

2025

Accommodations Tax Funds Request Application

Organization Name: The Coastal Discovery Museum

Project/Event Name: Cultural and Eco-Tourism Programs

Executive Summary

[An ATAX Effectiveness Measurement form has been attached to this application.](#)

The Coastal Discovery Museum is a mainstay for tourists visiting Hilton Head Island. Our 68-acre historic property and museum are open for visitors to enjoy free of charge, and we offer year-round programming for all ages. We often hear from our tourists that a vacation on Hilton Head isn't complete without a trip to the Coastal Discovery Museum. We hosted our first visitors at Honey Horn in 2007 and have steadily grown our programs to become a vital part of the island's recreation, leisure, and educational economy. Since then we have reached over 1.7 million patrons, including over 1 million tourists. One of the reasons our ATAX request is large is that we provide services for tourists seven days per week and run over 1,200 programs per year.

These large numbers don't always indicate the level of attachment that these visitors have to our property and the island. This spring, for example, the bride in one of our destination weddings told us that she chose Honey Horn because it is her happiest place on earth. She grew up coming here every year as a kid on vacation and couldn't imagine getting married anywhere else. This is how effective ATAX funding has been in creating special bonds with this place.

In FY 2024, our successful marketing plan, included our online presence drove 35% of our attendance, referrals from locals driving 25% of our attendance, and our seasonal calendars and other print and TV driving 26% of our attendance. We have focused on our digital presence, but we have also diversified our television marketing and cross promoted these videos on our social media channels. We have introduced new programs, including programs for visiting families and evening art, culture, and environment programming for adults. We continued our Farmers' Market on Tuesdays and it has grown to serve 500-600 people per day.

Although we had lower attendance numbers at the start of this past fiscal year, by spring we saw numbers that were on par or exceeded those that we had last year and managed to make up much of this lost ground. Part of this success was due to us increasing our marketing budget using museum rather than ATAX funds. We believe that our work is vital to the future of the island as we are training the next generation of tourists who will love our island to also care for our fragile environment and fascinating history. We noted some shifts in visitors and locals pre- and post pandemic and one of our efforts is to stay connected by communicating with these visitors year-round so that we can build a community of people who genuinely care about this place.

The Coastal Discovery Museum has an important mission – to inspire people to care for the Lowcountry – but we also strive to be a business that operates ethically, sustainably, and efficiently. ATAX funding provides approximately 20% of the museum's operating budget and without it our marketing efforts, programming, and facilities would not be performing at the level required to maximize our benefit to the tourism economy and the local community. We know that ATAX funding is limited and we are careful to be responsible stewards of this grant. In FY22, ATAX spending was \$2.80 per tourist and in FY23, ATAX spending was \$3.26 per tourist, and

in FY25 ATAX spending was \$3.12 per tourist. This CPT places us in the top three most efficient organizations receiving ATAX funding. We are also at the top in the total number of tourists served by ATAX applicants.

Coastal Discovery Museum is also proud to be one of only six organizations on the island which have earned a platinum level of transparency from Guidestar, the lead organization reporting on nonprofits. Less than 1% of nonprofits nationwide have earned this level, which indicates not only their complete transparency, but also the difference they're making in the community.

We are working every day to find ways to improve the level of service we give to our visitors so that we don't lose customers to our business or quality tourists coming to Hilton Head Island. We are proud that in FY 2023 we were able to reach 129,297 patrons in person and 120,375 tourists for a 93% tourism ratio. ATAX funding has allowed us to market and maintain the Town of Hilton Head Island's Honey Horn property as an active and vibrant destination for visitors and residents to enjoy. This success is reflected by our high positive ratings in a number of online and print sources, including: 101 Things to do on Hilton Head Island (#2); U.S. News, Best things to do on Hilton Head; Travel and Leisure's place to "Learn About, Meet, and Adopt the Wildlife"; USA Today's Hilton Head's 10 Best Attractions (#6). On TripAdvisor, the Coastal Discovery Museum is the top thing to do on Hilton Head Island alongside Coligny Beach and our bike trials.

2025 Accommodations Tax Funds Request Application

Date Received: 09/05/2024

Time Received: 11:36 AM

By: Online Submittal

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

A. SUMMARY OF GRANT REQUEST:

ORGANIZATION NAME: The Coastal Discovery Museum

Project/Event Name: Cultural and Eco-Tourism Programs

Contact Name: Rex Garniewicz

Title: President

Address: PO Box 23497, Hilton Head Island, SC 29925

Email Address: rgarniewicz@coastaldiscovery.org

Contact Phone: 843-415-8500

Event Date:

Event Location: 70 Honey Horn Drive

Total Budget: \$1,931,200.00

Grant Requested: \$400,000.00

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

Coastal Discovery Museum uses ATAX funding to drive island tourism and improve visitors' experiences on HHI. We promote nature, history, and arts programs in alignment with Hilton Head as a high-quality vacation destination. We market online, through social media, in print, and on-air. ATAX grants fund marketing efforts, new in-person and hands-on museum experiences, free admission to the museum and grounds, live animal programs, and the promotion of the Santa Elena story which is featured in 4th and 8th grade school textbooks. Continued funding ensures we remain a five-star island attraction and a driver for family visits to HHI.

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)

CDM captivates visitors by telling the Lowcountry's story and providing a sense of place that does not exist elsewhere on the Island. Our website analytics show that we are a must-see tourist destinations which visitors research before coming to the island, often in a search for kids educational activities. Over 100,000 tourists annually are impacted by our unique programs and experiences once here. Based on considerable web reviews, we one of the top ten museums in

SC and one of the top five attractions on Hilton Head Island. Many visitors report that we are part of their annual vacation plans.

A. Total Number of Physical Tourists Served: 120,375

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: 3620

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: 5302

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): 129,297

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

This year we collected a total of 32,362 zip codes and of these, 93.1% were tourists, 2.8% were off-island locals, and 4.2% were from Hilton Head Island. This compares to last year's 92.9% tourists, 3.3% off-island locals, and 3.8% HHI. Based on these percentages and our total count of 129,297 patrons, we reached at least 120,375 tourists with our in-person programming. This number does not include many people who walk our property without checking-in at the museum. We served tourists this year than the previous year.

This past year we had 122,000 visitors to our website; as well as 12.6k vs 11,405 followers on Facebook and 5.6k vs 4,954 on Instagram. Of our digital impacts; 8% of these patrons were from HHI, 3% from Bluffton, and 89% tourist.

The CDM is a leading driver of ecological and heritage tourism to the island and works with our partners to showcase the diversity of tourist experiences on island and promote HHI to potential visitors outside our area. Our call center and front desk help answer questions and direct tourists to other venues and services across the island. Although we don't track phone-call numbers by geography, it is an important service we provide to tourists and is available 7 days per week.

This year we served 5302 residents compared to 4374 last year (14% of the island population visits us annually).

