

2025

Accommodations Tax Funds Request Application

Organization Name: Arts Center of Coastal Carolina

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

Executive Summary

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

2025 Accommodations Tax Funds Request Application

Date Received: 09/05/2024

Time Received: 03:17 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: Arts Center of Coastal Carolina

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

Contact Name: Jeffrey S. Reeves Title: President & CEO

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

Email Address: jreeves@artshhi.com Contact Phone: 843-686-3945

Event Date: Event Location: Arts Center of Coastal Carolina

Total Budget: \$5,256,161.00 **Grant Requested:** \$447,000.00

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

The Arts Center requests \$447,000 for FY24-25 tourism operations support in two TERC eligible areas: 1) destination advertising/promotion of arts programs to tourists; 2) tourism-related cultural arts programming/events through Producing Theater, Great Performances, and Community Festivals.

These programming costs—as well as maintenance of our facility for visitors/community—will be \$5,256,161. **This request is a mere 3.9% increase, yet below the projected 4.5% inflation rate for FY25, and is only 8.5% of our FY25 operating budget. A multitude of inflationary challenges make this increase necessary. This request excludes \$630,768 in eligible facility maintenance and administration costs.** Appendix G.

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

Visitors attend our year-round multi-arts programming, festivals, and performances; thus, the Arts Center is a vital contributor to visitorship and a major cultural amenity. **Tracking of visitor statistics is through our robust ticketing system. Geographic attendance data quantifies impact.**

Measuring FY24 attendance at 153 event performances, tourism from 50-mile radius was: Theater 27%(10,254); Presenting 25%(1,084); Visual Arts 27%(126); and Outreach 35%(2,146). **Of the 48,990 total ATAX eligible attendees (out of 63,752 total patrons) served in these programs (not including education services and rentals) 16,146 (33%) were visitors and 13,610 (28%) tourists beyond 50-mile radius totaling 29,756 (61%).**
Appendix A.

A. Total Number of Physical Tourists Served: 13610

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: 16146

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: 19234

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): 48990

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

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

In addition to detailed tracking through our ticketing system, **for over 28 years various surveys and detailed reports have confirmed the exuberant programming appeal to island visitors and the greater community, along with informing national, regional, and local marketing strategies using proven methods.**

In 2023-2024 the Arts Center did not produce virtual theatre as we were diligent to promote in-person performances and festivals. However, digital offerings that globally promote the Arts Center & Hilton Head Island received an additional 222,600 universal interactions in FY24: **a grand total of 1.3 million views since inception in 2020! In FY24, these not only provided education and/or instruction but helped in FY24 to promote-and continues to promote-Hilton Head and the Arts Center.**

Marketing continued to leverage the highly viewed virtual cast and show promos to our **17,490 global email addresses for each theater production and presenting performances, as well as our free outreach festivals.** Again, these provided universal tourist promotions for the Arts Center and Hilton Head Island.

B. DESCRIPTION OF OPERATIONS:

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

For 28+ years, the Arts Center's Mission has been "to enrich and benefit the community through the arts."

The Arts Center is a core multi-arts venue at the heart of Hilton Head Island (HHI) and integral to the economic and cultural vitality of the island. As South Carolina's largest professional producing theater and third largest arts organization, we are a significant economic engine for HHI and Beaufort Co. businesses/residents.

Our total FY24 overall economic impact was \$14.75 million and supported 208.5 FTE jobs. Of that, tourism generated \$3.75 million in economic impact. The Arts Center normally represents 35%+ of the total economic impact of all arts and culture on Hilton Head Island of \$39.1 million, as derived from the Town Office of Cultural Affairs "Arts & Economic Prosperity 5" Calculator.

Opening in 1996, we have realized over 1.76 million attendees at 4,590 performances and programs. FY24 saw us taking another step toward traditional high-attendance, achieving 63,752 overall attendees. Our incomparable 45,000sf year-round facility includes a 349-seat mainstage theater showcasing full-scale professional producing theater and presenting great artists. We provide visual arts, education & outreach. Our facility is home to the Art League of HHI gallery, a black box rehearsal hall, an art studio, Heritage Reception Parlor, and Community Room. 403 active volunteers play major roles in operations.

The Arts Center is consistently recognized as an award-winning professional organization with, Best of Bluffton – Best Live Theater, Lowcountry's Best (Gold) – Best Live Theater, BroadwayWorld Regional Awards, Trip Advisor – Award of Excellence.

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

Our \$447,000 request is 8.5% of our FY25 operating budget and will be used to create diverse and multi-disciplined arts programs and marketing plans promoted to tourists and visitors.

The marketing and development of our programs require considerable financial resources. According to categories defined by TERC, the Arts Center is eligible under the provisions of the law at \$763,414 for visitor programming and marketing expenses. Eligible costs not included total **\$630,768 (a 19% increase over FY23), of which Facility/Overhead expenses are \$210,764, and Program Administrative expenses are \$420,004.**

Therefore, if \$630,768 was added to Total Estimated Eligible Visitor Expenses of \$763,414 the actual eligible total would be \$1,394,182. Appendix B.

Highlights for marketing funds use include, **100% designed/managed in-house (cost control measure) innovative marketing strategies**, such as redesigned, cost-effective, and flexible social/digital media which sent 1,606,081 promotional e-blasts to our 17,490 global email list.

Highlights for the upcoming FY25 year-round theater include 143 in-house produced Equity Theater performances and 11 presenting performances for a projected 50,745 ATAX patrons out of a total 65,903 overall program attendees. **Maintaining all public spaces of the Arts Center's 45,000sf space in FY25 will cost \$554,825; up 10%, well exceeding the projected 4.5% inflation rate for FY25.** While the facility is not part of this request, an integral part of the visitor experience is attending performances and events at a quality venue.

Other funds planned for FY25 operations are earned income, \$3,455,847, and contributed income, \$1,845,538. Appendix G, Appendix H (at Presentation).

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

The theater experienced strong occupancy rates for most FY24 productions and performances. With that, an already appreciable momentum for an anticipated "near capacity" FY25 season.

The Arts Center's FY25 season was meticulously developed/set 18-months out. It's a complex process of coordinating dates, negotiating/securing performance licensing, contracting with productions/performers, load-ins/outs, and budgeting.

Partial funding potentially reverses momentum on the already committed/announced season. The demand for our regional live stage theater is high; partial funding results in cutting essential program/marketing components. **Without quality performances/optimal advertising, fewer audiences mean less visitors/tourists, less revenue, and less economic impact!**

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

Undeniably, the Arts Center significantly impacts cultural arts tourism as the only year-round arts venue, translating to a vital economic impact for HHI. Using data from the Town's Office of Cultural Affairs "Arts & Economic Prosperity 5" Calculator, **FY24 generated a projected \$14,746,500 (including tourism's \$3,758,019), representing 38% of the total economic impact of arts and culture on HHI at \$39.1 million.**

Our ATAX funding over a **6-year history translates to a \$73,468,591 overall economic impact with a \$18,468,146, 50+ mile tourism economic impact.** Investing in the Arts Center also advances HHI as a branded destination. Appendices A & C.

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

1 - Destination Advertising/Promotion <i>Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity.</i>	45 %
2 - Tourism-Related Events <i>Promotion of the arts and cultural events.</i>	55 %
3 - Tourism-Related Facilities <i>Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.</i>	0 %
4 - Tourism-Related Public Services <i>The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.</i>	0 %
5 - Tourist Public Transportation <i>Tourist shuttle transportation.</i>	0 %
6 - Waterfront Erosion/Control/Repair <i>Control and repair of waterfront erosion.</i>	0 %
7 - Operation of Visitor Information Centers <i>Operating visitor information centers.</i>	0 %
Total:	100 %

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

a) Partnerships are the backbone of the Arts Center's sustainability. As a 28-year Hilton Head Island mainstay, the Arts Center actively fosters partnerships, in and out of the arts sector, and has built strong collaboratives with many organizations to enhance tourism efforts.

Centrally located and recognized as a cultural/tourism information hub, organizations and businesses utilize our extensive rack card/brochure system benefiting tourists and residents. Partnerships include Art League of Hilton Head, TEDx Hilton Head, NIBCAA, Gullah Museum, Lean Ensemble, Concours d 'Elegance, Island Writers' Network, and the

Town Office of Cultural Affairs, highlighting several. Groups frequently utilize and come to rely on our discounted venue rentals, marketing resources, and occasionally free services.

b) For a town with a small full-time population like HHI, it is rare to have a facility the size (45,000sf) and scope (year-round operations) of the Arts Center. It makes an impressive community statement reflected in its ability to produce 156 performances of mainstage theater, performing acts, and events for more than 65,903 projected overall attendees for FY25.

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

Also, we try to maintain a balance for patron ticket pricing. Because our patrons exhibit price and accessibility sensitivity, we charge accordingly to attract wide-ranging demographics. Tickets are frequently donated for many organizations' fundraising. Appendix D (at Presentation).

7. Additional comments. (250 words or less)

FY25 projects a \$15,322,679 overall economic impact and a \$3,963,419 tourism economic impact, based on 65,903 overall attendees: second in attendance to the RBC Heritage Tournament. Our ambitious goal is attainable, yet not without mitigating the unpredictable and ever-changing economic and health challenges. Below are two primary FY25 challenges:

Economic/Inflationary: With unpredictable inflation, unemployment, and the market, the patron/donor public remains cautious about discretionary spending. Aside from everyday operating consumables inflation, **again in FY25 inflation will cause significant increases to our programming, marketing, and operating costs—adding \$413,000 additional program expenses in FY25—up a considerable 52% beyond traditionally normal levels.** As we all learned in the last four years, vigilance, restraint, and adapting to change are vital; and may always be our course.

Infectious Diseases: The current COVID variant is seeing an uptick this summer. It widely varies in its effect. However, we are not naive as to think potential for severe impacts of COVID or other illnesses still aren't possible. **We are cautiously optimistic, and we have become highly adept at modifying our plans at a moments' notice with sound strategies in place.**

It is essential that we can depend upon our long-standing partnership with HHI ATAX to grant our **mere 3.9% increase (below the projected 4.5% inflation FY25 rate).** Our **\$447,000 request is a sound investment at \$15.02 per each of the 29,756 ATAX eligible attendees (50+ Miles & Off Island, 61%) in FY24, with a similar ROI anticipated for FY25.**

C. FUNDING:

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

The FY24 Projected Operating Actual included these Contributed sources: 14%-Individuals; 11%-Government (State/County/Town); 5%-Gift-In-kind; 5%-Foundations; 3%-Events; 2%-Businesses. Contributed total of \$1,991,521, 40% of income actual.

The remaining FY24 Operating Actual is Earned Income, \$3,006,264, 60%, from admissions/online fees/concessions/rentals. **National studies indicate a healthy balance for producing theaters is a 55/45 split between earned and contributed income. We're heading in the right direction.**Appendix N.

Continued cultivation of new residents/donors to grow our contributed line will restore us to the ideal earned/contributed balance. The projected FY25 Budget is strong, yet conservative. Reliable strategies support FY25 projections at \$15,322,679, overall im

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

<u>11</u>	Government Sources	<u>21</u>	Private Contributions, Donations and Grants
8	Corporate Support, Sponsors	<u>11</u>	Membership, Dues, Subscriptions
43	Ticket Sales, or Sales and Services	<u>6</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- General Operating Grant	\$46,525.00
South Carolina Arts Commission- Summer Arts Camps	\$20,000.00
Beaufort County State ATAX	\$20,000.00

D. FINANCIAL INFORMATION:

Fiscal Year Disclosure: Start Month: **9/1** End Month: **8/31**

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:

FY22- Previous FY 1

FY23- Previous FY 2

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

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

Previous fiscal year Balance Sheets Provided:

FY23 - Previous FY 2

FY23 - Previous FY 2

FY22 - 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

FY22 - Previous FY 2

E. FINANCIAL GUARANTEES AND PROCEDURES:

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

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

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

F. MEASURING EFFECTIVENESS:

If you received 2023 or 2024 HHI ATAX funds

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

2021	\$325,000.00	Tourism Operating Support
2022	\$405,000.00	Tourism Operating Support
2023	\$420,000.00	Tourism Operating Support
2024	\$430,000.00	Tourism Operating Support

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)

FY24 ATAX funding afforded an outstanding resurgence of tourism through dedicated tourism marketing and program efforts. Strategic marketing is vital to reaching our tourists. As always, the plan was to maximize reach and minimize spend, focusing on success-proven, cost-effective digital media, and evidenced with the 42.5% digital/social media user penetration surge by the end of 2024.

In FY24, analytics across all methods including Website, Number of Users: 131,369 (up 20%), Page views: 409,608; and 2,861 Instagram followers (+23%), 6,000 users per month, with a total of 35,400 FY24 interactions; Facebook's 7,867 followers (up 7%) viewed 300,000 campaigns; **and 17,490 deliverable emails received 1,190,687 promotional e-blasts targeted by interests/location, with an impressive 38% open rate, and a favorably down 8.6% unsubscribe rate! Additionally, 37,000 season brochures and 16,500 rackcards were distributed state-wide.**

The ATAX funds drove and enhanced tourism by promoting/presenting an exciting and records-setting season for advance sales levels and total income for their time slots, with these outcomes: Total 29,756 or 61% ATAX eligible attendance, with 13,610 (28%) tourists >50miles and 16,146 (33%) off Island. Subsets include, **5 Theater Shows 22,979 (60%); 7 Presenting Artists, 2,208 (51%); 2 Events, 4,569 (69%). The 153 total performances/events were embraced as fresh and creative!**

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

FY24 produced 5 theater shows, 7 presenting artists, 2 free festivals, and other facility activities. FY24 evidenced the benefit by our \$14,746,500 in overall economic impact, with \$3,758,019 from 50+ miles tourism while operating 360 days/year.

