabilities and net assets/fund balances</b>	180,810	33	207,838	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	534,143
2	Total expenses (must equal Part IX, column (A), line 25)	2	514,787
3	Revenue less expenses. Subtract line 2 from line 1	3	19,356
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	119,772
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	820
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	139,948

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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	

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**ART LEAGUE OF HILTON HEAD INC.**

Employer identification number

**57-1061135**

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	139,811	157,669	272,854	219,117	206,217	995,668
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	139,811	157,669	272,854	219,117	206,217	995,668
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						995,668

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	139,811	157,669	272,854	219,117	206,217	995,668
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	180	83	113	54	261	691
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						996,359
12 Gross receipts from related activities, etc. (see instructions)					12	1,433,388

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

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	99.93 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	99.93 %
16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14</b> First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17	<b>18</b>	%

**19a** 33 1/3% support tests — 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, control, and reporting requirements.

**Part IV Supporting Organizations** (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c	

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
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.	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	

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

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

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



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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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

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**Schedule B  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

**ART LEAGUE OF HILTON HEAD INC.**

Employer identification number

**57-1061135**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Form 990-PF

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

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v), 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).

Name of organization

**ART LEAGUE OF HILTON HEAD INC.**

Employer identification number

**57-1061135**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TOWN OF HILTON HEAD ONE TOWN CENTER COURT  HILTON HEAD ISLAND SC 29926	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	GAYLORD & DOROTHY DONNELLY FOUNDATIO 4 NORTH ATLANTIC WHARF, SUITE 100  CHARLESTON SC 29401	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SC ARTS COMMISSION 1026 SUMTER STREET  COLUMBIA SC 29201	\$ 21,868	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

ART LEAGUE OF HILTON HEAD INC.

Employer identification number

57-1061135

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements

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

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

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

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

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

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements**

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

**Part V Endowment Funds**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions	10,000				
c Net investment earnings, gains, and losses	108				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	100				
g End of year balance	10,008				

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

- a Board designated or quasi-endowment %
- b Permanent endowment **100.00** %
- c Term endowment %

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

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

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

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

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

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

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		58,165	56,504	1,661
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,661

**Part VII Investments – Other Securities**

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

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

**Part VIII Investments – Program Related**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B))		

**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) <b>OTHER CURRENT ASSETS</b>	<b>27,401</b>
(2) <b>CFCLC INVESTMENT ACCT</b>	<b>15,008</b>
(3) <b>SECURITY DEPOSITS</b>	<b>2,500</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	<b>44,909</b>

**Part X Other Liabilities**

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>PREPAID MEMBERSHIP FEES</b>	<b>28,455</b>
(3) <b>UNEARNED TUITION</b>	<b>20,894</b>
(4) <b>GIFT CERTIFICATES</b>	<b>1,637</b>
(5) <b>SALES TAX PAYABLE</b>	<b>1,521</b>
(6) <b>CREDIT CARDS</b>	<b>488</b>
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>52,995</b>

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<b>5</b>	

**Part XIII Supplemental Information**

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

**PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS**

THE MISSION OF THE ALHH ENDOWMENT FUND IS TO PROVIDE SUSTAINING SUPPORT FOR THE MISSION AND PROGRAMS OF THE ALHH. THE PURPOSE OF THE FUND SHALL BE TO PROVIDE RESOURCES TO FUND GRANTS AND DISTRIBUTIONS MADE IN FULFILLMENT OF THE MISSION OF THE FUND.





**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**ART LEAGUE OF HILTON HEAD INC.**

Employer identification number

**57-1061135**

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

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

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

DOCUMENTS ARE AVAILABLE UPON REQUEST.