This year we served 120,375 tourists compared to 115,159 last year (3.8% of tourists who come to the island visit Coastal Discovery Museum).

As part of our long-term strategic planning goals we want to serve 75% of residents (28,552) annually and 5% tourists (165,500) which will eventually lower our tourism ratio to 85%.

B. DESCRIPTION OF OPERATIONS:

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

Founded in 1985, the mission of the Coastal Discovery Museum is to inspire people to care for the Lowcountry. We do so by teaching visitors about our fragile environment, fascinating history, complex culture, and by encouraging them to take an active role as stewards of these resources. Beginning in 2007 when we opened at Honey Horn, a Town of Hilton Head Island property, we became more than just a museum. We have permanent exhibits and a constantly changing temporary gallery, but also feature 68 acres of natural beauty, including HHI's oldest buildings, ancient trees, open fields, and boardwalks extending into the marsh. CDM has become a favorite location for cultural festivals, weddings, special events, and our Farmers' Market. Visitors are inspired to learn about Hilton Head Island, participate in nature or history walks, talks, and site-specific programs along the boardwalks or in the Butterfly Enclosure. Guests can tour the Heritage Garden, the Camellia Garden, a replica shell ring, and visit our Marsh Tacky horse. For the past sixteen years, the Museum has enhanced and expanded its offerings of Cultural and Eco-Tourism programs: Critter Meet and Greet, walks, talks, tours, workshops, Art Market and art programs, horseshoe and blue crab programs, dolphin tours, excursions to Daufuskie and Pinckney Islands, marine life presentations, birding, butterfly workshops, Gullah culture demonstrations, Civil War programs, sweet grass basket-making classes, loggerhead sea turtle presentations, beach walks and world-class art exhibitions. All programs take place on HHI and surrounding waterways with many programs at historic Honey Horn.

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

We use ATAX funding on printed calendars, rack cards, website, digital assets, print and broadcast media. Our social media marketing for the museum and Farmers Market is highly successful and we will continue these efforts. ATAX funding allows us to be nimble in promoting programs, utilizing our Smithsonian affiliation, and launching new programs. This year we will continue to produce video content about what makes Hilton Head Island so special. We will grow our exhibit program to draw art enthusiasts and nature lovers who may be thinking about visiting the island, and we are constantly adding new tours. This past summer we increased our live animal programming and added an Indigo Tie Dye Party to our Farmers Market, nearly doubling our summer program attendance from last year.

This integrated model of improved marketing, compelling programs and great exhibitions continues to make Coastal Discovery Museum at Historic Honey Horn one of the leading organizations driving tourism on Hilton Head. Funding at the level requested should lead to an annual 10% increase in attendance and the development and implementation of new programs focused on driving tourism and enriching the visitor

experience on the island.

The 2024 ATAX grant request (\$400,000), will be used to underwrite the Cultural and Ecotourism Program budget (\$1,689,000). Of this grant, \$80,000 will be applied to marketing, \$40,000 to program expenses, and \$280,000 to operations of Honey Horn including utilities and insurance, operating expenses, and staffing of tourist-focused programs. This ATAX grant is 24% of our ecotourism budget.

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)

Overall attendance increased by 14,183 last year. CDM intends to increase our marketing budget by \$60,000 this year to increase visitation. In combination with our new programs, we hope to drive more high-quality tourism to the island next year. If we receive level funding from the previous year, we will continue to provide high-quality experiences for tourists at our current level. We are also working to grow participation fees (\$210,000); property rental (\$165,000); and individual donations and memberships (\$462,000). Without ATAX funding the museum would need to charge admission - this grant allows us to offer free admission to everyone!

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

Serving 120,375 visitors from outside a 50-mile radius, the Museum is a leading cultural tourism organization on the island. The museum enhances the visitor experience through our diverse programs and works to connect to potential island visitors through our online and in-print marketing. Typically more than 12% of our website viewers are also looking at travel, hotels, and accommodations and our family-friendly offerings help influence their vacation decision. As a venue for over 40 weddings and public events, we drive tourism and overnight hotel stays on Hilton Head. Our organization and visitors, contribute an estimated \$5,767,252 to the local economy.

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

Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity.

20 %

| | |
|---|--------------|
| 2 - Tourism-Related Events <i>Promotion of the arts and cultural events.</i> | 10 % |
| 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> | 70 % |
| 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)

The museum serves as a center for informing residents and visitors about the rich history and environmental diversity of the island, while also acting as a hub to connect people to other organizations in the region. We are a location for the start of Gullah Heritage Tours, Hilton Head Island History Tours, and Segway tours. We sell tours through Outside Hilton Head and other ecotourism vendors. The Museum regularly collaborates with the Pat Conroy Literary Center, the Outside Foundation, the Gullah Museum, Sandbox, Mitchelville, Heritage Library, Office of Cultural Affairs, HHI Audubon, and others. We collaborate with the USCB Marine Biology Research Lab, USCB Center for the Arts, Crescendo, and actively participate in other arts, culture, environment, and history events.

We operate a weekly farmers' market, an annual arts and crafts festival, and serve as the venue for many of the islands popular cultural events including NIBCA's Gullah Celebration, the Carmines Foundation's Seafood Festival, the Italian Festival and many more. We are open to trying new things to bring visibility and fun activities to the island, like the Balloon Gow & Laser Show.

We have created a formal organization, the Historic Sites Collaborative which includes Coastal Discovery, Gullah Museum, Heritage Library, Land Trust and Mitchelville. We are committed to collaboration and will explore joint marketing opportunities including: rack cards representing all five organizations, physical sharing of marketing materials at our organizations, and new opportunities to drive multiple site visits.

7. Additional comments. (250 words or less)

The Coastal Discovery Museum has played an important role in providing high-quality cultural and ecotourism opportunities on Hilton Head Island for 39 years. Since opening at Honey Horn in October 2007, we have made great strides in providing a unique experience for island visitors, impacting 1,737,112 people in the last seventeen years.

The Honey Horn property is like no other in the area. Visitors can discover some of the oldest buildings on the island and explore and learn about this island, its history, and its complex and fragile environment. A visit to the museum and a tour around the property give our guests a very special connection to Hilton Head Island.

This year we are featuring a number of new exhibitions, including an Aldwyth Retrospective, Art Quilters of the Lowcountry, High School Regional Art Exhibition, Nikon Small World, among many others.

Honey Horn is a site for community and private events attracting tourists year round. This year we have continued to help out other organizations that needed outdoor meeting spaces. We have also continued to grow our wedding and event rental business and have 20 weddings already booked for 2025.

The continued success of this organization has come about through the support and hard work of volunteers, community organizations, and governmental entities. This dedication by so many has allowed the museum to capitalize on the natural attributes of Honey Horn and maintain a facility that showcases the history, beauty, and identity of the island.