48,990 ATAX eligible patrons benefited from an-award winning theater season with the in-house produced Clue: On Stage; Irving Berlin's Holiday Inn; August Wilson's Fences; Beautiful: The Carole King Musical; and the longest-running Broadway Musical, Chicago. Performances achieved 38,124 total ATAX attendees and presenting shows (1-2 nights) achieved 4,261. Appendix A.

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

Aside from tourism, the Arts Center supported over **208.5 FTE jobs for overall economic impact in FY24, and a significant total 1,039.8 FTE jobs over a 6-year history.** This economic impact in turn supports local businesses: restaurants/lumber/paint sales/fitness centers/lodging/grocers/medical services/fuel stations. Appendix C.

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

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

In FY24 we served 63,752 despite an unpredictable economy and COVID variants. We achieved 38% of overall HHI arts sector economic impact, and impacted economy over the past **6-years generating \$73,468,591 with \$18,468,146 from tourism.**

Effectiveness measured through action: Operating 360 days/year, contributing to year-round HHI tourism (2018 Survey of Public Participation in the Arts, NEA, identified 49.7% "traveled more than 50+ miles from home to attend cultural activities and events despite the time of year."); Supporting 208.5 FTE jobs in FY24 for overall economic impact back to Hilton Head Island; leading the industry and workforce development; enriching the community through creating positive change and inspiration, as seen in progressive programs and services. "We walk the talk;" imparting expertise & knowledge to

organizations through tenured, educated staff (most management have specialized bachelor+ degrees/tenures 10+ years–several 20+), resulting in an award-winning organization, solidifying the Arts Center as the cultural hub of our community!

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: Jeffrey S. Reeves

Title/Position: President/CEO

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

Email Address: jreeves@artshhi.com

Office Phone Number: 843-686-3945

Home Phone Number: 843-298-0144

Arts Center of Coastal Carolina

Executive Summary/Effectiveness Indicators

The Arts Center’s Effectiveness Indicators, as applied to our **FY24** tourists and visitors’ results, as well as our plans for **FY25** ATAX funding, indicate year-round TERC eligible tourist activities in two main areas: **1) Destination Marketing** and **2) Programming Cultural Arts**. In support of our request for \$447,000 in ATAX funding, please consider the following:

- **FY24’s total overall ATAX attendance** (excluding education and rental services) **increased 9% to 48,990 over FY23’s 44,929** in Theater, Presenting, Visual Arts, and Outreach Festivals. Appendix A.
- **FY24’s 153 Total Theater/Presenting Performances, Outreach Events, etc.**
- **Tourists: In FY24, patrons from beyond the 50-mile radius totaled 13,610 or 28% of our ATAX patrons. This was an 8% increase over FY23’s 12,633.** Appendix A.
- **Visitors: In FY24, our mainland visitors totaled 16,146, or 33% of our patrons. This was a 13% increase over FY23’s 14,247.** Appendix A.
- **FY24 ATAX TERC eligible tourism promotional advertising expenses were \$245,589.** Appendix B.
- **FY24 ATAX TERC eligible tourism program expenses were \$517,824 in Theater, Presenting and Outreach.** Appendix B.
- **FY24 Arts Center’s overall economic impact was \$14,746,500 up 10.7% over FY23’s actual \$13,324,880.** Appendix C.
- **FY24 Arts Center’s tourism economic impact was \$3,758,019 up 7.2% over FY23’s actual \$3,502,848.** Appendix C.
- **FY24 Arts Center’s overall economic impact of \$14,746,500 represented 37.6% of the total Hilton Head Island arts and culture sector’s total economic impact of \$39.1 million.** Appendix C.

ATAX support of the Arts Center is greatly beneficial to all. **The ROI for the Arts Center’s FY24 grant of \$430,000 relative to our \$3,758,019 economic impact is 8.7 to 1 per Americans for the Arts HHI formula. Cost per 29,756 ATAX eligible attendee (50+ Miles & Off Island, 61%) in FY24 was merely \$15.02; a sound investment of the FY24 \$430,000 ATAX funding.** The Arts Center works every ATAX dollar year-round to achieve the visitorship creating this desirable ROI. **Our rare facility**, at the size (45,000sf) and scope (year-round operations) for a town with a small full-time population like HHI, allows us to **recruit and retain our hard-sought educated and tenured staff—key to producing quality visitor attractions—culminating in high visitorship and unparalleled economic impact.**

The requested FY25 ATAX funds (based on FY24 results) will directly support:

- 1) Tourism destination marketing efforts: FY24 TERC eligible marketing expenses were \$245,589**, which includes printing and distribution of season brochures at SCPRT Welcome Centers; distribution of rack cards in tourist locations; discount and special offer coupons to regional hospitality professionals; online marketing; e-blasts; advertisements in tourism-based publications; event listings on local, state, and nationwide websites; regional radio, newspaper, and magazine. Appendix B.
- 2) Programming of performing arts and cultural events: FY24 TERC eligible Programming expenses were \$517,824.** As a cultural destination, tourists are especially attracted to our Theater and Presenting series, as well as our 28th Annual November Town Holiday Kick-Off and our February Taste of Gullah free community festivals. **The Arts Center’s FY25 planned and programmed 166 total comprehensive events are basically one arts event every other day!** Appendix B and P.

Other TERC eligible expenses not included in our ATAX request: Our FY24 tourism-related eligible facility overhead, maintenance costs, and program administrative costs are prorated at **\$630,768 (a 19% increase over FY23).** **Under TERC law, these expenses are ATAX eligible.** However, **we are not requesting ATAX grant funds based on these expenses.** Appendix B.

Therefore, the Arts Center respectively requests **\$447,000 in new ATAX funds** for development and implementation of FY25 destination marketing, as well as the programming of tourism-related events to enhance and drive visitorship. This request is a **mere 3.9% increase, yet below the projected 4.5% inflation rate for FY25**, and is only 8.5% of our FY25 operating budget.

Arts Center of Coastal Carolina Effectiveness Indicators FY25		
Topic	Plan	Results
FY25 Programming Visitor Targeted All Year Round	Fall 2024	Produce: <i>Something Rotten</i> (Renaissance Comedy) – 25 Performances
	November 2024	Booked: <i>DIVAS3</i> (Female Vocalists Trio) – 2 Performances
	Holiday 2024	Produce: <i>42ND Street</i> (Holiday Musical) – 25 Performances
	Holiday 2024	Booked: <i>Emmet Cahill</i> (Holiday Irish Tenor) – 2 Performances
	February Snowbirds 2025	Produce: <i>The Cottage</i> (Romantic Comedy) – 23 Performances
	February Snowbirds 2025	Booked: <i>Broadway’s David Burnham Sings Bubl�</i> (Jazz)– 2 Performances
	March Visitors 2025	Booked: <i>Ranky Tanky</i> (Gullah Quintet) – 1 Performance + 1 Field Trip

	<p>May Visitors 2025 Summer Visitors 2025 July Visitors 2025 Labor Day Weekend 2025</p>	<p>Produce: <i>Waitress: The Musical</i> – 35 Performances Produce: <i>Summer: The Donna Summer Musical</i> – 35 Performances Pending: <i>Comedian</i> (Comedy) – 2 Performances Booked: <i>Earth, Wind & Fire Tribute Band</i> (R & B) – 2 Performances</p>
<p><u>New Opportunities & Challenges</u></p>	<p>Theater Productions and Presenting Artists Strategic Scheduling</p>	<p>Highlights for the upcoming FY25 year-round theater include 143 in-house produced Equity Theater performances and 11 presenting performances for a projected 47,153 patrons out of a total 65,903 overall program attendees. 5 mainstage productions and 6 Presenting Artists are confirmed for FY25. Just like strategic placement of our theater productions, artists around holidays and bands during key tourist months, as well as our summer comedians, do very well with tourists and visitors. The FY25 Season brings diversity and world-class performances including <i>Something Rotten</i>, <i>42nd Street</i>, <i>The Cottage</i>, <i>Waitress</i>, <i>Summer: The Donna Summer Musical</i>, <i>Ranky Tanky</i>, <i>Earth Wind & Fire Tribute Band</i>, and Irish Tenor Emmet Cahill.</p>
<p>Ongoing Challenges</p>	<p>Facility, Infectious Diseases, and Inflation</p>	<p>Maintaining all the Arts Center’s 45,000sf space in FY25 will cost \$554,825 (up 10.4% - well above inflation). Continued inflation and Infectious diseases remain lingering challenges. As in the past, program and administrative expense control will be at an optimum, however we are also still anticipating carrying \$413,500 additional program expenses in FY25 – up 8.7% beyond traditionally normal levels.</p>
<p>Gullah Tourism</p>	<p>Priority Partnerships and Programming for 28+ Years</p>	<p>We have promoted the Gullah culture for 28+ years holding seminars, co-founding De Aarts Ob We People exhibit, and producing the always visitor popular Taste of Gullah Festival. Our Gullah Virtual Library is universally utilized by teachers/public. 5,171 viewed the Library in FY24, since inception in FY22, 10,706 views.</p>
<p><u>Tourism Visitor Attendance</u></p>	<p>Increase Attendance</p>	<p>Our spaces support hundreds of community arts performances, programs, meetings, and activities. The FY24 theater shows experienced higher occupancy rates than did our state and national counterparts. And we will continue to inspire patrons for our FY25 season. FY24 had 63,752 patrons overall; 17% more than FY23’s 54,430. Of the 48,990 ATAX eligible attendees, 13,610 (28%) were from beyond 50 miles, and 16,146 (33%) visitors were form mainland Beaufort County for a total of 61% visitors/tourists. Existing free virtual offerings that globally promote the Arts Center & HHI received 139,689 universal interactions in FY24, a grand total of 1.3 million+ views since inception!</p>
<p>Visitor Appreciation</p>	<p>Increase Recognition by Visitors</p>	<p>Continued and consistent national and local recognition as an award-winning professional organization. Including local and regional, Best of Bluffton – Best Live Theater, Lowcountry’s Best (Gold) – Best Live Theater, BroadwayWorld Regional Awards, Trip Advisor – Award of Excellence.</p>
<p><u>Marketing</u></p>	<p>Increase Usage</p>	<p>Website improvements have indicated continued growth and audience expansion. Number of Users: 131,369 (up 20%), Page views: 409,608.</p>
<p>Website Hits</p>		
<p>Social Media</p>	<p>Increase Fans</p>	<p>2,861 Instagram followers (+23%), 6,000 users per month, with a total of 35,400 FY24 interactions; Facebook’s 7,867 followers, up 7% viewed 300,000 campaigns; and 17,490 deliverable emails received 1,190,687 promotional e-blasts targeted by interests/location, with an impressive 38% open rate, and favorably down 8.6% unsubscribe rate!</p>
<p>Online Ticketing</p>	<p>Increase sales</p>	<p>FY24’s 22,480 online tickets are a 6% increase over FY23’s 21,265. Tourism tickets (50+ Miles) in FY24, were 7,894 or 35% of all online ticket sales.</p>

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

2023-2024

THEATER	Season	Total Paid Attending	> 50 Miles		Off Island		On Island	
			%	Total	%	Total	%	Total
Clue	Fall	7,649	32%	2,443	30%	2,275	38%	2,931
Irving Berlin's Holiday Inn	Holiday	7,451	25%	1,873	34%	2,490	41%	3,088
August Wilson's Fences*	Winter	2,709	34%	921	27%	740	39%	1,048
Beautiful: The Carole King Musical	Spring	9,578	24%	2,277	37%	3,544	39%	3,757
Chicago	Summer	10,737	26%	2,740	34%	3,676	40%	4,321
TOTAL		38,124	27%	10,254	33%	12,725	40%	15,145

PRESENTING

Broadway Tenors	Fall	1,037	29%	297	21%	220	50%	520
Collage Dance	Winter	158	38%	60	22%	34	40%	64
Black Jacket Symphony: Journey	Spring	832	30%	250	26%	218	44%	364
Twitty & Lynn	Spring	609	31%	189	25%	154	44%	266
Henry Cho Comedy	Summer	681	21%	141	30%	205	49%	335
Caroline Rhea Comedy	Summer	258	28%	73	15%	38	57%	147
Black Jacket Symphony: Whitney Houston	Summer	686	11%	74	37%	255	53%	357
TOTAL		4,261	25%	1,084	26%	1,124	48%	2,053
TOTAL VISUAL ARTS (FREE)	Winter	473	27%	126	45%	212	29%	135
TOTAL OUTREACH (FREE)	Winter	6,132	35%	2,146	34%	2,085	31%	1,901
GRAND TOTAL		48,990	28%	13,610	33%	16,146	39%	19,234

*COVID outbreak infecting four cast and three staff required cancelling the last six(6) performances.