Form **4562**

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

**Depreciation and Amortization**  
(Including Information on Listed Property)  
Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2023**

Attachment  
Sequence No. **179**

**ART LEAGUE OF HILTON HEAD INC.**

Identifying number  
**57-1061135**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

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

1	Maximum amount (see instructions)	1	1,160,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

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

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

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

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	1,227
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System**

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

**Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,227
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>									
1	Computer	3/09/95	3,424			3,424	7 HY 200DB	3,424	0
2	Fire Ext	9/05/97	515			515	3 HY 200DB	515	0
3	Computer/Software	1/31/00	3,466			3,466	7 HY 200DB	3,466	0
4	Office Furn & Equip	1/31/01	718			718	7 HY 200DB	718	0
5	Computer H/W & S/W	1/31/01	2,299			2,299	7 HY 200DB	2,299	0
6	Carpet	1/30/01	6,363			6,363	7 HY 200DB	6,363	0
7	Furn & Fixtures	1/31/01	3,103			3,103	7 HY 200DB	3,103	0
8	Leasehold Improvements	1/31/01	17,715			17,715	7 HY 200DB	17,715	0
9	Desk/Filing Cab	1/31/00	1,732			1,732	7 HY 200DB	1,732	0
10	HP Computer	12/29/10	516		X	0	5 HY 200DB	516	0
11	Printing Press	2/28/11	800		X	0	7 HY 200DB	800	0
12	Computer	12/31/11	564		X	0	5 HY 200DB	564	0
13	Desk	12/31/11	321		X	0	7 HY 200DB	321	0
14	Shelving	9/20/11	772		X	0	7 HY 200DB	772	0
16	Computer	1/01/19	2,205			2,205	5 HY 200DB	1,824	254
17	Lockers	1/01/19	851			851	7 HY 200DB	585	76
18	Equipment	7/01/22	2,801			2,801	5 HY 200DB	560	897
			<u>48,165</u>			<u>45,192</u>		<u>45,277</u>	<u>1,227</u>
<b>Other Depreciation:</b>									
15	Leasehold Improvements	1/01/11	10,000			10,000	5 MO S/L	10,000	0
	<b>Total Other Depreciation</b>		<u>10,000</u>			<u>10,000</u>		<u>10,000</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>10,000</u>			<u>10,000</u>		<u>10,000</u>	<u>0</u>
	<b>Grand Totals</b>		<u>58,165</u>			<u>55,192</u>		<u>55,277</u>	<u>1,227</u>
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	<b>Net Grand Totals</b>		<u>58,165</u>			<u>55,192</u>		<u>55,277</u>	<u>1,227</u>

**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
<b>Prior MACRS:</b>								
1	Computer	3/09/95	3,424	3,424	3,424	0	0	0
2	Fire Ext	9/05/97	515	515	515	0	0	0
3	Computer/Software	1/31/00	3,466	3,466	3,466	0	0	0
4	Office Furn & Equip	1/31/01	718	718	718	0	0	0
5	Computer H/W & S/W	1/31/01	2,299	2,299	2,299	0	0	0
6	Carpet	1/30/01	6,363	6,363	6,363	0	0	0
7	Furn & Fixtures	1/31/01	3,103	3,103	3,103	0	0	0
8	Leasehold Improvements	1/31/01	17,715	17,715	17,715	0	0	0
9	Desk/Filing Cab	1/31/00	1,732	1,732	1,732	0	0	0
10	HP Computer	12/29/10	516	516	516	0	0	0
11	Printing Press	2/28/11	800	800	800	0	0	0
12	Computer	12/31/11	564	564	564	0	0	0
13	Desk	12/31/11	321	321	321	0	0	0
14	Shelving	9/20/11	772	772	772	0	0	0
16	Computer	1/01/19	2,205	2,205	1,824	254	254	0
17	Lockers	1/01/19	851	851	585	76	76	0
18	Equipment	7/01/22	2,801	2,801	560	897	897	0
			<u>48,165</u>	<u>48,165</u>	<u>45,277</u>	<u>1,227</u>	<u>1,227</u>	<u>0</u>
<b>Other Depreciation:</b>								
15	Leasehold Improvements	1/01/11	10,000	10,000	10,000	0	0	0
	<b>Total Other Depreciation</b>		<u>10,000</u>	<u>10,000</u>	<u>10,000</u>	<u>0</u>	<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>10,000</u>	<u>10,000</u>	<u>10,000</u>	<u>0</u>	<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		<u>58,165</u>	<u>58,165</u>	<u>55,277</u>	<u>1,227</u>	<u>1,227</u>	<u>0</u>
	<b>Less: Dispositions</b>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	<b>Less: Start-up/Org Expense</b>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>58,165</u>	<u>58,165</u>	<u>55,277</u>	<u>1,227</u>	<u>1,227</u>	<u>0</u>