C. FUNDING:

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

Coastal Discovery Museum operations are funded through multiple income streams. Grants total \$534,000; including ATAX, corporate, and federal grants. Our program, events, and rental revenues total \$375,000. Our store sales, membership, and individual donations total \$600,000. We receive 32,000 in interest on CDs. We also benefit from \$102,000 in direct town funding. We earn approximately half of our operating budget through our business operations while still keeping the grounds open to visitors free of charge. Earned revenue reduces the public cost of operating this town-owned property and maintains it as one of the jewels of Hilton Head Island.

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

| | | | |
|-----------|-------------------------------------|-----------|---|
| <u>30</u> | Government Sources | <u>33</u> | Private Contributions, Donations and Grants |
| 4 | Corporate Support, Sponsors | <u>4</u> | Membership, Dues, Subscriptions |
| <u>10</u> | Ticket Sales, or Sales and Services | <u>19</u> | Other |

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

Yes No

If so, please list top 3 sources and amounts.

Beaufort County ATAX \$38,500.00

D. FINANCIAL INFORMATION:

Fiscal Year Disclosure: Start Month: **July** End Month: **June**

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:

FY 2023- Previous FY 2

FY 2024- Previous FY 1

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

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

Previous fiscal year Balance Sheets Provided:

July 2022 - June 2023 - Previous FY 2

July 2023 - June 2024 - 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:

FY 2021 - Previous FY 1

FY 2022 - 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 | \$310,000.00 | Cultural and Eco-tourism Programs |
| 2021 | \$350,000.00 | Honey Horn Capital Improvements |
| 2021 | \$64,319.00 | Exhibitions Improvement Project |
| 2022 | \$325,000.00 | Cultural and Eco-tourism Programs |
| 2023 | \$325,000.00 | Cultural and Eco-tourism Programs |
| 2023 | \$695,350.00 | Honey Horn Capital Improvements |
| 2024 | \$375,000.00 | Cultural and Eco-tourism Programs |

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)

We printed and distributed 60,000 programming calendars and were able to place TV and print ads targeting tourists. The past two years we have also focused on more nimble

electronic communications including social media and our website, but this year we have increased our outreach via email communications and utilizing our website sign up for e-newsletters. We were able to continue working with a local website/marketing firm to improve our digital strategy and start developing more content-rich stories for our website. Our Social Media marketing campaigns involving the Museum and the Farmers' Market - particularly targeting Facebook and Instagram - allowed us to continue to market the museum strongly in this space. This year we were able to continue major events, such as Art Market, and to significantly grow our summer programming. We continued our new private programs for families, and worked on significantly increasing our capacity to install larger exhibitions. Our vision for the future is to not only have one of the most amazing properties on the Island, but also to have a world-class exhibition program in all three of our historic buildings that will be open to the public.

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

ATAX support, in combination with sound business practice, has allowed the museum to blossom. Visitors now return year after year as part of their vacation. Some even schedule vacations to be here for events like Art Market. Word-of-mouth and paid advertising have also helped, but the real driver of increased success has been our digital presence, and our ability to add new programs and increase our offerings. We strived to be creative and to develop new impactful programs that serve more visitors and to help make them better stewards of our environment and protectors of the historic resources on the Island. Our digital investments have led to 3695 additional Facebook followers and significant growth across our social media platforms.

FY24 was on par with our highest exhibit attendance numbers (65,000+) indicating that our benefit to the community has grown as a result of our strategic investments. We believe that the museum, through our focus on history, culture, art, and the environment, can help bring the types of tourists needed for the future success of the town and the fulfillment of its vision. We are particularly pleased with the performance of our exhibition program which serves tourists, locals, and schools.

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

We are constantly reviewing attendance, visitor comments, and replacing any underperforming programs. As a result, we have gradually improved our overall quality while keeping individual programs that serve tourists and trying new programs that connect us with residents. Based on previous surveys, 24% of people find out about us

from locals, 36% from the internet, 19% from print, and 21% from other sources. This high referral rate is due to the quality of our offerings and free admission thanks to ATAX funding. Next year we will be starting some formal survey work to determine baselines and better track the impact of our marketing efforts.

Effectiveness is measured in increased mission-based attendance, serving as a community resource, and connecting visitors to cultural and ecotourism opportunities on the island. One of our strongest qualitative measures of success in this category is the quality of reviews we receive online from sources like TripAdvisor where we always one the top thing to do on the Island. We have received a certificate of excellence from TripAdvisor, we were named best museum of the Lowcountry by WTOC, and are recognized as an Affiliate of the Smithsonian Institution and a stop on the American Camellia Trail.

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.

The Coastal Discovery Museum is a mainstay for tourists visiting Hilton Head Island. Our 68-acre historic property and museum are open for visitors to enjoy free of charge, and we offer year-round programming for all ages. We often hear from our tourists that a vacation on Hilton Head isn't complete without a trip to the Coastal Discovery Museum. We hosted our first visitors at Honey Horn in 2007 and have steadily grown our programs to become a vital part of the island's recreation, leisure, and educational economy. Since then we have reached over 1.7 million patrons, including over 1 million tourists. One of the reasons our ATAX request is large is that we we provide services for tourists seven days per week and run over 1,200 programs per year.

These large numbers don't always indicate the level of attachment that these visitors have to our property and the island. This spring, for example, the bride in one of our destination weddings told us that she chose Honey Horn because it is her happiest place on earth. She grew up coming here every year as a kid on vacation and couldn't imagine getting married anywhere else. This is how effective ATAX funding has been in creating special bonds with this place.

In FY 2024, our successful marketing plan, included our online presence drove 35% of our attendance, referrals from locals driving 25% of our attendance, and our seasonal calendars and other print and TV driving 26% of our attendance. We have focused on our digital presence, but

we have also diversified our television marketing and cross promoted these videos on our social media channels. We have introduced new programs, including programs for visiting families and evening art, culture, and environment programming for adults. We continued our Farmers' Market on Tuesdays and it has grown to serve 500-600 people per day.

Although we had lower attendance numbers at the start of this past fiscal year, by spring we saw numbers that were on par or exceeded those that we had last year and managed to make up much of this lost ground. Part of this success was due to us increasing our marketing budget using museum rather than ATAX funds. We believe that our work is vital to the future of the island as we are training the next generation of tourists who will love our island to also care for our fragile environment and fascinating history. We noted some shifts in visitors and locals pre- and post pandemic and one of our efforts is to stay connected by communicating with these visitors year-round so that we can build a community of people who genuinely care about this place.

The Coastal Discovery Museum has an important mission – to inspire people to care for the Lowcountry – but we also strive to be a business that operates ethically, sustainably, and efficiently. ATAX funding provides approximately 20% of the museum's operating budget and without it our marketing efforts, programming, and facilities would not be performing at the level required to maximize our benefit to the tourism economy and the local community. We know that ATAX funding is limited and we are careful to be responsible stewards of this grant. In FY22, ATAX spending was \$2.80 per tourist and in FY23, ATAX spending was \$3.26 per tourist, and in FY25 ATAX spending was \$3.12 per tourist. This CPT places us in the top three most efficient organizations receiving ATAX funding. We are also at the top in the total number of tourists served by ATAX applicants.