2022-2023

THEATER	Season	Total Paid Attending	> 50 Miles		Off Island		On Island	
			%	Total	%	Total	%	Total
Little Shop of Horrors*	Fall	4,467	27%	1,194	31%	1,396	42%	1,877
A Christmas Story: The Musical*	Holiday	6,305	22%	1,364	32%	1,987	47%	2,954
Guess Who's Coming to Dinner*	Winter	4,180	34%	1,426	27%	1,108	39%	1,646
Sondheim's Company	Spring	5,173	33%	1,702	31%	1,583	36%	1,888
Jersey Boys	Summer	14,274	26%	3,700	34%	4,805	40%	5,769
TOTAL		34,399	27%	9,386	32%	10,879	41%	14,134

PRESENTING

Spamilton*	Fall	960	19%	185	35%	333	46%	442
Emmet Cahill Irish Tenor	Spring	944	39%	365	29%	274	32%	305
Linda Ronstadt Experience	Spring	690	33%	226	26%	180	41%	284
Dimension Dance Theater	Spring	251	23%	58	25%	62	52%	131
Twitty & Lynn	Spring	344	38%	129	30%	103	33%	112
Melissa Villasenor Comedy	Summer	495	19%	95	24%	120	57%	280
The Police Experience	Summer	652	22%	144	28%	182	50%	326
TOTAL		4,336	28%	1,202	29%	1,254	43%	1,880
TOTAL VISUAL ARTS (FREE)	Winter	273	34%	92	37%	101	29%	80
TOTAL OUTREACH (FREE)	Winter	5,921	33%	1,953	34%	2,013	33%	1,955
GRAND TOTAL		44,929	28%	12,633	32%	14,247	40%	18,049

*COVID Omicron, Delta, and BA.5 Surges: Audience reluctance for large gatherings hampered performance attendance from fall to mid-winter.

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

2021-2022

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

PRESENTING

Clicquot*	Fall	583	32%	187	27%	159	41%	237
Candice Glover Sings Aretha Franklin*	Fall	641	16%	104	33%	211	51%	326
Ranky Tanky	Spring	340	47%	159	22%	76	31%	105
Charlotte Ballet	Spring	339	21%	70	33%	112	46%	157
Rock Was Young: Elton John Tribute	Spring	1,027	27%	276	25%	260	48%	491
Leanne Morgan: Comedy	Spring	698	27%	186	30%	207	44%	305
Paul Reiser: Comedy	Summer	700	12%	86	32%	222	56%	392
Purple Xperience: Prince Tribute	Summer	700	15%	108	29%	201	56%	391
TOTAL		5,028	23%	1,176	29%	1,448	48%	2,404

TOTAL VISUAL ARTS (FREE)	Winter	0	ALL VIRTUAL					
TOTAL OUTREACH (FREE)*	Winter	4,659	32%	1,491	33%	1,537	35%	1,631
GRAND TOTAL		39,593	28%	10,981	31%	12,326	41%	16,286

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

2020-2021

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

PRESENTING

25th Anniversary Season Kickoff Concert*	Fall	298	20%	61	28%	82	52%	155
The Garden State Guys*	Fall	160	9%	15	37%	59	54%	86
Tom Petty - The Heartbreakers Tribute*	Fall	261	10%	26	33%	86	57%	149
Leanne Morgan Comedy*	Fall	329	30%	100	34%	112	36%	117
Harlem Quartet*	Fall	66	15%	10	30%	20	55%	36
Antonina and David: Mentalists*	Fall	106	19%	20	30%	32	51%	54
Christmas with the Celts*	Holiday	301	12%	35	33%	99	55%	167
Henry Cho Comedy*	Holiday	133	20%	27	28%	37	52%	69
A Broadway Christmas*	Holiday	205	20%	41	33%	67	47%	97
A Carpenter's Christmas*	Holiday	206	17%	36	27%	56	55%	114
Terminus Dance*	Spring	142	18%	26	34%	48	48%	68
Black Jacket Symphony: Fleetwood Mac†	Spring	481	8%	38	36%	175	56%	268
The Voices of El Shaddai†	Summer	179	13%	23	37%	67	50%	89
The Flying Karamazov Brothers†	Summer	405	23%	93	33%	134	44%	178
Bruce in the U.S.A.: Springsteen Tribute†	Summer	722	22%	159	39%	285	39%	278
TOTAL		3,994	18%	710	34%	1,359	48%	1,925

TOTAL VISUAL ARTS (FREE)	Winter	0	ALL VIRTUAL					
TOTAL OUTREACH (FREE)‡	Winter	2,294	30%	688	33%	757	37%	849
GRAND TOTAL		19,065	30%	5,754	32%	6,187	37%	7,124

*State of SC limited house capacity at 50%

†Limited house capacity at 60-75%

‡State of SC limited large, outdoor gatherings to 250

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

2019-2020

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

PRESENTING

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

2018-2019

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

PRESENTING

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

ARTS CENTER OF COASTAL CAROLINA TOURISM IMPACT: FY2023-2024 ELIGIBLE TOURISM FUNDS PER PROGRAM AND MARKETING BUDGET

The following outline details the major program areas and the portion of their visitor-related expenses that have generated the greatest impact on tourism during FY2023-2024. **This budget covers expenses for the fiscal year period of 9/1/23-8/31/24.**

PROGRAM BUDGET FY 2023-24			
PROGRAM	FY 2023-24	Tourism %	Eligible \$
Theater Series - 136 performances	\$1,740,088	27%	\$ 469,824
Presenting Series -15 performances	\$ 171,841	25%	\$ 42,960
Outreach Festivals - 2 festivals	\$14,401	35%	\$ 5,040
Total Estimated Tourism Program Expense	\$ 1,926,330		\$517,824
MARKETING BUDGET FY 2023-24			
	FY 2023-24	ML %	Mainland
BROADCAST - Radio & TV			
DBC Radio			
<i>Y107, New Country BOB 106.9, Big 98.3, 103.1 The Drive, 93.5 Island, Rock 106.1; 3 radio stations in Myrtle Beach area</i>	28,990	65%	18,844
Lowcountry Radio (HH, Bluffton, Beaufort, Parris Island, Sun City)			
<i>The Surf 104.9, SC 103, 97.3, 99.1, 106.5</i>	27900	65%	18,135
WHHI	10250	65%	6,663
BROADCAST - Radio & TV: TOTAL	\$ 67,140		\$ 43,641
PRINT MEDIA ADVERTISING			
The Island Packet/ Beaufort Gazette	80,450	60%	48,270
Greater Bluffton Chamber of Commerce	3,750	50%	1,875
Celebrate Bluffton/HH	26,750	60%	16,050
Chamber of Commerce Vacation Guide	3,932	100%	3,932
Bluffton Sun & HH Sun	13,650	50%	6,825
Island Events	29,500	90%	26,550
Taste of Hilton Head	6,800	90%	6,120
Pink Magazine	15,800	50%	7,900
Big Fat Coupon Book	800	60%	480
The Menu Guide	2,400	80%	1,920
Beaufort County Seniors Directory	3,600	25%	900
Regional :			0
<i>Savannah Scene Magazine</i>	4,500	100%	4,500
<i>Footlight Players - Program Insert - Charleston</i>	1,600	100%	1,600
<i>Savannah Morning News</i>	6,800	75%	5,100
<i>Sun Saver Digest - Lowcountry & Savannah</i>	3,500	24%	840
PRINT MEDIA TOTAL:	\$ 203,832		\$132,862
DIGITAL			
Website/Hosting, Domain, Social Media Coord., Access Services	18,650	75%	13,988
Email Advertising	5,320	40%	2,128
Airport LED Screen	1,600	65%	1040
Island Packet Digital	8,400	75%	6,300
<i>Includes national website ads for Garden & Gun, Southern Living, Better Homes & Garden, The State & The Charlotte Observer</i>			

Chamber Digital: Website, "See & Do" and premium placement etc.	11,900	75%	8,925
Connect Savannah	1,900	90%	1,710
Social Media Advertising	27,800	45%	12,510
DIGITAL MEDIA MARKETING TOTAL	\$ 75,570		\$ 46,601
COLLATERAL ARTS CENTER MARKETING MATERIAL/PROMOTION			
Printing & Mailing Season Materials	10,400	70%	7,280
Printing, Mailing & Distribution of Promo Rack Cards	2,600	75%	1,950
OnCenter Printing & Digital	68,000	55%	37,400
Playbill Inserts	18,250	40%	7,300
Hospitality/Concierge Events	6,200	100%	6,200
Signage	8,400	50%	4,200
SC Welcome Centers throughout the state (rack cards, etc)	1,975	95%	1,876
Photography/Videography	9,600	30%	2,880
COLLATERAL MATERIAL TOTAL:	\$ 125,425		\$ 69,086
MARKETING TOTAL	\$ 396,397		\$ 245,589
TOTAL ELIGIBLE PROGRAMMING & MARKETING			\$763,414

1. Eligible Facility and Overhead expenses totaling \$210,764

- a. Theater: 27% of \$620,464 totaling \$167,525 eligible
- b. Presenting: 25% of \$73,842 totaling \$18,461 eligible
- c. Visual Arts: 27% of \$8,205 totaling \$2,215 eligible
- d. Outreach Festivals: 35% of \$24,614 totaling \$8,615 eligible
- e. Rentals: 34% of \$41,024 totaling \$13,948 eligible

2. Eligible Program administrative expenses totaling \$420,004

- a. Theater: 27% of \$1,062,342 totaling \$286,832 eligible
- b. Presenting: 25% of \$303,526 totaling \$75,882 eligible
- c. Visual Arts: 27% of \$18,970 totaling \$5,122 eligible
- d. Outreach Festivals: 35% of \$56,911 totaling \$19,919 eligible
- e. Rentals: 34% of \$94,852 totaling \$32,250 eligible

3. The eligible but not included:

Facility and Overhead expenses of **\$210,764**
Program Administrative expenses of **\$420,004**

Totaling \$630,768

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

ARTS CENTER OF COASTAL CAROLINA

Town of Hilton Head Office of Cultural Affairs

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

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

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

FY 2023-2024					
TOTAL OVERALL ECONOMIC IMPACT SUMMARY					
	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$5,178,482	134.6	\$3,508,525	\$115,480	\$366,429
AUDIENCES	\$3,371,261	73.8	\$1,676,562	\$131,209	\$398,551
TOTALS	\$8,549,743	208.5	\$5,185,087	\$246,690	\$764,980
GRAND TOTAL	\$14,746,500				

FY 2022-2023					
TOTAL OVERALL ECONOMIC IMPACT SUMMARY					
	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$4,836,193	125.7	\$3,276,617	\$107,847	\$342,209
AUDIENCES	\$2,878,306	63.0	\$1,431,410	\$112,024	\$340,273
TOTALS	\$7,714,499	188.8	\$4,708,028	\$219,871	\$682,482
GRAND TOTAL	\$13,324,880				

FY 2021-2022					
TOTAL OVERALL ECONOMIC IMPACT SUMMARY					
	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$4,643,895	120.7	\$3,146,332	\$103,559	\$328,602
AUDIENCES	\$2,792,903	61.2	\$1,388,939	\$108,700	\$330,177
TOTALS	\$7,436,798	181.9	\$4,535,270	\$212,259	\$658,779
GRAND TOTAL	\$12,843,106				

FY 2020-2021					
TOTAL OVERALL ECONOMIC IMPACT SUMMARY					
	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$3,373,497	87.7	\$2,285,612	\$75,229	\$238,709
AUDIENCES	\$1,784,465	39.1	\$887,432	\$69,451	\$210,959
TOTALS	\$5,157,962	126.8	\$3,173,044	\$144,680	\$449,668
GRAND TOTAL	\$8,925,354				

FY 2019-2020					
TOTAL OVERALL ECONOMIC IMPACT SUMMARY					
	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$3,514,411	91.4	\$2,381,084	\$78,371	\$248,680
AUDIENCES	\$2,169,914	47.5	\$1,079,120	\$84,453	\$256,527
TOTALS	\$5,684,325	138.9	\$3,460,203	\$162,824	\$505,207
GRAND TOTAL	\$9,812,559				

FY 2018-2019					
TOTAL OVERALL ECONOMIC IMPACT SUMMARY					
	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$4,701,876	122.2	\$3,185,615	\$104,852	\$332,705
AUDIENCES	\$3,319,015	72.7	\$1,650,579	\$129,176	\$392,374
TOTALS	\$8,020,891	194.9	\$4,836,194	\$234,028	\$725,079
GRAND TOTAL	\$13,816,192				

6 FISCAL YEARS TOTAL					
TOTAL OVERALL ECONOMIC IMPACT SUMMARY					
	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$26,248,354	\$682	\$17,783,785	\$585,338	\$1,857,334
AUDIENCES	\$16,315,864	\$357	\$8,114,042	\$635,013	\$1,928,861
TOTALS	\$42,564,218	1,039.8	\$25,897,827	\$1,220,352	\$3,786,195
GRAND TOTAL	\$73,468,591				

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

ARTS CENTER OF COASTAL CAROLINA

Town of Hilton Head Office of Cultural Affairs

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

<https://culturehi.org/economic-impact-calculator/>

(NOTE: This information is extrapolated per the Hilton Head Island calculator based on Arts Center 50+ miles tourism using each year's Theater, Presenting, Visual Arts and Outreach participants.)