**Bonus Depreciation Report****Form 990, Page 1**

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

# Depreciation Adjustment Report

## All Business Activities

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

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b>Prior MACRS:</b>					
1	Computer	3/09/95	3,424	0	0
2	Fire Ext	9/05/97	515	0	0
3	Computer/Software	1/31/00	3,466	0	0
4	Office Furn & Equip	1/31/01	718	0	0
5	Computer H/W & S/W	1/31/01	2,299	0	0
6	Carpet	1/30/01	6,363	0	0
7	Furn & Fixtures	1/31/01	3,103	0	0
8	Leasehold Improvements	1/31/01	17,715	0	0
9	Desk/Filing Cab	1/31/00	1,732	0	0
10	HP Computer	12/29/10	516	0	0
11	Printing Press	2/28/11	800	0	0
12	Computer	12/31/11	564	0	0
13	Desk	12/31/11	321	0	0
14	Shelving	9/29/11	772	0	0
16	Computer	1/01/19	2,205	127	0
17	Lockers	1/01/19	851	76	0
18	Equipment	7/01/22	2,801	537	0
			<u>48,165</u>	<u>740</u>	<u>0</u>
<b>Other Depreciation:</b>					
15	Leasehold Improvements	1/01/11	10,000	0	0
	<b>Total Other Depreciation</b>		<u>10,000</u>	<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>10,000</u>	<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		<u>58,165</u>	<u>740</u>	<u>0</u>



<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>SC</u>
<b>Prior MACRS:</b>				
1	Computer	3/09/95	3,424	0
2	Fire Ext	9/05/97	515	0
3	Computer/Software	1/31/00	3,466	0
4	Office Furn & Equip	1/31/01	718	0
5	Computer H/W & S/W	1/31/01	2,299	0
6	Carpet	1/30/01	6,363	0
7	Furn & Fixtures	1/31/01	3,103	0
8	Leasehold Improvements	1/31/01	17,715	0
9	Desk/Filing Cab	1/31/00	1,732	0
10	HP Computer	12/29/10	516	0
11	Printing Press	2/28/11	800	0
12	Computer	12/31/11	564	0
13	Desk	12/31/11	321	0
14	Shelving	9/20/11	772	0
16	Computer	1/01/19	2,205	127
17	Lockers	1/01/19	851	76
18	Equipment	7/01/22	2,801	537
			<u>48,165</u>	<u>740</u>
<b>Other Depreciation:</b>				
15	Leasehold Improvements	1/01/11	10,000	0
	<b>Total Other Depreciation</b>		<u>10,000</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>10,000</u>	<u>0</u>
	<b>Grand Totals</b>		<u>58,165</u>	<u>740</u>

<b>Form 990</b>	<b>Two Year Comparison Report</b>	<b>2022 &amp; 2023</b>
For calendar year 2023, or tax year beginning		ending

Name **ART LEAGUE OF HILTON HEAD INC.** Taxpayer Identification Number **57-1061135**