Coastal Discovery Museum is also proud to be one of only six organizations on the island which have earned a platinum level of transparency from Guidestar, the lead organization reporting on nonprofits. Less than 1% of nonprofits nationwide have earned this level, which indicates not only their complete transparency, but also the difference they're making in the community.

We are working every day to find ways to improve the level of service we give to our visitors so that we don't lose customers to our business or quality tourists coming to Hilton Head Island. We are proud that in FY 2023 we were able to reach 129,297 patrons in person and 120,375 tourists for a 93% tourism ratio. ATAX funding has allowed us to market and maintain the Town of Hilton Head Island's Honey Horn property as an active and vibrant destination for visitors and residents to enjoy. This success is reflected by our high positive ratings in a number of online and print sources, including: 101 Things to do on Hilton Head Island (#2); U.S. News, Best things to do on Hilton Head; Travel and Leisure's place to "Learn About, Meet, and Adopt the Wildlife"; USA Today's Hilton Head's 10 Best Attractions (#6). On TripAdvisor, the Coastal Discovery Museum is the top thing to do on Hilton Head Island alongside Coligny Beach and our bike trials.

Signature: Rex Garniewicz

Title/Position: President and CEO

Mailing Address: 11 OYSTER SHELL LA, HILTON HEAD ISLAND, SC 29926

Email Address: rgarniewicz@coastaldiscovery.org

Office Phone Number: 843-689-6767

Home Phone Number: 843-415-8500

ATAX EFFECTIVENESS MEASUREMENT

Note: This data was compiled as of the end of July, 7 months through the year, so the budget is corrected to 58.3% of the total, and the actual is the number through July.

| TOPIC | THE PLAN | ATAX BUDGET | ATAX BUDGET YTD | ATAX Qualified YTD | ATAX Reimbursed YTD | RESULTS <i>When possible, provide planned results vs. actual results, and/or current year vs. prior year results .</i> |
|---|---|--------------|-----------------|--------------------|---------------------|--|
| Marketing Efforts to Increase Tourist Attendance | | | | | | |
| 1. Tourism Advertising | | \$ 93,750.00 | \$ 54,656.25 | | | |
| | Advertise seasonal programs, 1830 programs/year | | | \$ 12,681.00 | \$ 12,681.00 | Our 4 seasonal calendars (56,000 dist.) are distributed to 94 locations on and off the island annually. 26% of visitors indicating how they heard about us mention the calendar or one of the locations where they are distributed. We also distribute these in South Carolina Welcome Centers and Information Centers. (68 locations) Total cost includes calendars plus distribution. |
| | Social Media Marketing | | | \$ 17,866.00 | \$ 17,866.00 | Write stories and post on Facebook promoting the Museum, Farmers Market and all programs, Take photographs of events and post on Instagram, develop content for a monthly newsletter. Respond to all social media posts. We have added 3695 more followers on the Museum's Facebook for a total of 12600. We have grown our Instagram followers to 5600 and additionally manage pages for Sea Turtle Protection Project and Farmers Market |
| | Special event and Art Market advertising | | | \$ 11,905.66 | \$ 11,905.66 | Postcards, posters, print ads, radio, WHHI-TV, mailings. This year we increased our TV and radio advertising and included Georgia Public Radio and other out of market media. Magazines and newspapers account for 6% of the total visitors who tell us how they heard about us, but the majority of art market visitors |
| | Website Marketing | | | \$ 14,593.00 | \$ 14,593.00 | Website hosting and updating, other online advertising. After the calendar, the highest category of visitors say they hear about us from a google search or the website. Our visitors increased by 40k to 121k with a 1m 20s average engagement. Our new calendar was heavily used by people planning vacations. |
| Total | | \$ 93,750.00 | \$ 54,656.25 | \$ 57,045.66 | \$ 57,045.66 | |

| | | | | | | |
|--|--|--------------|--------------|--------------|--------------|---|
| Program Offerings to Increase Visitor Interest in Hilton Head Island and the Coastal Discovery Museum | | | | | | |
| 2. Tourism Related Events | | \$ 37,500.00 | \$ 21,862.50 | | | |
| | Review and improve programming at Honey Horn to better fulfill needs of Hilton Head Island tourists. | | | \$ 10,547.00 | \$ 9,386.83 | Through an integrated marketing campaign and increased number of offerings, we doubled our critter meet and greet attendance from the prior year. We added Indigo Tie Dye party to our Farmer's Market, growing overall attendance and dwell time at the market. We reached nearly 25,000 attendees this year. We used funding to support Gullah Sweet Grass programming onsite, increasign the diversity of our programming. |
| | Increase visitor participation in new programs and those with currently lower tourism numbers. | | | \$ 11,464.70 | \$ 10,203.58 | We have been growing our programming and events that are art-related including exhibitions, art competitions, etc. Major program related expenses include shipping and borrowing artworks for exhibition. |
| | Provide technology to explore the property and learn about the Lowcountry - operate an app for visitors to learn about Honey Horn. | | | \$ 1,350.00 | \$ 1,066.50 | OnCell, cellphone tour, Last FY we had 14,782 calls averaging over 8 minutes each, 97% of calls from >50 miles. This is a very cost effective way of delivering content to visitors onsite. You can now use this as an app at: https://coastaldiscovery.oncell.com/en/index.html |
| Total | | \$ 37,500.00 | \$ 21,862.50 | \$ 22,011.70 | \$ 19,590.41 | |

ATAX EFFECTIVENESS MEASUREMENT

| TOPIC | THE PLAN | ATAX BUDGET | ATAX BUDGET YTD | ATAX Qualified YTD | ATAX Reimbursed YTD | RESULTS <i>When possible, provide planned results vs. actual results, and/or current year vs. prior year results .</i> |
|---|--|---------------|-----------------|--------------------|---------------------|---|
| TOPIC | THE PLAN | ATAX BUDGET | ATAX BUDGET YTD | ATAX Qualified YTD | ATAX Reimbursed YTD | RESULTS <i>When possible, provide planned results vs. actual results, and/or current year vs. prior year results .</i> |
| Facilities That Allow us to Serve Visitors to the Island | | | | | | |
| 3. Tourism Related Facilities | Maintain a high-quality destination, maintain buildings, clean bathrooms, install new signage, keep Honey Horn open 360 days/yr. | \$ 243,750.00 | \$ 142,106.25 | \$ 191,218.19 | \$ 151,062.37 | Maintenance, cleaning, utilities, liability insurance, signage. This covers normal wear and tear, and with increased tourism we are seeing more demand on maintaining the property. |
| | Continue to rotate temporary exhibitions, maintain Marsh Tacky horses, gardens, landscaping, etc. | | | \$ 98,909.52 | \$ 78,138.52 | Temporary exhibit displays, plant and animal supplies, additional maintenance on buildings, flowerbeds, landscaping, etc. |
| Total | | \$ 243,750.00 | \$ 142,106.25 | \$ 313,489.41 | \$ 229,200.89 | |



COASTAL DISCOVERY MUSEUM

Experience The Lowcountry Up Close

September 2, 2024

Board Resolution for ATAX Funding

The Board of Directors of the Coastal Discovery Museum hereby resolves and approves the *Cultural and Ecotourism Programs* application that has been submitted for the 2025 Accommodations Tax Grant. The Board further resolves that it commits the Museum to the financial responsibility for carrying out these grants to the stage of completion so stated in the application, should funding be approved.