FY 2023-2024					
TOTAL 50+ MILES RADIUS TOURISM ECONOMIC IMPACT SUMMARY					
	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$1,449,975	37.7	\$982,387	\$32,334	\$102,600
AUDIENCES	\$719,709	15.8	\$357,918	\$28,011	\$85,084
TOTALS	\$2,169,684	53.5	\$1,340,305	\$60,346	\$187,684
GRAND TOTAL	\$3,758,019				

FY 2022-2023					
TOTAL 50+ MILES RADIUS TOURISM ECONOMIC IMPACT SUMMARY					
	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$1,354,134	35.2	\$917,453	\$30,197	\$95,819
AUDIENCES	\$668,044	14.6	\$332,225	\$26,000	\$78,976
TOTALS	\$2,022,178	49.8	\$1,249,678	\$56,197	\$174,795
GRAND TOTAL	\$3,502,848				

FY 2021-2022					
TOTAL 50+ MILES RADIUS TOURISM ECONOMIC IMPACT SUMMARY					
	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$1,323,232	34.4	\$896,516	\$29,508	\$93,632
AUDIENCES	\$580,685	12.7	\$288,780	\$22,600	\$68,649
TOTALS	\$1,903,917	47.1	\$1,185,297	\$52,108	\$162,280
GRAND TOTAL	\$3,303,603				

FY 2020-2021					
TOTAL 50+ MILES RADIUS TOURISM ECONOMIC IMPACT SUMMARY					
	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$1,012,049	26.3	\$685,684	\$22,569	\$71,613
AUDIENCES	\$304,277	6.7	\$151,320	\$11,842	\$35,972
TOTALS	\$1,316,326	33.0	\$837,003	\$34,411	\$107,584
GRAND TOTAL	\$2,295,324				

FY 2019-2020					
TOTAL 50+ MILES RADIUS TOURISM ECONOMIC IMPACT SUMMARY					
	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$913,747	23.8	\$619,082	\$20,377	\$64,657
AUDIENCES	\$419,663	9.2	\$208,702	\$16,333	\$49,613
TOTALS	\$1,333,409	32.9	\$827,784	\$36,710	\$114,269
GRAND TOTAL	\$2,312,173				

FY 2018-2019					
TOTAL 50+ MILES RADIUS TOURISM ECONOMIC IMPACT SUMMARY					
	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$1,222,488	31.8	\$828,260	\$27,261	\$86,503
AUDIENCES	\$684,014	15.0	\$340,167	\$26,622	\$80,864
TOTALS	\$1,906,502	46.8	\$1,168,427	\$53,883	\$167,367
GRAND TOTAL	\$3,296,179				

6 FISCAL YEARS TOTAL					
TOTAL 50+ MILES RADIUS TOURISM ECONOMIC IMPACT SUMMARY					
	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$7,275,625	\$189	\$4,929,382	\$162,246	\$514,823
AUDIENCES	\$3,376,391	\$74	\$1,679,113	\$131,409	\$399,157
TOTALS	\$10,652,016	263.1	\$6,608,494	\$293,656	\$913,980
GRAND TOTAL	\$18,468,146				



ARTS CENTER
OF COASTAL CAROLINA

**ARTS CENTER
AUTHORIZATION OF THE BOARD OF TRUSTEES**

At a meeting of the Arts Center of Coastal Carolina Board of Trustees on August 27, 2024, the following resolution was adopted:

RESOLVED, that the Arts Center of Coastal Carolina apply to The Town of Hilton Head Island, Accommodations Tax Advisory Committee, per TERC Authorized ATAX State Law Section 6-4-10(4)(b) for "1. advertising and promotion of tourism to develop and increase tourist attendance through the generation of publicity; 2. promotion of the arts and cultural events" for the fiscal year beginning September 1, 2024, through August 31, 2025.

Michael R. Waters, Chairman

Date

**ARTS CENTER OF COASTAL CAROLINA
STATEMENT OF OPERATIONS**

	2024/2025
	PROPOSED
Earned Income:	
Subscriptions	\$ 490,051
Admissions	1,819,700
Group Sales	103,586
Field Trips	8,722
Tuition & Fees	19,390
Food & Beverage Concessions	97,760
Merchandise	30,230
Event Commissions	0
On-Center Patronage	45,800
Venue Rental	51,230
Equipment Rental	6,090
Reimbursed Services	31,100
Rental Subsidies	(570)
Ticketing Fee	278,586
Online Ticket Fees	141,422
Other	17,660
Investment Income	315,090
Total Earned Income	3,455,847
Contributed Income:	
Individual	
Annual Giving	600,000
Designated Underwriting	40,500
Sub-total Individual	640,500
Business	
Business Partner	98,900
Sub-total Corporate/Business	98,900
In Kind	
Gifts in Kind	65,529
Media in Kind	177,800
Sub-total In Kind	243,329
Foundations	187,000
Government	553,809
Special Events	122,000
Special Major Gifts	-
Total Contributed Income	1,845,538
Total Income	\$ 5,301,385
Program Expenses:	
Theater	2,039,597
Presenting	204,562
Visual Arts	-
Education	113,503
Outreach	23,477
Rentals	7,090
Development	165,306
Administration	2,050
Total Program Expenses	2,555,585
Fixed Expenses:	
Salaries	1,700,835
Taxes	130,062
Benefits	142,308
Overhead Expense	727,370
Total Fixed Expenses	2,700,576
Total Expenses	\$ 5,256,161
Net Operating Earnings Before Interest	\$ 45,224
Interest	141,453
Net Earnings After Interest	\$ (96,229)

**ARTS CENTER OF COASTAL CAROLINA
BALANCE SHEET**

	2023/2024 PROJECTED
ASSETS	
CURRENT ASSETS	
Cash and Cash Equivalents	\$1,147,672
Accounts Receivable	216,151
Inventory	7,403
Prepaid Expenses	109,807
Total Current Assets	\$1,481,033
FIXED ASSETS	
Land	\$900,000
Buildings	8,923,498
Accumulated Depreciation - Buildings	(6,521,089)
Furniture & Fixtures	134,082
Production Equipment	1,596,208
Office Equipment	558,733
Vehicles	91,841
Facility Improvements	724,155
Machinery & Equipment	177,951
Accumulated Depreciation - All Other	(2,631,559)
Total Fixed Assets	\$3,953,821
OTHER ASSETS	
Appreciable Gifts	268,700
Total Other Assets	\$268,700
Total Assets	\$5,703,554
LIABILITIES / CAPITAL	
LIABILITIES	
Accounts Payable	\$192,379
Taxes Payable	845
Deferred Revenue	779,941
Notes Payable (Line of Credit)	8,383
Notes Payable (Permanent Capital)	610,677
Notes Payable (LMA Operating)	870,000
Notes Payable (US SBA EIDL Loan)	500,000
Total Liabilities	\$2,962,224
CAPITAL	
Fund Balance	\$2,741,330
Total Capital	\$2,741,330
Total Liabilities and Capital	\$5,703,554
ENDOWMENT	
Total Endowment Cash and Investments	\$3,103,164
Total Endowment	\$3,103,164

**ARTS CENTER OF COASTAL CAROLINA
BALANCE SHEET**

	2022/2023 ACTUAL
ASSETS	
CURRENT ASSETS	
Cash and Cash Equivalents	\$1,620,276
Accounts Receivable	276,395
Inventory	550
Prepaid Expenses	91,036
Total Current Assets	\$1,988,257
FIXED ASSETS	
Land	\$900,000
Buildings	8,923,498
Accumulated Depreciation - Buildings	(6,292,281)
Furniture & Fixtures	134,082
Production Equipment	1,587,815
Office Equipment	549,335
Vehicles	91,841
Facility Improvements	599,117
Machinery & Equipment	172,772
Accumulated Depreciation - All Other	(2,457,246)
Total Fixed Assets	\$4,208,933
OTHER ASSETS	
Appreciable Gifts	246,200
Total Other Assets	\$246,200
Total Assets	\$6,443,390
LIABILITIES / CAPITAL	
LIABILITIES	
Accounts Payable	\$254,915
Taxes Payable	2,303
Deferred Revenue	690,983
Notes Payable (Line of Credit)	0
Notes Payable (Permanent Capital)	678,363
Notes Payable (LMA Operating)	1,000,778
Notes Payable (US SBA EIDL Loan)	500,000
Total Liabilities	\$3,127,342
CAPITAL	
Fund Balance	\$3,316,048
Total Capital	\$3,316,048
Total Liabilities and Capital	\$6,443,390
ENDOWMENT	
Total Endowment Cash and Investments	\$2,744,936
Total Endowment	\$2,744,936

**ARTS CENTER OF COASTAL CAROLINA
BALANCE SHEET**

	2021/2022 ACTUAL
ASSETS	
CURRENT ASSETS	
Cash and Cash Equivalents	\$1,946,241
Accounts Receivable	321,934
Inventory	1,579
Prepaid Expenses	53,433
Total Current Assets	\$2,323,188
FIXED ASSETS	
Land	\$900,000
Buildings	8,923,498
Accumulated Depreciation - Buildings	(6,063,473)
Furniture & Fixtures	116,669
Production Equipment	1,576,771
Office Equipment	549,335
Vehicles	70,841
Facility Improvements	595,652
Machinery & Equipment	64,490
Accumulated Depreciation - All Other	(2,277,024)
Total Fixed Assets	\$4,456,757
OTHER ASSETS	
Appreciable Gifts	203,700
Total Other Assets	\$203,700
Total Assets	\$6,983,645
LIABILITIES / CAPITAL	
LIABILITIES	
Accounts Payable	\$154,445
Taxes Payable	1,908
Deferred Revenue	668,974
Notes Payable (Line of Credit)	0
Notes Payable (Permanent Capital)	741,056
Notes Payable (LMA Operating)	1,214,347
Notes Payable (US SBA EIDL Loan)	500,000
Total Liabilities	\$3,280,729
CAPITAL	
Fund Balance	\$3,702,916
Total Capital	\$3,702,916
Total Liabilities and Capital	\$6,983,645
ENDOWMENT	
Total Endowment Cash and Investments	\$2,790,147
Total Endowment	\$2,790,147

**ARTS CENTER OF COASTAL CAROLINA
STATEMENT OF OPERATIONS**

	2023/2024 PROJECTED
Earned Income:	
Subscriptions	\$ 433,224
Admissions	1,632,983
Group Sales	121,562
Field Trips	8,845
Tuition & Fees	13,068
Food & Beverage Concessions	83,855
Merchandise	28,344
Event Commissions	
On-Center Patronage	23,996
Venue Rental	53,520
Equipment Rental	7,900
Reimbursed Services	33,425
Rental Subsidies	(3,158)
Ticketing Fee	259,572
Online Ticket Fees	141,802
Other	83,946
Investment Income	83,380
Total Earned Income	3,006,264
Contributed Income:	
Individual	
Annual Giving	577,527
Designated Underwriting	43,000
Sub-total Individual	620,527
Business	
Business Partner	93,094
Sub-total Corporate/Business	93,094
In Kind	
Gifts in Kind	92,826
Media in Kind	172,150
Sub-total In Kind	264,976
Foundations	237,412
Government	553,560
Special Events	111,850
Special Major Gifts	110,102
Total Contributed Income	1,991,521
Total Income	\$ 4,997,785
Program Expenses:	
Theater	1,961,416
Presenting	246,238
Visual Arts	-
Education	89,607
Outreach	29,405
Rentals	6,040
Development	123,404
Administration	4,861
Total Program Expenses	2,460,971
Fixed Expenses:	
Salaries	1,634,588
Taxes	122,076
Benefits	140,375
Overhead Expense	661,475
Total Fixed Expenses	2,558,514
Total Expenses	\$ 5,019,485
Net Operating Earnings Before Interest	\$ (21,700)
Interest	158,997
Net Earnings After Interest	\$ (180,697)

**ARTS CENTER OF COASTAL CAROLINA
STATEMENT OF OPERATIONS**

	2022/2023
	ACTUAL
Earned Income:	
Subscriptions	\$ 369,866
Admissions	1,599,492
Group Sales	79,847
Field Trips	2,457
Tuition & Fees	27,389
Food & Beverage Concessions	77,686
Merchandise	27,240
Event Commissions	-
On-Center Patronage	14,550
Venue Rental	56,530
Equipment Rental	7,565
Reimbursed Services	37,630
Rental Subsidies	(4,093)
Ticketing Fee	237,417
Online Ticket Fees	131,590
Other	67,236
Investment Income	269,367
Total Earned Income	3,001,769
Contributed Income:	
Individual	
Annual Giving	522,528
Designated Underwriting	17,687
Sub-total Individual	540,215
Business	
Business Partner	77,230
Sub-total Corporate/Business	77,230
In Kind	
Gifts in Kind	117,434
Media in Kind	175,250
Sub-total In Kind	292,684
Foundations	181,405
Government	544,996
Special Events	150,110
Special Major Gifts	76,903
Total Contributed Income	1,863,543
Total Income	\$ 4,865,312
Program Expenses:	
Theater	1,959,537
Presenting	185,379
Visual Arts	-
Education	91,964
Outreach	16,190
Rentals	9,203
Development	133,421
Administration	5,120
Total Program Expenses	2,400,814
Fixed Expenses:	
Salaries	1,492,488
Taxes	113,568
Benefits	125,616
Overhead Expense	651,784
Total Fixed Expenses	2,383,456
Total Expenses	\$ 4,784,270
Net Operating Earnings Before Interest	\$ 81,042
Interest	134,028
Net Earnings After Interest	\$ (52,986)