		2022	2023	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	48,297	71,107	22,810
	2. Membership dues and assessments	50,952	60,110	9,158
	3. Government contributions and grants	119,868	75,000	-44,868
	4. Program service revenue	358,708	327,665	-31,043
	5. Investment income	54	261	207
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. <b>Total revenue.</b> Add lines 1 through 11	<b>577,879</b>	<b>534,143</b>	<b>-43,736</b>
<b>Expenses</b>	13. Grants and similar amounts paid	2,150	2,000	-150
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	132,286	138,405	6,119
	17. Professional fundraising fees			
	18. Other professional fees	1,845	1,800	-45
	19. Occupancy, rent, utilities, and maintenance	64,513	61,270	-3,243
	20. Depreciation and Depletion	920	1,227	307
	21. Other expenses	378,346	310,085	-68,261
	22. <b>Total expenses.</b> Add lines 13 through 21	<b>580,060</b>	<b>514,787</b>	<b>-65,273</b>
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	<b>-2,181</b>	<b>19,356</b>	<b>21,537</b>
<b>Other Information</b>	24. <b>Total exempt revenue</b>	<b>577,879</b>	<b>534,143</b>	<b>-43,736</b>
	25. Total unrelated revenue			
	26. Total excludable revenue	358,762	327,926	-30,836
	27. Total assets	180,810	207,838	27,028
	28. Total liabilities	61,038	67,890	6,852
	29. Retained earnings	119,772	139,948	20,176
	30. Number of voting members of governing body	18	12	
31. Number of independent voting members of governing body	18	12		
32. Number of employees	5	5		
33. Number of volunteers	70			

Form **990****Tax Return History****2023**

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

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	108,484	122,289	213,069	168,165	146,107	
Membership dues	31,327	35,380	59,785	50,952	60,110	
Program service revenue	309,279	220,685	217,051	358,708	327,665	
Capital gain or loss						
Investment income	180	83	113	54	261	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
<b>Total revenue</b>	<b>449,270</b>	<b>378,437</b>	<b>490,018</b>	<b>577,879</b>	<b>534,143</b>	
Grants and similar amounts paid	2,000	2,000	2,000	2,150	2,000	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	122,092	121,069	128,454	132,286	138,405	
Professional fees	2,400	7,200	1,300	1,845	1,800	
Occupancy costs	59,206	51,566	57,347	64,513	61,270	
Depreciation and depletion	563	914	572	920	1,227	
Other expenses	278,827	210,175	238,575	378,346	310,085	
<b>Total expenses</b>	<b>465,088</b>	<b>392,924</b>	<b>428,248</b>	<b>580,060</b>	<b>514,787</b>	
<b>Excess or (Deficit)</b>	<b>-15,818</b>	<b>-14,487</b>	<b>61,770</b>	<b>-2,181</b>	<b>19,356</b>	
<b>Total exempt revenue</b>	<b>449,270</b>	<b>378,437</b>	<b>490,018</b>	<b>577,879</b>	<b>534,143</b>	
Total unrelated revenue						
Total excludable revenue	309,459	220,768	217,164	358,762	327,926	
Total Assets	126,745	135,753	176,979	180,810	207,838	
Total Liabilities	49,113	73,063	52,871	61,038	67,890	
Net Fund Balances	77,632	62,690	124,108	119,772	139,948	

**Federal Statements**

**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 261			14		
TOTAL	\$ 261					

**Federal Statements**

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
AWARDS	\$ 5,250	\$ 5,250		
PAYROLL FEES	4,088	2,996	783	309
RECEPTION EXPESE	4,039	4,039		
DUES & SUBSCRIPTIONS	2,534	2,534		
MISCELLANEOUS	1,343	1,343		
EVENTS	850	850		
TRAVEL & MEETINGS	665	665		
REWARDS BENEFIT	252	252		
CFLC ADMIN FEES	100		100	
TAXES & LICENSES	50	50		
<b>TOTAL</b>	<b>\$ 19,171</b>	<b>\$ 17,979</b>	<b>\$ 883</b>	<b>\$ 309</b>