A handwritten signature in black ink, appearing to read 'Dave Howitt', is written over a horizontal line.

Dave Howitt,
Chair, Board of Directors
Signed electronically 9/3/2024

COASTAL DISCOVERY MUSEUM

Annual Operating Budget

July 1, 2024-June 30, 2025

| | Budget FY25 |
|-------------------------|--------------------|
| Ordinary Income/Expense | |
| Income: | |
| Restricted - Grants: | |
| Accommodations Tax | \$375,000 |
| Beaufort ATAX | \$36,500 |
| Other grants | \$200,000 |
| Property Rental | \$165,000 |
| Onsite Donations | \$67,000 |
| Miscellaneous | \$40,000 |
| Management Fee | \$107,700 |
| Museum Store | \$250,000 |
| Museum Programs | \$210,000 |
| Special Events/Benefits | \$85,000 |
| Membership | \$45,000 |
| Unrestricted | \$350,000 |
| Total Income | \$1,931,200 |

Expenses:

| | |
|----------------------------|--------------------|
| Personnel | \$1,244,200 |
| Miscellaneous Operating | \$100,000 |
| Property Rental | \$10,000 |
| Miscellaneous Expenses | \$2,000 |
| Temporary Exhibit Displays | \$40,000 |
| Permanent Exhibits/Panels | \$15,000 |
| Animal and Plant supplies | \$16,000 |
| Museum Store | \$140,000 |
| Museum Programs | \$70,000 |
| Special Events/Benefits | \$22,000 |
| Marketing | \$150,000 |
| Honey Horn | \$100,000 |
| Membership | \$6,000 |
| Unrestricted (Development) | \$16,000 |
| Total Expenses | \$1,931,200 |

**Coastal Discovery Museum
Balance Sheet
As of July 31, 2024**

| | FY2024 June 30, 2024 Unaudited | FY2025 Unaudited |
|--|---|-----------------------------|
| ASSETS | | |
| Current Assets | | |
| Cash - Operating | | |
| Wells Fargo-Operating | 519,898.05 | 566,500.14 |
| Petty Cash | 225.00 | 225.00 |
| Coastal States Bank-Cash | 205,465.36 | 205,706.85 |
| Merrill Lynch-Cash | 216,068.21 | 216,068.21 |
| Sub-Total Cash - Operating | 941,656.62 | 988,500.20 |
| Other Current Assets | | |
| Accounts Receivable | 21,701.09 | 6,311.29 |
| Prepaid Expenses | 20,813.13 | 13,557.41 |
| Grant Receivable-Unrestricted | 579,276.91 | 579,276.91 |
| Inventory | 38,288.07 | 38,288.07 |
| Total Current Assets | 1,601,735.82 | 1,625,933.88 |
| Non-Current Assets | | |
| Cash - Board Reserve Fund | | |
| TD Bank-Capital Campaign Checking | 4,579.79 | 5,156.98 |
| TD Bank-Capital Campaign Money Market | 7,841.80 | (12.89) |
| Sub-Total Cash - Board Reserve Fund | 12,421.59 | 5,144.09 |
| Investments | | |
| Merrill Lynch-CD | 548,062.51 | 550,541.84 |
| Boys, Arnold & Co | 2,179,207.46 | 2,210,930.19 |
| Sub-Total Investments | 2,727,269.97 | 2,761,472.03 |
| Property and Equipment | | |
| Improvement-Infrastructure | 5,261,136.59 | 5,261,136.59 |
| Computers | 1,729.91 | 1,729.91 |
| Equipment | 254,096.57 | 254,096.57 |
| Furniture | 11,792.82 | 11,792.82 |
| Exhibits | 78,684.68 | 78,684.68 |
| Discovery Lab | 306,648.18 | 306,648.18 |
| Construction in Progress | 1,164,360.48 | 1,164,360.48 |
| Acc Depr-Imprv Infrastructure | (2,084,354.44) | (2,084,354.44) |
| Acc Depr-Computers | (1,729.91) | (1,729.91) |
| Acc Depr Equipment | (223,425.70) | (223,425.70) |
| Acc Depr-Furniture | (11,792.82) | (11,792.82) |
| Acc Depr-Exhibits | (26,336.81) | (26,336.81) |
| Acc. Depr-Website | - | - |
| Sub-Total Property & Equipment, Net | 4,730,809.55 | 4,730,809.55 |
| Total Non-Current Assets | 7,470,501.11 | 7,497,425.67 |
| TOTAL ASSETS | 9,072,236.93 | 9,123,359.55 |

**Coastal Discovery Museum
Balance Sheet
As of July 31, 2024**

| | FY2024 | FY2025 |
|---------------------------------------|------------------------------|------------------------------|
| | June 30, 2024 | Unaudited |
| | Unaudited | Unaudited |
| LIABILITIES & EQUITY | | |
| Liabilities | | |
| Current Liabilities | | |
| Accounts Payable | (62,229.70) | (23,221.65) |
| Accrued Salary | (17,414.14) | (17,414.14) |
| Accrued Vacation | (58,097.57) | (58,097.57) |
| Due to SC Commission-Sales Taxes | (1,470.76) | (1,961.55) |
| Total Current Liabilities | <u>(139,212.17)</u> | <u>(100,694.91)</u> |
| Fund Balance | | |
| Fund Balance | (1,207,980.24) | (1,207,980.24) |
| Fund Balance-Bldg | (25,688.00) | (25,688.00) |
| Fund Balance-Unreserved | (6,730,003.44) | (7,699,356.52) |
| Revenue Control | (3,217,329.93) | (221,516.04) |
| Expenditure Control | 2,247,976.85 | 131,876.16 |
| Total Fund Balance | <u>(8,933,024.76)</u> | <u>(9,022,664.64)</u> |
| TOTAL LIABILITIES & EQUITY | <u>(9,072,236.93)</u> | <u>(9,123,359.55)</u> |