**ARTS CENTER OF COASTAL CAROLINA
STATEMENT OF OPERATIONS**

	2021/2022
	ACTUAL
Earned Income:	
Subscriptions	\$ 339,889
Admissions	1,366,262
Group Sales	42,906
Field Trips	4,750
Tuition & Fees	37,784
Food & Beverage Concessions	69,590
Merchandise	26,460
Event Commissions	-
On-Center Patronage	17,750
Venue Rental	49,987
Equipment Rental	4,060
Reimbursed Services	17,772
Rental Subsidies	(1,003)
Ticketing Fee	211,268
Online Ticket Fees	120,340
Other	253,839
Investment Income	29,286
Total Earned Income	2,590,940
Contributed Income:	
Individual	
Annual Giving	592,893
Designated Underwriting	68,000
Sub-total Individual	660,893
Business	
Business Partner	47,489
Sub-total Corporate/Business	47,489
In Kind	
Gifts in Kind	59,353
Media in Kind	190,145
Sub-total In Kind	249,498
Foundations	207,666
Government	556,796
Special Events	51,854
Special Major Gifts	41,530
Total Contributed Income	1,815,726
Total Income	\$ 4,406,666
Program Expenses:	
Theater	1,866,718
Presenting	236,075
Visual Arts	-
Education	91,646
Outreach	17,155
Rentals	4,290
Development	82,245
Administration	1,552
Total Program Expenses	2,299,681
Fixed Expenses:	
Salaries	1,410,529
Taxes	105,178
Benefits	132,291
Overhead Expense	692,948
Total Fixed Expenses	2,340,946
Total Expenses	\$ 4,640,627
Net Operating Earnings Before Interest	\$ (233,961)
Interest	85,203
Net Earnings After Interest	\$ (319,164)

Carey & Company P.A.
70 Main Street, Suite 100
Hilton Head Island, SC 29926
843-681-4430

January 29, 2024

CONFIDENTIAL

ARTS CENTER OF COASTAL CAROLINA
14 SHELTER COVE LANE
Hilton Head Island, SC 29928

Dear Jeffrey:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your federal and state exempt organization returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of these returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Carey & Company P.A.

Accepted By: _____

Date: _____

Carey & Company P.A.
70 Main Street, Suite 100
Hilton Head Island, SC 29926
843-681-4430

January 29, 2024

CONFIDENTIAL

ARTS CENTER OF COASTAL CAROLINA
14 SHELTER COVE LANE
Hilton Head Island, SC 29928

Dear Jeffrey:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)
Exempt Organization Business Income Tax Return (Form 990-T)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Carey & Company P.A.

Filing Instructions

ARTS CENTER OF COASTAL CAROLINA

Exempt Organization Tax Return

Taxable Year Ended August 31, 2023

Date Due: July 15, 2024

Remittance: None is required. Your Form 990 for the tax year ended 8/31/23 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Carey & Company P.A.
70 Main Street, Suite 100
Hilton Head Island, SC 29926

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2022 calendar year, or tax year beginning 09/01/22, and ending 08/31/23

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

C Name of organization: **ARTS CENTER OF COASTAL CAROLINA**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address): **14 SHELTER COVE LANE**
 Room/suite: _____
 City or town, state or province, county, and ZIP or foreign postal code: **Hilton Head Island SC 29928**

D Employer identification number: **57-1035817**
E Telephone number: **843-686-3945**
G Gross receipts \$: **4,943,089**

F Name and address of principal officer:
Jeffrey Reeves
14 Shelter Cove 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.ARTSHHI.COM**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1995** **M** State of legal domicile: **SC**

H(c) Group exemption number: _____

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO ENRICH AND BENEFIT THE COMMUNITY THROUGH THE ARTS

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

3	13
4	13
5	165
6	400
7a	14,550
7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,526,062	1,716,185
9 Program service revenue (Part VIII, line 2g)	1,791,591	2,183,976
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29,286	269,367
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,637,010	667,504
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,983,949	4,837,032
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,175,662	2,250,534
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25)	383,894	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,936,259	2,972,965
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,111,921	5,223,499
19 Revenue less expenses. Subtract line 18 from line 12	-127,972	-386,467

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	9,773,791	9,392,690
21 Total liabilities (Part X, line 26)	3,280,730	3,331,707
22 Net assets or fund balances. Subtract line 21 from line 20	6,493,061	6,060,983

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: *Jeffrey Reeves* Date: **1/29/2024**
Jeffrey Reeves President, CEO
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **Patrick P. Carey, Jr., CPA** Preparer's signature: *Patrick P. Carey, Jr., CPA Date: _____
 Check if self-employed if PTIN: **P00033247**
 Firm's name: **Carey & Company P.A.** Firm's EIN: **57-0927046**
 Firm's address: **70 Main Street, Suite 100**
Hilton Head Island, SC 29926 Phone no.: **843-681-4430***

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

For Paperwork Reduction Act Notice, see the separate instructions.

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:

TO PROVIDE CULTURAL ENRICHMENT ON HILTON HEAD ISLAND AND ENABLE RESIDENTS AND VISITORS TO HAVE ACCESS TO CULTURAL ACTIVITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes 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 \$ **4,510,679** including grants of \$) (Revenue \$ **2,183,976**)

THEATRICAL PRODUCTIONS THAT ALLOW THE COMMUNITY TO EXPERIENCE LIVE THEATRE. PRESENTING SERIES OF PERFORMING ARTIST TO ALLOW THE PUBLIC TO SEE LIVE PERFORMANCES BY RENOWNED ARTISTS. VISUAL ART PRESENTATIONS IN THE CENTER'S GALLERY.

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 **4,510,679**

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	165		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified 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.	17			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 13		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 13		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

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

ACCOUNTING DEPARTMENT/OFFICE 14 SHELTER COVE LANE SC 29928 843-686-3945
Hilton Head Island

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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) Jeffrey Reeves President, CEO	40.00 0.00			X				136,570	0	0
(2) Opal D. Abbink Board Member	5.00 0.00	X						0	0	0
(3) Stephen J. Alfred Secretary	5.00 0.00	X		X				0	0	0
(4) Sandra J. Berthelsen Board Member	5.00 0.00	X						0	0	0
(5) Aletta Bond Board Member	5.00 0.00	X						0	0	0
(6) Becca Edwards Board Member	5.00 0.00	X						0	0	0
(7) Marc A. Grant Board Member	5.00 0.00	X						0	0	0
(8) Ann D. Grindstaff Treasurer	5.00 0.00	X		X				0	0	0
(9) Robert E. Lee Immediate Past Chair	5.00 0.00	X		X				0	0	0
(10) Elizabeth B. Mayo Board Member	5.00 0.00	X						0	0	0
(11) William V. McHugh Chariman	5.00 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) Leslie B. Richardson Board Member	5.00 0.00	X						0	0	0
(13) Michael R. Waters Vice Chairman	5.00 0.00	X		X				0	0	0
.....										
.....										
.....										
.....										
.....										
.....										
1b Subtotal								136,570		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								136,570		

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 **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	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				
	c Fundraising events	1c	14,551			
	d Related organizations	1d				
	e Government grants (contributions)	1e	544,996			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,156,638			
	g Noncash contributions included in lines 1a-1f	1g	\$ 292,683			
	h Total. Add lines 1a-1f		1,716,185			
	Program Service Revenue	2a Admission Fees Etc.	Business Code	2,183,976	2,183,976	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			2,183,976			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		269,367	269,367		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	97,632			
		(ii) Personal				
		6a	97,632			
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c	97,632			
	d Net rental income or (loss)		97,632	97,632		
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a				
	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 \$ 14,551 of contributions reported on line 1c). See Part IV, line 18		169,864				
	8a	169,864				
	b Less: direct expenses	8b	50,641			
c Net income or (loss) from fundraising events		119,223				
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		102,925				
	10a	102,925				
	b Less: cost of goods sold	10b	55,416			
c Net income or (loss) from sales of inventory		47,509	47,509			
Miscellaneous Revenue	11a Other	Business Code	161,073	161,073		
	b Facility Support		157,696	157,696		
	c Other Non-Operating Income		69,821	69,821		
	d All other revenue		14,550		14,550	
	e Total. Add lines 11a-11d		403,140			
12 Total revenue. See instructions		4,837,032	2,987,074	14,550	0	

Part IX Statement of Functional Expenses

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign 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	136,570	34,188	27,314	75,068
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,113,964	1,795,301	181,297	137,366
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	6,069		6,069	
c Accounting	26,319		26,319	
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.)	1,483,586	1,360,935	46,501	76,150
12 Advertising and promotion	282,639	269,992		12,647
13 Office expenses	79,697	23,439	866	55,392
14 Information technology				
15 Royalties	213,105	213,105		
16 Occupancy	105,826	98,624	4,945	2,257
17 Travel	77,248	75,430	663	1,155
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	134,028	113,630	8,578	11,820
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	409,029	381,193	19,112	8,724
23 Insurance	155,419	144,842	7,262	3,315
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				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,223,499	4,510,679	328,926	383,894
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	1,927,344	1	1,601,337
	2 Savings and temporary cash investments	92,350	2	58,017
	3 Pledges and grants receivable, net	302,686	3	253,139
	4 Accounts receivable, net	19,249	4	23,256
	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	1,579	8	550
	9 Prepaid expenses and deferred charges	44,912	9	91,036
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,958,460		
	b Less: accumulated depreciation	10b 8,749,527	4,456,757	10c 4,208,933
	11 Investments—publicly traded securities	2,716,694	11	2,705,858
	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	212,220	15	450,564
16 Total assets. Add lines 1 through 15 (must equal line 33)	9,773,791	16	9,392,690	
Liabilities	17 Accounts payable and accrued expenses	149,725	17	247,254
	18 Grants payable		18	
	19 Deferred revenue	631,524	19	690,983
	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	1,955,403	23	1,679,141
	24 Unsecured notes and loans payable to unrelated third parties	500,000	24	500,000
	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	44,078	25	214,329
	26 Total liabilities. Add lines 17 through 25	3,280,730	26	3,331,707
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	3,702,913	27	3,316,047
	28 Net assets with donor restrictions	2,790,148	28	2,744,936
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	6,493,061	32	6,060,983
33 Total liabilities and net assets/fund balances	9,773,791	33	9,392,690	

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	4,837,032
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,223,499
3	Revenue less expenses. Subtract line 2 from line 1	3	-386,467
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,493,061
5	Net unrealized gains (losses) on investments	5	-45,611
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,060,983

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 checked="" 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.		X
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?		X
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)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

ARTS CENTER OF COASTAL CAROLINA

Employer identification number

57-1035817

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

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

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

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
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

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 %
Row 15: Public support percentage from 2021 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
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

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.")	2,175,545	1,698,404	2,941,118	1,526,062	1,716,185	10,057,314
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	2,541,100	1,027,193	794,448	1,791,591	2,183,976	8,338,308
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	4,716,645	2,725,597	3,735,566	3,317,653	3,900,161	18,395,622
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.)						18,395,622

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	4,716,645	2,725,597	3,735,566	3,317,653	3,900,161	18,395,622
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	25,528	219,523	129,645	29,286	269,367	673,349
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	25,528	219,523	129,645	29,286	269,367	673,349
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.)	4,742,173	2,945,120	3,865,211	3,346,939	4,169,528	19,068,971
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 2022 (line 8, column (f), divided by line 13, column (f))	15	96.47 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	81.40 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	4 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	2 %

- 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</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?		
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? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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. <i>Complete line 2 below.</i>			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>			
2 Activities Test. <i>Answer lines 2a and 2b below.</i>			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
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? <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>			
2b			
3 Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
3a			
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>			
3b			

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

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

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

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

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

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

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

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

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

Part VI

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

Area with horizontal dotted lines for supplemental information.