## Federal Statements

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

Description	Amount
MEMBERSHIP DUES	\$ 60,110
ATAX - TOWN OF HILTON HEAD	75,000
DONATIONS	39,239
GDDE	10,000
SC ARTS COMMISSION	21,868
TOTAL	<u>\$ 206,217</u>

### Schedule A, Part II, Line 8(e)

Description	Amount
TOTAL	<u>\$ 261</u>
	<u>\$ 261</u>

### Schedule A, Part II, Line 12 - Current year

Description	Amount
ART SALES	\$ 206,993
ART ACADEMY	86,606
MISC	8,072
SPECIAL EVENTS	10,970
RAFFLE TICKET SALES	1,055
CALL FOR SHOW	13,294
MEMORIALS	675
TOTAL	<u>\$ 327,665</u>

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

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

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

### Part I Summary

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

### Part II Signature Block

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

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

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

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**ARTS EDUCATION AND PROMOTION.**

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

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

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

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

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

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

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

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

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

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

**N/A**

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

**N/A**

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

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

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



**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> 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
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

**Part IV Checklist of Required Schedules** (continued)

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Yes No

<b>2a</b>	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	<b>2a</b>	<b>5</b>			
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		<b>X</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			<b>X</b>	
<b>b</b>	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</b>				
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			<b>X</b>	
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>	
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>	
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>				
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			<b>X</b>	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>				
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>				
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>				
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>				
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>				
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>				
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>				
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>				
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>				
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>				
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>					
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>				
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>				
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:					
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>				
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>				
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:					
<b>a</b>	Gross income from members or shareholders	<b>11a</b>				
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>				
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>				
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>				
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>				
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>				
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>				
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>	
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>				
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			<b>X</b>	
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>	
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>				

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

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

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

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

**Section C. Disclosure**

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

**JANICE GRAY**  
**HILTON HEAD ISLAND**

**1 SUSSEX LANE**

**SC 29926**

**843-681-5060**

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

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

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

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

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

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

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

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

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

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

0

**Part VIII Statement of Revenue**

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

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

**Part IX Statement of Functional Expenses**

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

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

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



**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	127,581	1	163,047
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	30,550	4	7,243
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 58,166		
	b Less: accumulated depreciation	10b 55,277	1,007	10c 2,889
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		17,841	15 7,631
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)		176,979	16 180,810	
Liabilities	17 Accounts payable and accrued expenses	12,607	17	18,752
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		40,264	25 42,286
	26 <b>Total liabilities.</b> Add lines 17 through 25		52,871	26 61,038
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	122,065	27	118,972
	28 Net assets with donor restrictions	2,043	28	800
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 <b>Total net assets or fund balances</b>		124,108	32 119,772	
33 <b>Total liabilities and net assets/fund balances</b>		176,979	33 180,810	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	577,879
2	Total expenses (must equal Part IX, column (A), line 25)	2	580,060
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,181
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	124,108
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-2,155
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	119,772

**Part XII Financial Statements and Reporting**

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

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

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**ART LEAGUE OF HILTON HEAD INC.**

Employer identification number

**57-1061135**

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

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

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

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

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

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	146,518	139,811	157,669	272,854	219,117	935,969
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	252	180	83	113	54	682
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						936,651
12 Gross receipts from related activities, etc. (see instructions)					12	1,395,866
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

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

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on line 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

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

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

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



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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

**Part VI**

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

Area with horizontal dotted lines for supplemental information.

**Schedule B  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

Employer identification number

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

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

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

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization

**ART LEAGUE OF HILTON HEAD INC.**

Employer identification number  
**57-1061135**

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Employer identification number

ART LEAGUE OF HILTON HEAD INC.