**Coastal Discovery Museum
Balance Sheet
As of June 30, 2024**

| | FY2023 June 30, 2023 Audited | FY2024 Unaudited |
|--|---|-----------------------------|
| <hr/> | | |
| ASSETS | | |
| Current Assets | | |
| Cash - Operating | | |
| Wells Fargo-Operating | 366,608.61 | 519,898.05 |
| Petty Cash | 225.00 | 225.00 |
| Coastal States Bank-Cash | 203,406.70 | 205,465.36 |
| Merrill Lynch-Cash | 216,068.21 | 216,068.21 |
| Sub-Total Cash - Operating | 786,308.52 | 941,656.62 |
| | | |
| Other Current Assets | | |
| Accounts Receivable | 10,024.38 | 21,701.09 |
| Prepaid Expenses | 24,538.82 | 20,813.13 |
| Grant Receivable-Unrestricted | 579,276.91 | 579,276.91 |
| Inventory | 38,288.07 | 38,288.07 |
| Total Current Assets | 1,438,436.70 | 1,601,735.82 |
| | | |
| Non-Current Assets | | |
| Cash - Board Reserve Fund | | |
| TD Bank-Capital Campaign Checking | 6,043.23 | 4,579.79 |
| TD Bank-Capital Campaign Money Market | 12,387.23 | 7,841.80 |
| Sub-Total Cash - Board Reserve Fund | 18,430.46 | 12,421.59 |
| | | |
| Investments | | |
| Merrill Lynch-CD | 513,029.84 | 548,062.51 |
| Boys, Arnold & Co | 1,911,032.52 | 2,179,207.46 |
| Sub-Total Investments | 2,424,062.36 | 2,727,269.97 |
| | | |
| Property and Equipment | | |
| Improvement-Infrastructure | 5,261,136.59 | 5,261,136.59 |
| Computers | 1,729.91 | 1,729.91 |
| Equipment | 254,096.57 | 254,096.57 |
| Furniture | 11,792.82 | 11,792.82 |
| Exhibits | 78,684.68 | 78,684.68 |
| Discovery Lab | 306,648.18 | 306,648.18 |
| Construction in Progress | 1,164,360.48 | 1,164,360.48 |
| Acc Depr-Imprv Infrastructure | (2,084,354.44) | (2,084,354.44) |
| Acc Depr-Computers | (1,729.91) | (1,729.91) |
| Acc Depr Equipment | (223,425.70) | (223,425.70) |
| Acc Depr-Furniture | (11,792.82) | (11,792.82) |
| Acc Depr-Exhibits | (26,336.81) | (26,336.81) |
| Acc. Depr-Website | - | - |
| Sub-Total Property & Equipment, Net | 4,730,809.55 | 4,730,809.55 |
| | | |
| Total Non-Current Assets | 7,173,302.37 | 7,470,501.11 |
| | | |
| TOTAL ASSETS | 8,611,739.07 | 9,072,236.93 |

**Coastal Discovery Museum
Balance Sheet
As of June 30, 2024**

| | FY2023 June 30, 2023 Audited | FY2024 Unaudited |
|---------------------------------------|---|-----------------------------|
| LIABILITIES & EQUITY | | |
| Liabilities | | |
| Current Liabilities | | |
| Accounts Payable | (523,697.51) | (60,963.70) |
| Accrued Salary | (64,648.66) | (17,414.14) |
| Accrued Vacation | (58,097.57) | (58,097.57) |
| Due to SC Commission-Sales Taxes | (1,623.65) | (1,470.76) |
| Total Current Liabilities | (648,067.39) | (137,946.17) |
| Fund Balance | | |
| Fund Balance | (1,207,980.24) | (1,207,980.24) |
| Fund Balance-Bldg | (25,688.00) | (25,688.00) |
| Fund Balance-Unreserved | (5,793,840.70) | (6,730,003.44) |
| Revenue Control | (2,540,309.54) | (3,217,329.93) |
| Expenditure Control | 1,604,146.80 | 2,246,710.85 |
| Total Fund Balance | (7,963,671.68) | (8,934,290.76) |
| TOTAL LIABILITIES & EQUITY | (8,611,739.07) | (9,072,236.93) |

**Coastal Discovery Museum
Balance Sheet
As of June 30, 2023**

| | FY2022 June 30, 2022 Audited | FY2023 Unaudited |
|--|---|-----------------------------|
| <hr/> | | |
| ASSETS | | |
| Current Assets | | |
| Cash - Operating | | |
| Wells Fargo-Operating | 368,363.52 | 366,608.61 |
| Petty Cash | 225.00 | 225.00 |
| Coastal States Bank-Cash | 201,064.45 | 203,406.70 |
| Merrill Lynch-Cash | 216,068.21 | 216,068.21 |
| Sub-Total Cash - Operating | 785,721.18 | 786,308.52 |
| | | |
| Other Current Assets | | |
| Accounts Receivable | 7,583.48 | 11,012.96 |
| Prepaid Expenses | 29,046.74 | 24,538.82 |
| Grant Receivable-Unrestricted | 248,642.24 | 248,642.24 |
| Inventory | 9,385.07 | 9,385.07 |
| Total Current Assets | 1,080,378.71 | 1,079,887.61 |
| | | |
| Non-Current Assets | | |
| Cash - Board Reserve Fund | | |
| TD Bank-Capital Campaign Checking | 3,717.38 | 6,043.23 |
| TD Bank-Capital Campaign Money Market | 38,086.53 | 12,387.23 |
| Sub-Total Cash - Board Reserve Fund | 41,803.91 | 18,430.46 |
| | | |
| Investments | | |
| Merrill Lynch-CD | 201,262.34 | 513,029.84 |
| Boys, Arnold & Co | 1,774,392.85 | 1,911,032.52 |
| Sub-Total Investments | 1,975,655.19 | 2,424,062.36 |
| | | |
| Property and Equipment | | |
| Improvement-Infrastructure | 5,261,136.59 | 5,261,136.59 |
| Computers | 1,729.91 | 1,729.91 |
| Equipment | 240,775.07 | 254,096.57 |
| Furniture | 11,792.82 | 11,792.82 |
| Exhibits | 78,684.68 | 78,684.68 |
| Discovery Lab | 306,648.18 | 306,648.18 |
| Construction in Progress | 361,979.18 | 361,979.18 |
| Acc Depr-Imprv Infrastructure | (1,941,646.31) | (1,941,646.31) |
| Acc Depr-Computers | (1,729.91) | (1,729.91) |
| Acc Depr Equipment | (218,032.91) | (218,032.91) |
| Acc Depr-Furniture | (11,792.82) | (11,792.82) |
| Acc Depr-Exhibits | (20,894.69) | (20,894.69) |
| Acc. Depr-Website | - | - |
| Sub-Total Property & Equipment, Net | 4,068,649.79 | 4,081,971.29 |
| | | |
| Total Non-Current Assets | 6,086,108.89 | 6,524,464.11 |
| | | |
| TOTAL ASSETS | 7,166,487.60 | 7,604,351.72 |