**Schedule B
(Form 990)**

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2022

Name of the organization

Employer identification number

ARTS CENTER OF COASTAL CAROLINA

57-1035817

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 foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

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

Name of organization

ARTS CENTER OF COASTAL CAROLINA

Employer identification number

57-1035817

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		\$ 426,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 132,520	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 118,217	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 91,090	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 66,903	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 51,770	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

ARTS CENTER OF COASTAL CAROLINA

Employer identification number

57-1035817

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
7	\$ 51,193	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.)
	\$	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

2022

Open to Public Inspection

Name of the organization

Employer identification number

ARTS CENTER OF COASTAL CAROLINA

57-1035817

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: (a) Donor advised funds, (b) Funds and other accounts. 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. (Sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 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: (a) Donor advised funds, (b) Funds and other accounts. 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	2,790,148	3,299,647	2,752,389	2,577,201	2,588,219
b Contributions	400	200	550		
c Net investment earnings, gains, and losses	-45,611	-459,779	584,391	333,433	46,073
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses		49,920	37,683	158,245	57,091
g End of year balance	2,744,936	2,790,148	3,299,647	2,752,389	2,577,201

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)	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		900,000		900,000
b Buildings		9,522,615	6,683,913	2,838,702
c Leasehold improvements				
d Equipment		2,535,845	2,065,614	470,231
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **4,208,933**

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) Operating Lease Liabilities	204,364
(3) Accrued Wages and Benefits	9,965
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	214,329

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 G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

⚡ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

ARTS CENTER OF COASTAL CAROLINA

Employer identification number

57-1035817

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Country & Cockt</u> (event type)	_____ (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	184,415		184,415
	2	Less: Contributions	14,551		14,551
	3	Gross income (line 1 minus line 2)	169,864		169,864
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	50,641		50,641
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				119,223

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

- 9 Enter the state(s) in which the organization conducts gaming activities: _____
- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b If "No," explain: _____
- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
- c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

ARTS CENTER OF COASTAL CAROLINA

Employer identification number

57-1035817

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()	X	1	292,683	
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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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 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

ARTS CENTER OF COASTAL CAROLINA

Employer identification number

57-1035817

Form 990, Part VI, Line 7a - Election of Members and Their Rights

THE CURRENT BOARD OF DIRECTORS ELECTS THE NEXT INCOMING BOARD.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

**THE TAX RETURN IS REVIEWED BY BOTH MANAGEMENT AND THE ORGANIZATION'S
TREASURER PRIOR TO BEING FILED.**

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

**THE ORGANIZATION CONSISTENTLY HAS DISCUSSIONS WITH THEIR OFFICERS AND BOARD
OF DIRECTORS REGARDING THE POLICY.**

Form 990, Part VI, Line 15a - Compensation Process for Top Official

**THE PRESIDENT/CEO IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS AND
COMPENSATION IS BASED ACCORDINGLY.**

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

INFORMATION IS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

Form 990, Part IX, Line 11g - Other Fees for Services

Description

Tot/Prog Service

Mgt & General

Fundraising

Payroll Taxes and Benefits

\$ 340,204

\$ 29,341

\$ 24,860

Maintenance

\$ 219,953

\$ 11,028

\$ 5,034

Name of the organization

Employer identification number

ARTS CENTER OF COASTAL CAROLINA

57-1035817

Scenery, Props and Costumes

\$ 273,997 \$ 0 \$ 978

Bank and Credit Card Fees

\$ 58,808 \$ 0 \$ 39,205

Housing

\$ 416,452 \$ 0 \$ 421

Other

\$ 51,521 \$ 6,132 \$ 5,652

Total

\$ 1,360,935 \$ 46,501 \$ 76,150

Filing Instructions

ARTS CENTER OF COASTAL CAROLINA

Exempt Organization Business Tax Return

Taxable Year Ended August 31, 2023

Date Due: July 15, 2024

Remittance: None is required. Your Form 990-T for the tax year ended 8/31/23 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Carey & Company P.A.
70 Main Street, Suite 100
Hilton Head Island, SC 29926

***Important:* Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2022

For calendar year 2022 or other tax year beginning **09/01/22**, and ending **08/31/23**

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection
for 501(c)(3)
Organizations Only

Department of the Treasury
Internal Revenue Service

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A <input type="checkbox"/> Check box if address changed. B Exempt under section <input checked="" type="checkbox"/> 501(C) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) ARTS CENTER OF COASTAL CAROLINA Number, street, and room or suite no. If a P.O. box, see instructions. 14 SHELTER COVE LANE City or town, state or province, country, and ZIP or foreign postal code Hilton Head Island SC 29928	D Employer identification number 57-1035817 E Group exemption number (see instructions) F <input type="checkbox"/> Check box if an amended return.
C Book value of all assets at end of year 9,392,690		G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university	
H Check if filing only <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439		I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>	
J Enter the number of attached Schedules A (Form 990-T) 1		K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation	

L The books are in care of **ACCOUNTING DEPARTMENT/OFF** Telephone number **843-686-3945**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	0
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	0
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d	o	
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2		
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> o Checkoff includes tax previously deferred under section 1294. Enter tax amount here	4		0
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		
6a Payments: A 2021 overpayment credited to 2022	6a		
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439o <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7 Total payments. Add lines 6a through 6g	7		
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		0
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4 Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
	\$	
	\$	
	\$	
	\$	
6a Did the organization change its method of accounting? (see instructions)		X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer	Date	Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Patrick P. Carey, Jr., CPA	Patrick P. Carey, Jr., CPA		P00033247
	Firm's name	Firm's EIN		
	Carey & Company P.A.	57-0927046		
	Firm's address		Phone no.	
	70 Main Street, Suite 100 Hilton Head Island, SC 29926		843-681-4430	

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for
501(c)(3) Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A Name of the organization **ARTS CENTER OF COASTAL CAROLINA** **B** Employer identification number **57-1035817**

C Unrelated business activity code (see instructions) **711110** **D** Sequence: **1** of **1**

E Describe the unrelated trade or business **Unrelated Business Activity**

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance	1c		
2	Cost of goods sold (Part III, line 8)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a		
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11		
12	Other income (see instructions; attach statement) See Stmt 1	12	14,550	14,550
13	Total. Combine lines 3 through 12	13	14,550	14,550

Part II	Deductions Not Taken Elsewhere	See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income		
1	Compensation of officers, directors, and trustees (Part X)	1		
2	Salaries and wages	2		
3	Repairs and maintenance	3		
4	Bad debts	4		
5	Interest (attach statement). See instructions	5		
6	Taxes and licenses	6		
7	Depreciation (attach Form 4562). See instructions	7		
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b 0
9	Depletion	9		
10	Contributions to deferred compensation plans	10		
11	Employee benefit programs	11		
12	Excess exempt expenses (Part VIII)	12		
13	Excess readership costs (Part IX)	13		
14	Other deductions (attach statement) See Statement 2	14	14,550	
15	Total deductions. Add lines 1 through 14	15	14,550	
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		
17	Deduction for net operating loss. See instructions	17		
18	Unrelated business taxable income. Subtract line 17 from line 16	18		0

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total (lines 1-5), 7 Inventory at end of year, 8 Cost of goods sold (line 6 - line 7), 9 Do the rules of section 263A apply to the organization? (Yes/No)

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property (A, B, C, D). Rows 2-4: Rent received or accrued (a, b, c) with columns A, B, C, D. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property (A, B, C, D). Rows 2-7: Gross income from or allocable to debt-financed property, Deductions directly connected with or allocable to debt-financed property (a, b, c), Amount of average acquisition debt, Average adjusted basis, and Gross income reportable. Row 8: Total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Totals

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Totals

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity:	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

Form with columns A, B, C, D for reporting periodicals.

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and rows for advertising income, costs, and gain/loss.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business.

Part XI Supplemental Information (see instructions)

Supplemental information section with dotted lines for text entry.

Federal Statements**Unrelated Business Activity****Statement 1 - Schedule A (990T), Part I, Line 12 - Other Income**

Description	Amount
Other - Unrelated	\$ 14,550
Total	\$ 14,550

Unrelated Business Activity**Statement 2 - Schedule A (990T), Part II, Line 14 - Other Deductions**

Deduction Description	Deduction Amount
Total	\$ 14,550
	\$ 14,550

Form 990	Event Income and Deduction Worksheet Description F&B/Merchandise Sales	2022
-----------------	---	-------------

Name ARTS CENTER OF COASTAL CAROLINA	Taxpayer Identification Number 57-1035817
--	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1. <u>102,925</u>
2. Advertising income	2. _____
3. Circulation income	3. _____
4. Other income	4. _____
5. Returns and allowances	5. _____
6. Contributions received	6. _____
7. Total revenue. Add lines 1 through 6	7. <u>102,925</u>
8. Cost of Goods Sold	8. <u>55,416</u>
9. Employment Expense	9. _____
10. Fees for services	10. _____
11. Indirect Expense	11. _____
12. Depreciation Expense	12. _____
13. Exempt Activity Expense	13. _____
14. Fundraising Expense	14. _____
15. Total expenses. Add lines 8 through 14	15. <u>55,416</u>
16. Net Income/Loss. Line 7 minus Line 15	16. <u>47,509</u>

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	151
Purchases	55,815
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	550
Total Cost of Goods Sold	55,416

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code	_____	Seq #	_____
<input type="checkbox"/>	Part V, Debt Financing		
<input type="checkbox"/>	Part VI, Controlled Org Income		
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)		
<input type="checkbox"/>	Part VIII, Exploited Activities		
<input type="checkbox"/>	Part IX, Advertising Income		

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet	2022
	Description Country & Cocktails	

Name ARTS CENTER OF COASTAL CAROLINA	Taxpayer Identification Number 57-1035817
--	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.		169,864
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.		14,551
7. Total revenue. Add lines 1 through 6	7.		184,415
8. Cost of Goods Sold	8.		50,641
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.		
15. Total expenses. Add lines 8 through 14	15.		50,641
16. Net Income/Loss. Line 7 minus Line 15	16.		133,774

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	50,641
Ending inventory	
Total Cost of Goods Sold	50,641

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T, Schedule A:

	Schedule A, UBIT Activity Code	Seq #
<input type="checkbox"/>	Part V, Debt Financing	
<input type="checkbox"/>	Part VI, Controlled Org Income	
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)	
<input type="checkbox"/>	Part VIII, Exploited Activities	
<input type="checkbox"/>	Part IX, Advertising Income	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form 990/990PF	Rent Income and Deduction Worksheet	2022
Description Rental Income		

Name ARTS CENTER OF COASTAL CAROLINA	Taxpayer Identification Number 57-1035817
--	---

Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents	1.	<u>97,632</u>
Expenses (see details on worksheets below):		
2. Fees for services	2.	_____
3. Depreciation Expense	3.	_____
4. Direct Expense	4.	_____
5. Total expenses. Add lines 8 through 12	5.	_____
6. Net Income/Loss. Line 7 minus Line 13	6.	<u>97,632</u>

Expense Details - Fees for Services:

Accounting	_____
Legal	_____
Commissions	_____
Management	_____
Other Professional Fees	_____
Total Fees for Services	_____

Expense Details - Depreciation Expense:

On non-investment property	_____
On investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Direct Expense:

Interest	_____
Taxes/licenses	_____
Occupancy Expenses	_____
Repairs & Maintenance	_____
Travel/conferences/meetings	_____
Printing & Publication	_____
Advertising	_____
Insurance	_____
Utilities	_____
Supplies	_____
Other expenses	_____
Total Direct Expense	_____

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

- Part IV, Rent Income
- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)

Expense Allocation to Program Service Accomplishments for 990/990EZ:

First	_____
Second	_____
Third	_____
All other	_____

Federal Statements**Taxable Dividends from Securities**

<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>
	\$ 269,367					
Total	\$ <u>269,367</u>					

Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
Payroll Taxes and Benefits	\$ 394,405	\$ 340,204	\$ 29,341	\$ 24,860
Maintenance	236,015	219,953	11,028	5,034
Scenery, Props and Costumes	274,975	273,997		978
Bank and Credit Card Fees	98,013	58,808		39,205
Housing	416,873	416,452		421
Other	63,305	51,521	6,132	5,652
Total	<u>\$ 1,483,586</u>	<u>\$ 1,360,935</u>	<u>\$ 46,501</u>	<u>\$ 76,150</u>

Federal Statements**Schedule A, Part III, Line 1(e)**

Description	Amount
Other Non-Operating Income	\$ 544,996
Country & Cocktails	1,156,638
Cash Contribution	<u>14,551</u>
Total	<u>\$ 1,716,185</u>

Schedule A, Part III, Line 11

Description	Amount
Other - Unrelated	\$ 14,550
Less: Deductions	<u>-15,550</u>
Total	<u>\$ -1,000</u>

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2021 calendar year, or tax year beginning **SEP 1, 2021** and ending **AUG 31, 2022**


B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ARTS CENTER OF COASTAL CAROLINA		D Employer identification number 57-1035817
	Doing business as		E Telephone number 8436863945
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 5,020,592.
	14 SHELTER COVE LANE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code HILTON HEAD ISLAND, SC 29928		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	H(c) Group exemption number ▶
F Name and address of principal officer: JEFFREY REEVES 14 SHELTER COVE LANE, HILTON HEAD ISLAND, SC		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ WWW.ARTSHHI.COM		L Year of formation: 1995 M State of legal domicile: SC	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ENRICH AND BENEFIT THE COMMUNITY THROUGH THE ARTS	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 17
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 136
	6 Total number of volunteers (estimate if necessary)	6 400
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 17,750.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 2,941,118. Current Year: 1,526,062.
	9 Program service revenue (Part VIII, line 2g)	794,448. 1,791,591.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	129,645. 29,286.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	682,370. 1,637,010.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,547,581. 4,983,949.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,755,164. 2,175,662.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 352,208.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,065,055. 2,936,259.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,820,219. 5,111,921.
19 Revenue less expenses. Subtract line 18 from line 12	727,362. -127,972.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 10,441,766. End of Year: 9,773,791.
	21 Total liabilities (Part X, line 26)	3,501,179. 3,280,730.
	22 Net assets or fund balances. Subtract line 21 from line 20	6,940,587. 6,493,061.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 6/22/2023			
	Type or print name and title JEFFREY REEVES, PRESIDENT/CEO				
Paid Preparer Use Only	Print/Type preparer's name MICHAEL R. PUTICH, CPA	Preparer's signature	Date 06/21/23	Check if self-employed <input type="checkbox"/>	PTIN P00853466
	Firm's name ▶ ROBINSON GRANT & CO., P.A.	Firm's EIN ▶ 57-0735924	Firm's address ▶ P.O. DRAWER 22959 HILTON HEAD ISLAND, SC 29925		
			Phone no. 843-815-6161		

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 [X]

1 Briefly describe the organization's mission: TO PROVIDE CULTURAL ENRICHMENT ON HILTON HEAD ISLAND AND ENABLE RESIDENTS AND VISITORS TO HAVE ACCESS TO CULTURAL ACTIVITIES.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 2,766,681. including grants of \$) (Revenue \$ 2,143,264.) THEATRICAL PRODUCTIONS THAT ALLOW THE COMMUNITY TO EXPERIENCE LIVE THEATRE.