57-1061135

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

**Part V Endowment Funds.**

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

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

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

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

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

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

	Yes	No
(i) Unrelated organizations		
(ii) Related organizations		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		58,166		58,166
e Other			55,277	-55,277
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>2,889</b>

**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) <b>PREPAID MEMBERSHIP FEES</b>	<b>29,145</b>
(3) <b>UNEARNED TUITION</b>	<b>12,188</b>
(4) <b>SALES TAX PAYABLE</b>	<b>953</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>42,286</b>

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







**SCHEDULE O  
(Form 990)**

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**ART LEAGUE OF HILTON HEAD INC.**

Employer identification number

**57-1061135**

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

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

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

DOCUMENTS ARE AVAILABLE UPON REQUEST.

Form **990**

## Tax Return History

2022

Name

ART LEAGUE OF HILTON HEAD INC.

Employer Identification Number  
57-1061135

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

### Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

57-1061135

#### ART LEAGUE OF HILTON HEAD INC.

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

**Revenue**

Contributions	<u>272,854</u>
Program service revenue	<u>217,051</u>
Investment income	<u>113</u>
Capital gain / loss	_____
Fundraising / Gaming:	
Gross revenue	_____
Direct expenses	_____
Net income	_____
Other income	<u>0</u>
<b>Total revenue</b>	<u>490,018</u>

*Electronically filed June 5/13/22*

**Expenses**

Program services	<u>347,730</u>
Management and general	<u>61,169</u>
Fundraising	<u>19,349</u>
<b>Total expenses</b>	<u>428,248</u>

Excess / (deficit) 61,770

Changes -352

Net Asset / Fund Balance at End of Year 124,108

**Reconciliation of Revenue**

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<u>490,018</u>

**Reconciliation of Expenses**

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<u>428,248</u>

**Balance Sheet**

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

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date 05/16/22  
 Failure to file penalty \_\_\_\_\_

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

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20

**2021**Department of the Treasury  
Internal Revenue Service▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

**ART LEAGUE OF HILTON HEAD INC.**

EIN or SSN

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

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

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

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

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

PIN: check one box only

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

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

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

Signature of officer or person subject to tax ▶

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

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

**57175462291**

Do not enter all zeros

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

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

Form **990**

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

OMB No. 1545-0047

**2021**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

**C** Name of organization  
**ART LEAGUE OF HILTON HEAD INC.**

Doing business as \_\_\_\_\_

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

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

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

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

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

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

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

**H(c)** Group exemption number ▶ \_\_\_\_\_

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

**J** Website: ▶ **WWW.ARTLEAGUEHHI.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

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

**Part I Summary**

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

**Part II Signature Block**

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

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

**Paid Preparer Use Only**

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

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

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

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**ARTS EDUCATION AND PROMOTION.**

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

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

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

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

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

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

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

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

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

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

**N/A**

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

**N/A**

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

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

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

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> 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
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X



**Part IV Checklist of Required Schedules** (continued)

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Yes No

<b>2a</b>	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	<b>2a</b>	<b>7</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.</i>	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <i>Note: See the instructions for additional information the organization must report on Schedule O.</i>	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

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

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

**Section C. Disclosure**

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

**ROBERT SEFTON**  
**HILTON HEAD ISLAND**

**14 SHELTER COVER LANE**

**SC 29928**

**843-842-5738**

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

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

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

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

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

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

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

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

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

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**

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

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

**Part IX Statement of Functional Expenses**

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

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

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

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	91,918	1	127,581
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	30,236	4	30,550
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	55,364		
	b	Less: accumulated depreciation	54,357	10c	1,007
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	12,020	15	17,841
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	135,753	16	176,979	
Liabilities	17	Accounts payable and accrued expenses	10,725	17	12,607
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	62,338	25	40,264
	26	<b>Total liabilities.</b> Add lines 17 through 25	73,063	26	52,871
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	60,297	27	122,065
	28	Net assets with donor restrictions	2,393	28	2,043
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances</b>	62,690	32	124,108
33	<b>Total liabilities and net assets/fund balances</b>	135,753	33	176,979	



**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	490,018
2	Total expenses (must equal Part IX, column (A), line 25)	2	428,248
3	Revenue less expenses. Subtract line 2 from line 1	3	61,770
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	62,690
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-352
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	124,108