**Coastal Discovery Museum
Balance Sheet
As of June 30, 2023**

| | FY2022 June 30, 2022 Audited | FY2023 Unaudited |
|---------------------------------------|---|-----------------------------|
| | | |
| LIABILITIES & EQUITY | | |
| Liabilities | | |
| Current Liabilities | | |
| Accounts Payable | (21,144.03) | (30,142.37) |
| Accrued Salary | (55,000.00) | (14,648.66) |
| Accrued Vacation | (60,950.68) | (60,950.68) |
| Due to SC Commission-Sales Taxes | (1,883.95) | (1,513.10) |
| Total Current Liabilities | (138,978.66) | (107,254.81) |
| Fund Balance | | |
| Fund Balance | (1,207,980.24) | (1,207,980.24) |
| Fund Balance-Bldg | (25,688.00) | (25,688.00) |
| Fund Balance-Unreserved | (5,579,374.09) | (5,793,840.70) |
| Revenue Control | (1,935,353.26) | (2,210,663.45) |
| Expenditure Control | 1,720,886.65 | 1,741,075.48 |
| Total Fund Balance | (7,027,508.94) | (7,497,096.91) |
| TOTAL LIABILITIES & EQUITY | (7,166,487.60) | (7,604,351.72) |

**COASTAL DISCOVERY MUSEUM
INCOME & EXPENSE STATEMENT
FOR THE PERIOD ENDING JULY 2024**

| | Budget July 2024 | Actual July 2024 | YTD Budget FY2025 | YTD Actual FY2025 | YTD Variance | % of Budget |
|--|------------------------|------------------------|----------------------|----------------------|--------------------|----------------|
| Ordinary Income/Expense | | | | | | |
| Income: | | | | | | |
| Restricted - Grants: | | | | | | |
| Accommodations Tax | - | 45,781.62 | - | 45,781.62 | 45,781.62 | 0.00% |
| Beaufort ATAX | - | - | - | - | - | 0.00% |
| Other grants | 16,600.00 | - | 16,600.00 | - | (16,600.00) | 0.00% |
| Property Rental | 16,500.00 | 670.00 | 16,500.00 | 670.00 | (15,830.00) | 4.06% |
| Onsite Donations | 5,360.00 | 4,747.26 | 5,360.00 | 4,747.26 | (612.74) | 88.57% |
| Miscellaneous | 3,320.00 | 2,854.07 | 3,320.00 | 2,854.07 | (465.93) | 85.97% |
| Management Fee | - | - | - | - | - | 0.00% |
| Temporary Exhibit Displays | - | 8,530.00 | - | 8,530.00 | 8,530.00 | 0.00% |
| Museum Store | 22,500.00 | 20,746.68 | 22,500.00 | 20,746.68 | (1,753.32) | 92.21% |
| Museum Programs | 29,400.00 | 43,915.48 | 29,400.00 | 43,915.48 | 14,515.48 | 149.37% |
| Special Events/Benefits | - | 1,505.00 | - | 1,505.00 | 1,505.00 | 0.00% |
| Membership | 1,800.00 | 300.00 | 1,800.00 | 300.00 | (1,500.00) | 16.67% |
| Unrestricted | 17,500.00 | 21,152.65 | 17,500.00 | 21,152.65 | 3,652.65 | 120.87% |
| Total Income | 112,980.00 | 150,202.76 | 112,980.00 | 150,202.76 | 37,222.76 | 132.95% |
| Expenses: | | | | | | |
| Personnel | 107,001.20 | 81,932.89 | 107,001.20 | 81,932.89 | (25,068.31) | 76.57% |
| Miscellaneous Operating | 4,000.00 | 9,963.59 | 4,000.00 | 9,963.59 | 5,963.59 | 249.09% |
| Property Rental | 837.00 | 500.00 | 837.00 | 500.00 | (337.00) | 59.74% |
| Miscellaneous Expenses | 100.00 | - | 100.00 | - | (100.00) | 0.00% |
| Temporary Exhibit Displays | 400.00 | 3,580.73 | 400.00 | 3,580.73 | 3,180.73 | 895.18% |
| Permanent Exhibits/Panels | 1,255.50 | 425.00 | 1,255.50 | 425.00 | (830.50) | 33.85% |
| Animal and Plant supplies | 1,339.20 | 758.43 | 1,339.20 | 758.43 | (580.77) | 56.63% |
| Museum Store | 9,800.00 | 9,867.44 | 9,800.00 | 9,867.44 | 67.44 | 100.69% |
| Museum Programs | 9,800.00 | 2,450.27 | 9,800.00 | 2,450.27 | (7,349.73) | 25.00% |
| Marketing | 10,500.00 | 2,276.18 | 10,500.00 | 2,276.18 | (8,223.82) | 21.68% |
| Honey Horn | 8,370.00 | 4,916.61 | 8,370.00 | 4,916.61 | (3,453.39) | 58.74% |
| Membership | 502.20 | 56.00 | 502.20 | 56.00 | (446.20) | 11.15% |
| Unrestricted (Development) | 1,339.20 | - | 1,339.20 | - | (1,339.20) | 0.00% |
| Total Expenses | 155,244.30 | 116,727.14 | 155,244.30 | 116,727.14 | (38,517.16) | 75.19% |
| Net Ordinary Income (Loss) | (42,264.30) | 33,475.62 | (42,264.30) | 33,475.62 | 75,739.92 | |
| Other Income/Expense | | | | | | |
| Income: | | | | | | |
| Capital Campaign Income | - | 30,308.75 | - | 30,308.75 | 30,308.75 | 0.00% |
| Int-Cap Camp | - | 241.80 | - | 241.80 | 241.80 | 0.00% |
| Int-Sale of Bldg Proceeds | - | - | - | - | - | 0.00% |
| Dividend Income-Boys, Arnold & Co | - | 5,618.41 | - | 5,618.41 | 5,618.41 | 0.00% |
| Unrealized Gains(Losses)-Boys, Arnold & Co | - | 30,344.32 | - | 30,344.32 | 30,344.32 | 0.00% |
| Realized Gains(Losses)-Boys, Arnold & Co | - | - | - | - | - | 0.00% |
| ATAX Grant-Hay Barn | - | 4,800.00 | - | 4,800.00 | 4,800.00 | 0.00% |
| Maintenance Grant | - | - | - | - | - | 0.00% |
| Total Other Income | - | 71,313.28 | - | 71,313.28 | 71,313.28 | |
| Expenses: | | | | | | |
| Capital Campaign Expenses | - | - | - | - | - | 0.00% |
| Professional Fees | - | - | - | - | - | 0.00% |
| Sale of Bldg Exps | - | - | - | - | - | 0.00% |
| Expense transfer-Op Acct | - | - | - | - | - | 0.00% |
| Transaction Costs/Mgmt Fees-Boys, Arnold & Co | - | 4,240.00 | - | 4,240.00 | 4,240.00 | 0.00% |
| ATAX-Honey Horn (Hay Barn) | - | 10,909.02 | - | 10,909.02 | 10,909.02 | 0.00% |
| Infrastructure Grant Expenses | - | - | - | - | - | 0.00% |
| Total Other Expenses | - | 15,149.02 | - | 15,149.02 | 15,149.02 | |
| Net Other Income/Expense | - | 56,164.26 | - | 56,164.26 | 56,164.26 | |
| Restricted Revenue-Donations | | | | | | |
| Income: | | | | | | |
| Donation-Butterfly Enclosure | - | - | - | - | - | |
| Total Restricted Revenue-Donations | - | - | - | - | - | |
| Expenses: | | | | | | |
| Butterfly Enclosure | - | - | - | - | - | |
| Total Restricted Expenses-Donations | - | - | - | - | - | |
| Net Restricted Revenue-Donations/Restricted Exp | - | - | - | - | - | |
| Net Income (Loss) | (42,264.30) | 89,639.88 | (42,264.30) | 89,639.88 | 131,904.18 | |