4b (Code:) (Expenses \$ 685,506. including grants of \$) (Revenue \$ 531,041.) PRESENTING SERIES OF PERFORMING ARTIST TO ALLOW THE PUBLIC TO SEE LIVE PERFORMANCES BY RENOWNED ARTISTS.

4c (Code:) (Expenses \$ 307,751. including grants of \$) (Revenue \$ 238,406.) VISUAL ART PRESENTATIONS IN THE CENTER'S GALLERY

4d Other program services (Describe on Schedule O.) (Expenses \$ 642,800. including grants of \$) (Revenue \$ 497,958.)

4e Total program service expenses 4,402,738.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	17	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	17	
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SC**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **ACCOUNTING DEPT/OFFICE - 843-686-3945**
14 SHELTER COVE LANE, HILTON HEAD ISLAND, SC 29928

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 the 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 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) JEFFREY REEVES PRESIDENT, CEO	40.00	X		X				135,000.	0.	0.
(2) WILLIAM V. MCHUGH CHAIRMAN	5.00	X		X				0.	0.	0.
(3) ANN GRINDSTAFF FIRST VICE CHAIR	5.00	X		X				0.	0.	0.
(4) STEPHEN ALFRED SECRETARY	5.00	X		X				0.	0.	0.
(5) MICHAEL WATERS TREASURER	5.00	X		X				0.	0.	0.
(6) ROBERT LEE IMMEDIATE PAST CHAIR	5.00	X						0.	0.	0.
(7) RICHARD SPEER BOARD MEMBER	5.00	X						0.	0.	0.
(8) FRED BEARD BOARD MEMBER	5.00	X						0.	0.	0.
(9) BECCA EDWARDS BOARD MEMBER	5.00	X						0.	0.	0.
(10) ROBERT CHELL BOARD MEMBER	5.00	X						0.	0.	0.
(11) LESLIE RICHARDSON BOARD MEMBER	5.00	X						0.	0.	0.
(12) SANDRA BERTHELSEN BOARD MEMBER	5.00	X						0.	0.	0.
(13) HEATHER WILCAUSKAS BOARD MEMBER	5.00	X						0.	0.	0.
(14) OPAL ABBINK BOARD MEMBER	5.00	X						0.	0.	0.
(15) BETH MAYO BOARD MEMBER	5.00	X						0.	0.	0.
(16) MARC GRANT BOARD MEMBER	5.00	X						0.	0.	0.
(17) ALETTA BOND BOARD MEMBER	5.00	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 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			
1b Subtotal							135,000.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							135,000.	0.	0.	

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 **1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	10,995.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	556,796.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	958,271.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 59,353.				
	h Total. Add lines 1a-1f			1,526,062.			
Program Service Revenue	2 a ADMISSION FEES, ETC	Business Code					
			1,791,591.	1,791,591.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			1,791,591.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		29,286.	29,286.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	70,276.			
			(ii) Personal				
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	70,276.				
	d Net rental income or (loss)			70,276.	70,276.		
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
c Gain or (loss)	7c						
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ 10,995. of contributions reported on line 1c). See Part IV, line 18	8a		40,859.				
b Less: direct expenses	8b	11,391.					
c Net income or (loss) from fundraising events			29,468.		29,468.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		96,051.				
b Less: cost of goods sold	10b	25,252.					
c Net income or (loss) from sales of inventory			70,799.	70,799.			
Miscellaneous Revenue	11 a OTHER NON-OPERATING IN	Business Code					
	b OTHER		798,730.	798,730.			
	c FACILITY SUPPORT FEE		253,839.	253,839.			
	d All other revenue		211,268.	211,268.			
	e Total. Add lines 11a-11d		202,630.	184,880.	17,750.		
12 Total revenue. See instructions			4,983,949.	3,410,669.	17,750.	29,468.	

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 X

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				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	135,000.	33,750.	27,000.	74,250.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,040,662.	1,722,159.	191,801.	126,702.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
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 Sch O.)				
12 Advertising and promotion	272,484.	265,729.	10.	6,745.
13 Office expenses	7,296.	5,472.	730.	1,094.
14 Information technology				
15 Royalties	171,559.	171,559.		
16 Occupancy	105,810.	99,714.	4,931.	1,165.
17 Travel	69,797.	69,248.	496.	53.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	85,203.	72,655.	6,080.	6,468.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	420,109.	395,905.	19,579.	4,625.
23 Insurance	139,529.	131,490.	6,503.	1,536.
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 PERFORMER HOUSING	411,395.	411,395.	0.	0.
b PAYROLL TAXES & BENEFIT	381,426.	328,146.	30,121.	23,159.
c SCENERY, PROPS, AND COS	302,358.	302,295.	0.	63.
d MAINTENANCE	281,389.	265,177.	13,114.	3,098.
e All other expenses SEE SCH O	287,904.	128,044.	56,610.	103,250.
25 Total functional expenses. Add lines 1 through 24e	5,111,921.	4,402,738.	356,975.	352,208.
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 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	1,619,674.	1	1,927,344.
	2 Savings and temporary cash investments	18,812.	2	92,350.
	3 Pledges and grants receivable, net	442,795.	3	302,686.
	4 Accounts receivable, net	15,996.	4	19,249.
	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	4,039.	8	1,579.
	9 Prepaid expenses and deferred charges	108,680.	9	44,912.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,797,255.		
	b Less: accumulated depreciation	10b 8,340,498.	10c	4,456,757.
	11 Investments - publicly traded securities	3,299,647.	11	2,716,694.
	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	228,883.	15	212,220.
16 Total assets. Add lines 1 through 15 (must equal line 33)	10,441,766.	16	9,773,791.	
Liabilities	17 Accounts payable and accrued expenses	187,898.	17	149,725.
	18 Grants payable		18	
	19 Deferred revenue	729,591.	19	631,524.
	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	2,020,183.	23	1,956,403.
	24 Unsecured notes and loans payable to unrelated third parties	500,000.	24	499,000.
	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	63,507.	25	44,078.
	26 Total liabilities. Add lines 17 through 25	3,501,179.	26	3,280,730.
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	3,640,939.	27	3,702,913.
	28 Net assets with donor restrictions	3,299,648.	28	2,790,148.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	6,940,587.	32	6,493,061.
33 Total liabilities and net assets/fund balances	10,441,766.	33	9,773,791.	

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	4,983,949.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,111,921.
3	Revenue less expenses. Subtract line 2 from line 1	3	-127,972.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,940,587.
5	Net unrealized gains (losses) on investments	5	-509,700.
6	Donated services and use of facilities	6	190,146.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,493,061.

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization ARTS CENTER OF COASTAL CAROLINA	Employer identification number 57-1035817
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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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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.						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1431155.	2175545.	1698404.	2941118.	1526062.	9772284.
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	2028228.	2541100.	1027193.	794,448.	1791591.	8182560.
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	3459383.	4716645.	2725597.	3735566.	3317653.	17954844.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						17954844.

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	3459383.	4716645.	2725597.	3735566.	3317653.	17954844.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	115,114.	25,528.	219,523.	129,645.	29,286.	519,096.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	115,114.	25,528.	219,523.	129,645.	29,286.	519,096.
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.)	712,251.	180,073.	470,928.	582,370.	1637010.	3582632.
13 Total support. (Add lines 9, 10c, 11, and 12.)	4286748.	4922246.	3416048.	4447581.	4983949.	22056572.

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 2021 (line 8, column (f), divided by line 13, column (f))	15	81.40 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	85.24 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	2.35 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	2.86 %

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? <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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</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? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 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-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 - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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

Lined area for supplemental information.

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 ARTS CENTER OF COASTAL CAROLINA Employer identification number 57-1035817

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. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,299,647.	2,752,389.	2,577,201.	2,588,219.	2,440,170.
b Contributions	200.	550.			1,250.
c Net investment earnings, gains, and losses	-459,779.	584,391.	333,433.	46,073.	137,515.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	49,920.	37,683.	158,245.	57,091.	-9,284.
g End of year balance	2,790,148.	3,299,647.	2,752,389.	2,577,201.	2,588,219.

- 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 | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | | |
- 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		900,000.		900,000.
b Buildings		9,519,150.	6,423,427.	3,095,723.
c Leasehold improvements				
d Equipment		2,261,436.	1,803,841.	457,595.
e Other		116,669.	113,230.	3,439.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,456,757.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED SALARIES	4,720.
(3) SALES TAX PAYABLE	1,908.
(4) MISCELLAENOUS OTHER LIABILITIES	37,450.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	44,078.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

ARTS CENTER OF COASTAL CAROLINA

Employer identification number

57-1035817

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GALA ONLINE AUCTION	SILENT AUCTION	NONE		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	55,332.	3,501.		58,833.
	2	Less: Contributions	9,645.	1,350.		10,995.
	3	Gross income (line 1 minus line 2)	45,687.	2,151.		47,838.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	9,972.	1,419.		11,391.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				11,391.
	11	Net income summary. Subtract line 10 from line 3, column (d)				36,447.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|------------|---------|
| a The organization's facility | 13a | _____ % |
| b An outside facility | 13b | _____ % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information input.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

ARTS CENTER OF COASTAL CAROLINA

Employer identification number

57-1035817

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

OTHER ACTIVITIES

EXPENSES \$ 642,800. INCLUDING GRANTS OF \$ 0. REVENUE \$ 497,958.

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

THE CURRENT BOARD OF DIRECTORS ELECTS THE NEXT INCOMING BOARD.

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

THE TAX RETURN IS REVIEWED BY BOTH MANAGEMENT AND THE ORGANIZATION'S
TREASURER PRIOR TO BEING FILED.

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

THE ORGANIZATION CONSISTENTLY HAS DISCUSSIONS WITH THEIR OFFICERS AND BOARD
OF DIRECTORS REGARDING THE POLICY.

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

THE PRESIDENT/CEO IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS AND
COMPENSATION IS BASED ACCORDINGLY.

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

INFORMATION IS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST

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

BANK AND CREDIT CARD FEES:

PROGRAM SERVICE EXPENSES

58,695.

MANAGEMENT AND GENERAL EXPENSES

0.

Name of the organization	ARTS CENTER OF COASTAL CAROLINA	Employer identification number	57-1035817
FUNDRAISING EXPENSES			39,130.
TOTAL EXPENSES			97,825.
PUBLICATIONS AND PRINTING:			
PROGRAM SERVICE EXPENSES			16,868.
MANAGEMENT AND GENERAL EXPENSES			0.
FUNDRAISING EXPENSES			59,395.
TOTAL EXPENSES			76,263.
PROFESSIONAL FEES:			
PROGRAM SERVICE EXPENSES			0.
MANAGEMENT AND GENERAL EXPENSES			51,740.
FUNDRAISING EXPENSES			0.
TOTAL EXPENSES			51,740.
MISCELLANEOUS OTHER NON-OPERATING EXPENSES:			
PROGRAM SERVICE EXPENSES			39,666.
MANAGEMENT AND GENERAL EXPENSES			3,384.
FUNDRAISING EXPENSES			3,163.
TOTAL EXPENSES			46,213.
EVENT SERVICES:			
PROGRAM SERVICE EXPENSES			12,815.
MANAGEMENT AND GENERAL EXPENSES			1,486.
FUNDRAISING EXPENSES			1,562.
TOTAL EXPENSES			15,863.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A			287,904.

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **SEP 1, 2020** and ending **AUG 31, 2021**

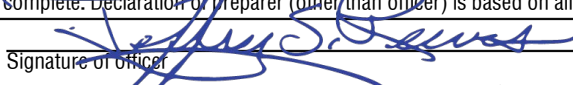
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization ARTS CENTER OF COASTAL CAROLINA		D Employer identification number 57-1035817	
	Doing business as		E Telephone number 843-686-3945	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 4,561,921.	
	14 SHELTER COVE LANE		H(a) Is this a group return for subordinates? Yes X No	
City or town, state or province, country, and ZIP or foreign postal code HILTON HEAD ISLAND, SC 29928		H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions		
F Name and address of principal officer: JEFFREY REEVES 14 SHELTER COVE LANE, HILTON HEAD ISLAND, SC		H(c) Group exemption number ▶		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527				
J Website: ▶ WWW.ARTSHHI.COM				
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶			L Year of formation: 1995 M State of legal domicile: SC	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ENRICH AND BENEFIT THE COMMUNITY THROUGH THE ARTS
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 15
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 136
	6 Total number of volunteers (estimate if necessary) 6 400
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 1,698,404. Prior Year 2,941,118. Current Year
	9 Program service revenue (Part VIII, line 2g) 1,027,193. 794,448.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 219,523. 129,645.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 470,928. 682,370.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,416,048. 4,547,581.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,840,070. 1,755,164.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 310,448.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,096,912. 2,065,055.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,936,982. 3,820,219.	
19 Revenue less expenses. Subtract line 18 from line 12 -520,934. 727,362.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 8,965,888. Beginning of Current Year 10,441,766. End of Year
	21 Total liabilities (Part X, line 26) 3,369,109. 3,501,179.
	22 Net assets or fund balances. Subtract line 21 from line 20 5,596,779. 6,940,587.