**Part XII Financial Statements and Reporting**

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

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

**SCHEDULE A**  
**(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**ART LEAGUE OF HILTON HEAD INC.**

Employer identification number

**57-1061135**

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	122,688	146,518	139,811	157,669	272,854	839,540
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4						839,540

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	122,688	146,518	139,811	157,669	272,854	839,540
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	57	252	180	83	113	685
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						840,225
12 Gross receipts from related activities, etc. (see instructions)					12	1,037,158
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

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

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

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

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

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

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

Section D – Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)			
6	Other distributions (describe in Part VI). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	<b>Total of lines 3a through 3e</b>			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			



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

**Schedule B  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

Employer identification number

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Form 990-PF

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

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% 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).

Name of organization <b>ART LEAGUE OF HILTON HEAD INC.</b>	Employer identification number <b>57-1061135</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

ART LEAGUE OF HILTON HEAD INC.

57-1061135

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

**Part V Endowment Funds.**

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

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

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

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

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

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		55,364	54,357	1,007
<b>Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)</b>				<b>1,007</b>

**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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) <b>UNDEPOSITED FUNDS</b>	<b>13,478</b>
(2) <b>SECURITY DEPOSITS</b>	<b>2,500</b>
(3) <b>PREPAID POSTAGE</b>	<b>1,863</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>17,841</b>

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

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

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

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

1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
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		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5

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

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

1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e
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.)	4b	
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5

**Part XIII Supplemental Information.**

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

**Part XIII Supplemental Information** *(continued)*

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**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**ART LEAGUE OF HILTON HEAD INC.**

Employer identification number

**57-1061135**

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

**A COPY OF THE RETURN WAS REVIEWED BY THE TREASURER PRIOR TO SUBMISSION. A**

**COPY WILL BE REVIEWED BY THE ENTIRE BOARD AT THE NEXT BOARD MEETING.**

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

**DOCUMENTS ARE AVAILABLE UPON REQUEST.**

Form **4562**

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

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2021**

Attachment Sequence No. **179**

**ART LEAGUE OF HILTON HEAD INC.**

Identifying number  
**57-1061135**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

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

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

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

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

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

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

**Section A**

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

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

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

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

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

**Part IV Summary (See instructions.)**

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

For Paperwork Reduction Act Notice, see separate instructions.

DAA

## Federal Asset Report

## Form 990, Page 1

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

57-1061135

**SC Asset Report**

FYE: 12/31/2021

**Form 990, Page 1**

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

57-1061135

**Bonus Depreciation Report**

FYE: 12/31/2021

**Form 990, Page 1**

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

# Depreciation Adjustment Report

## All Business Activities

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

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

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



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

For calendar year 2021, or tax year beginning , ending

Name

Taxpayer Identification Number

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

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

Form **990****Tax Return History****2021**

Name

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

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

### Federal Statements

#### Taxable Interest on Investments

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

## Federal Statements

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

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

## Federal Statements

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

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

### Schedule A, Part II, Line 8(e)

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

### Schedule A, Part II, Line 12 - Current year

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

Internal Revenue Service

Department of the Treasury

P. O. Box 2508  
Cincinnati, OH 45201

Date: January 31, 2000

**Person to Contact:**  
Sheena Wallace 31-04021  
Customer Service Representative

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

**Telephone Number:**  
877-829-5500  
**Fax Number:**  
513-263-3756  
**Federal Identification Number:**  
57-1061135

Dear Sir or Madam:

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

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

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

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

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

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

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

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

Art League of Hilton Head Island Inc.  
57-1061135

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

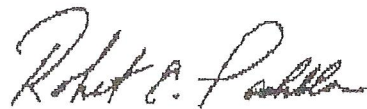
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and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

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

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

This letter affirms your organization's exempt status.

Sincerely,



Robert C. Padilla  
Manager, Customer Service