Part II Signature Block

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

Sign Here	Signature of officer 	Date July 13, 2022			
	JEFFREY REEVES, PRESIDENT/CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MICHAEL R. PUTICH, CPA	Preparer's signature	Date 07/13/22	Check if self-employed <input type="checkbox"/>	PTIN P00853466
	Firm's name ▶ ROBINSON GRANT & CO., P.A.	Firm's EIN ▶ 57-0735924	Firm's address ▶ P.O. DRAWER 22959 HILTON HEAD ISLAND, SC 29925		
			Phone no. 843-815-6161		

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 X

1 Briefly describe the organization's mission: TO PROVIDE CULTURAL ENRICHMENT ON HILTON HEAD ISLAND AND ENABLE RESIDENTS AND VISITORS TO HAVE ACCESS TO CULTURAL ACTIVITIES.

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

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

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 \$ 2,011,388. including grants of \$) (Revenue \$ 922,809.) THEATRICAL PRODUCTIONS THAT ALLOW THE COMMUNITY TO EXPERIENCE LIVE THEATRE.

4b (Code:) (Expenses \$ 498,366. including grants of \$) (Revenue \$ 228,646.) PRESENTING SERIES OF PERFORMING ARTIST TO ALLOW THE PUBLIC TO SEE LIVE PERFORMANCES BY RENOWNED ARTISTS.

4c (Code:) (Expenses \$ 223,737. including grants of \$) (Revenue \$ 102,649.) VISUAL ART PRESENTATIONS IN THE CENTER'S GALLERY

4d Other program services (Describe on Schedule O.) (Expenses \$ 467,318. including grants of \$) (Revenue \$ 214,402.)

4e Total program service expenses 3,200,809.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 15		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 15		
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 in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		<input checked="" type="checkbox"/>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization		<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<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 **ACCOUNTING DEPT/OFFICE - 843-686-3945**
14 SHELTER COVE LANE, HILTON HEAD ISLAND, SC 29928

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFFREY REEVES PRESIDENT, CEO	40.00	X		X				135,000.	0.	0.
(2) WILLIAM V. MCHUGH CHAIRMAN	5.00	X		X				0.	0.	0.
(3) ANN GRINDSTAFF FIRST VICE CHAIR	5.00	X		X				0.	0.	0.
(4) STEPHEN ALFRED SECRETARY	5.00	X		X				0.	0.	0.
(5) MICHAEL WATERS TREASURUER	5.00	X		X				0.	0.	0.
(6) ROBERT LEE IMMEDIATE PAST CHAIR	5.00	X						0.	0.	0.
(7) RICHARD SPEER BOARD MEMBER	5.00	X						0.	0.	0.
(8) FRED BEARD BOARD MEMBER	5.00	X						0.	0.	0.
(9) EMORY S. CAMPBELL, PH. D BOARD MEMBER	5.00	X						0.	0.	0.
(10) ROBERT CHELL BOARD MEMBER	5.00	X						0.	0.	0.
(11) LESLIE RICHARDSON BOARD MEMBER	5.00	X						0.	0.	0.
(12) SANDRA BERTHELSEN BOARD MEMBER	5.00	X						0.	0.	0.
(13) HEATHER WILCAUSKAS BOARD MEMBER	5.00	X						0.	0.	0.
(14) OPAL ABBINK BOARD MEMBER	5.00	X						0.	0.	0.
(15) BETH MAYO BOARD MEMBER	5.00	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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							135,000.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							135,000.	0.	0.	

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 **1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	12,948.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,065,934.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	862,236.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 127,733.				
	h Total. Add lines 1a-1f		2,941,118.				
	Program Service Revenue	2 a ADMISSION FEES, ETC	Business Code				
		900099	794,448.	794,448.			
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		794,448.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		129,645.			129,645.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ 12,948. of contributions reported on line 1c). See Part IV, line 18	8a		11,190.				
			2,878.				
			8,312.			8,312.	
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		46,690.				
			11,462.				
			35,228.	35,228.			
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER NON-OPERATING IN	Business Code					
	b FACILITY SUPPORT FEE	900099	289,302.	289,302.			
	c RENTAL INCOME	900099	105,905.	105,905.			
	d All other revenue	900099	88,739.	88,739.			
	e Total. Add lines 11a-11d		154,884.	154,884.			
12 Total revenue. See instructions		4,547,581.	1,468,506.	0.	137,957.		

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 **X**

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

Check here 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	222,374.	1	1,619,674.
	2 Savings and temporary cash investments	83,765.	2	18,812.
	3 Pledges and grants receivable, net	540,710.	3	442,795.
	4 Accounts receivable, net		4	15,996.
	5 Loans and other receivables from any current or 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	6,122.	8	4,039.
	9 Prepaid expenses and deferred charges	40,741.	9	108,680.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,623,629.		
	b Less: accumulated depreciation	10b 7,920,389.	5,161,743.	10c 4,703,240.
	11 Investments - publicly traded securities	2,752,389.	11	3,299,647.
	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	158,044.	15	228,883.
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,965,888.	16	10,441,766.	
Liabilities	17 Accounts payable and accrued expenses	97,823.	17	187,898.
	18 Grants payable		18	
	19 Deferred revenue	783,261.	19	729,591.
	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	2,054,312.	23	2,020,183.
	24 Unsecured notes and loans payable to unrelated third parties		24	500,000.
	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	433,713.	25	63,507.
	26 Total liabilities. Add lines 17 through 25	3,369,109.	26	3,501,179.
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	2,931,719.	27	3,640,939.
	28 Net assets with donor restrictions	2,665,060.	28	3,299,648.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	5,596,779.	32	6,940,587.
33 Total liabilities and net assets/fund balances	8,965,888.	33	10,441,766.	

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	4,547,581.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,820,219.
3	Revenue less expenses. Subtract line 2 from line 1	3	727,362.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,596,779.
5	Net unrealized gains (losses) on investments	5	481,755.
6	Donated services and use of facilities	6	134,460.
7	Investment expenses	7	
8	Prior period adjustments	8	231.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,940,587.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: Cash <input type="checkbox"/> X Accrual Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis 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: X Separate basis Consolidated basis 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.		X
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?	X	
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	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization ARTS CENTER OF COASTAL CAROLINA	Employer identification number 57-1035817
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the 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						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2020 (line 6, column (f), divided by line 11, column (f)).....	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		►
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		►
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		►
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		►
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		►

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,409,628.	1,431,155.	2,175,545.	1,698,404.	2,941,118.	9,655,850.
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	1,975,728.	2,028,228.	2,541,100.	1,027,193.	794,448.	8,366,697.
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	3,385,356.	3,459,383.	4,716,645.	2,725,597.	3,735,566.	18,022,547.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						18,022,547.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	3,385,356.	3,459,383.	4,716,645.	2,725,597.	3,735,566.	18,022,547.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	114,669.	115,114.	25,528.	219,523.	129,645.	604,479.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	114,669.	115,114.	25,528.	219,523.	129,645.	604,479.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	569,698.	712,251.	180,073.	470,928.	582,370.	2,515,320.
13 Total support. (Add lines 9, 10c, 11, and 12.)	4,069,723.	4,286,748.	4,922,246.	3,416,048.	4,447,581.	21,142,346.

14 First 5 years. If the Form 990 is for the 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 2020 (line 8, column (f), divided by line 13, column (f))	15	85.24 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	84.57 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	2.86 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	2.91 %

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization **X**

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization **►**

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? <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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
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 in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a The organization satisfied the Activities Test. Complete line 2 below.			
b The organization is the parent of each of its supported organizations. Complete line 3 below.			
c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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.)

A series of horizontal lines providing space for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization ARTS CENTER OF COASTAL CAROLINA **Employer identification number** 57-1035817

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

	(a) Donor advised funds	(b) Funds and other accounts
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?	Yes	No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	Yes	No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)	Preservation of a historically important land area
Protection of natural habitat	Preservation of a certified historic structure
Preservation of open space	

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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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.

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:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII _____

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,752,389.	2,577,201.	2,588,219.	2,440,170.	2,200,719.
b Contributions	550.			1,250.	85,929.
c Net investment earnings, gains, and losses	584,391.	333,433.	46,073.	137,515.	135,602.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	37,683.	158,245.	57,091.	-9,284.	17,920.
g End of year balance	3,299,647.	2,752,389.	2,577,201.	2,588,219.	2,440,170.

- 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 | <input checked="" type="checkbox"/> | |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
- 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		900,000.		900,000.
b Buildings		9,413,545.	6,165,402.	3,248,143.
c Leasehold improvements				
d Equipment		2,193,415.	1,643,165.	550,250.
e Other		116,669.	111,822.	4,847.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,703,240.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED SALARIES	3,938.
(3) SALES TAX PAYABLE	1,629.
(4) MISCELLAENOUS OTHER LIABILITIES	57,940.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	63,507.

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

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	5,178,136.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	481,755.	
b	Donated services and use of facilities	2b	134,460.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		616,215.
3	Subtract line 2e from line 1	3		4,561,921.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-14,340.	
c	Add lines 4a and 4b	4c		-14,340.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		4,547,581.

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	3,834,559.
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		0.
3	Subtract line 2e from line 1	3		3,834,559.
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	-14,340.	
c	Add lines 4a and 4b	4c		-14,340.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		3,820,219.

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 XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING COSTS NETTED AGAINST REVENUES - FORM 990, PAGE

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

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING COSTS NETTED AGAINST REVENUES - FORM 990, PAGE

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

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

ARTS CENTER OF COASTAL CAROLINA

Employer identification number

57-1035817

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ONLINE AUCTION		NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	24,138.			24,138.
	2 Less: Contributions	12,948.			12,948.
	3 Gross income (line 1 minus line 2)	11,190.			11,190.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	2,190.			2,190.
	8 Entertainment				
	9 Other direct expenses	688.			688.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				2,878.
	11 Net income summary. Subtract line 10 from line 3, column (d)				8,312.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? **Yes** **No**
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **Yes** **No**
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____
 Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____
 Address ▶ _____

16 Gaming manager information:

Name ▶ _____
 Gaming manager compensation ▶ \$ _____
 Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

ARTS CENTER OF COASTAL CAROLINA

Employer identification number

57-1035817

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

OTHER ACTIVITIES

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

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

THE CURRENT BOARD OF DIRECTORS ELECTS THE NEXT INCOMING BOARD.

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

THE TAX RETURN IS REVIEWED BY BOTH MANAGEMENT AND THE ORGANIZATION'S
TREASURER PRIOR TO BEING FILED.

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

THE ORGANIZATION CONSISTENTLY HAS DISCUSSIONS WITH THEIR OFFICERS AND BOARD
OF DIRECTORS REGARDING THE POLICY.

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

THE PRESIDENT/CEO IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS AND
COMPENSATION IS BASED ACCORDINGLY.

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

INFORMATION IS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST

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

BANK AND CREDIT CARD FEES:

PROGRAM SERVICE EXPENSES

37,721.

MANAGEMENT AND GENERAL EXPENSES

0.

Name of the organization	ARTS CENTER OF COASTAL CAROLINA	Employer identification number	57-1035817
FUNDRAISING EXPENSES			25,148.
TOTAL EXPENSES			62,869.
MISCELLANEOUS OTHER NON-OPERATING EXPENSES:			
PROGRAM SERVICE EXPENSES			15,339.
MANAGEMENT AND GENERAL EXPENSES			5,698.
FUNDRAISING EXPENSES			4,836.
TOTAL EXPENSES			25,873.
PUBLICATIONS AND PRINTING:			
PROGRAM SERVICE EXPENSES			6,976.
MANAGEMENT AND GENERAL EXPENSES			0.
FUNDRAISING EXPENSES			18,628.
TOTAL EXPENSES			25,604.
PROFESSIONAL FEES:			
PROGRAM SERVICE EXPENSES			0.
MANAGEMENT AND GENERAL EXPENSES			24,302.
FUNDRAISING EXPENSES			0.
TOTAL EXPENSES			24,302.
EVENT SERVICES:			
PROGRAM SERVICE EXPENSES			6,173.
MANAGEMENT AND GENERAL EXPENSES			198.
FUNDRAISING EXPENSES			4,025.
TOTAL EXPENSES			10,396.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A			149,044.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: December 4, 2002

Person to Contact:

Ms. Benson #31-07273

Contact Representative

Toll Free Telephone Number:

8:00 a.m. to 6:30 p.m. EST

877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

57-1035817

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

Dear Sir:

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

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

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

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

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

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

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

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

Arts Center of Coastal Carolina
57-1035817

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

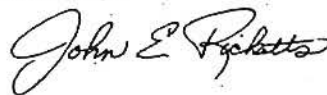
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and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

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

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

This letter affirms your organization's exempt status.

Sincerely,

A handwritten signature in cursive script that reads "John E. Ricketts".

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