**COASTAL DISCOVERY MUSEUM
INCOME & EXPENSE STATEMENT
FOR THE PERIOD ENDING JUNE 2024**

| | Budget July 2023 | Actual July 2023 | Budget August 2023 | Actual August 2023 | Budget September 2023 | Actual September 2023 | Budget October 2023 | Actual October 2023 | Budget November 2023 | Actual November 2023 | Budget December 2023 | Actual December 2023 |
|--|------------------------|------------------------|--------------------------|--------------------------|-----------------------------|-----------------------------|---------------------------|---------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Ordinary Income/Expense | | | | | | | | | | | | |
| Income: | | | | | | | | | | | | |
| Restricted - Grants: | | | | | | | | | | | | |
| Accommodations Tax | 27,200.00 | - | 30,600.00 | 48,931.72 | 40,800.00 | 37,600.16 | 34,000.00 | 29,635.34 | 20,400.00 | 22,907.64 | 13,600.00 | 4,958.46 |
| Beaufort ATAX | - | - | - | - | - | - | - | - | - | - | - | - |
| Other grants | 10,375.00 | - | 10,375.00 | - | 10,500.00 | - | 10,375.00 | - | 10,375.00 | 1,785.00 | 10,500.00 | 40,000.00 |
| Property Rental | 6,000.00 | 27,290.00 | 12,000.00 | 16,600.00 | 16,800.00 | 21,490.00 | 12,000.00 | 11,485.00 | 6,000.00 | 2,540.00 | 4,800.00 | 7,705.00 |
| Onsite Donations | 5,200.00 | 4,733.04 | 5,200.00 | 5,527.27 | 4,550.00 | 5,180.50 | 5,850.00 | 6,239.75 | 5,200.00 | 5,310.04 | 3,900.00 | 3,926.56 |
| Miscellaneous | 1,411.00 | 2,663.93 | 1,411.00 | 3,218.99 | 1,428.00 | 3,275.59 | 1,411.00 | 3,486.42 | 1,411.00 | 3,815.61 | 1,428.00 | 4,013.63 |
| Management Fee | - | - | - | - | 25,500.00 | 25,608.00 | - | - | - | - | 25,500.00 | 25,608.00 |
| Temporary Exhibit Displays | 750.00 | - | 1,650.00 | - | 1,500.00 | - | 750.00 | - | 3,000.00 | - | 1,500.00 | - |
| Museum Store | 22,500.00 | 22,841.83 | 22,500.00 | 19,146.55 | 17,500.00 | 28,114.06 | 20,000.00 | 17,585.56 | 22,500.00 | 23,897.11 | 20,000.00 | 13,938.11 |
| Museum Programs | 27,300.00 | 29,121.71 | 23,400.00 | 26,499.63 | 11,700.00 | 10,873.11 | 13,650.00 | 15,108.85 | 9,750.00 | 9,386.30 | 11,700.00 | 15,032.70 |
| Special Events/Benefits | - | 1,045.00 | 1,200.00 | 1,310.00 | - | 1,250.00 | 600.00 | 2,395.00 | - | 1,490.00 | 1,200.00 | 2,310.00 |
| Membership | 3,780.00 | 3,250.00 | 3,735.00 | 7,350.00 | 3,735.00 | 850.00 | 3,780.00 | 2,900.00 | 3,735.00 | 1,700.00 | 3,735.00 | 3,750.00 |
| Unrestricted | 12,000.00 | 30,365.08 | 12,000.00 | 11,725.00 | 12,000.00 | 27,905.00 | 48,000.00 | 13,535.00 | 24,000.00 | 38,200.00 | 48,000.00 | 81,972.00 |
| Total Income | 116,516.00 | 121,310.59 | 124,071.00 | 140,309.16 | 146,013.00 | 162,146.42 | 150,416.00 | 102,370.92 | 106,371.00 | 111,031.70 | 145,863.00 | 203,214.46 |
| Expenses: | | | | | | | | | | | | |
| Personnel | 77,056.00 | 87,645.29 | 77,056.00 | 70,632.07 | 77,056.00 | 65,762.49 | 71,680.00 | 75,774.96 | 71,680.00 | 65,187.11 | 71,680.00 | 81,328.01 |
| Miscellaneous Operating | 6,400.00 | 4,889.95 | 11,200.00 | 3,821.35 | 11,200.00 | 9,077.09 | 11,200.00 | 15,198.27 | 11,200.00 | 7,475.26 | 17,600.00 | 3,975.95 |
| Property Rental | 670.00 | 1,000.00 | 666.40 | 500.00 | 666.40 | 500.00 | 666.40 | 1,500.00 | 666.40 | 1,000.00 | 666.40 | - |
| Miscellaneous Expenses | 175.00 | 59.14 | 175.00 | - | 175.00 | 100.78 | 525.00 | 80.68 | 525.00 | 149.80 | 175.00 | - |
| Temporary Exhibit Displays | 500.00 | 2,085.65 | 2,500.00 | 3,750.00 | 15,000.00 | 2,623.37 | 2,000.00 | 9,246.85 | 2,000.00 | 2,858.26 | 5,000.00 | (599.93) |
| Permanent Exhibits/Panels | 1,256.00 | 149.00 | 1,249.50 | - | 1,249.50 | 773.16 | 1,249.50 | 6,450.00 | 1,249.50 | - | 1,249.50 | - |
| Animal and Plant supplies | 1,674.00 | 3,037.67 | 1,666.00 | 465.65 | 1,666.00 | 4,247.79 | 1,666.00 | 3,762.65 | 1,666.00 | 275.92 | 1,666.00 | 2,540.00 |
| Museum Store | 10,150.00 | 10,544.33 | 14,500.00 | 11,913.10 | 10,150.00 | 5,752.37 | 10,150.00 | 26,055.84 | 10,150.00 | 16,484.07 | 15,950.00 | 4,320.95 |
| Museum Programs | 9,800.00 | 6,898.79 | 8,400.00 | 10,037.04 | 4,200.00 | 8,349.78 | 4,900.00 | 11,191.86 | 3,500.00 | 2,281.75 | 4,200.00 | 4,022.64 |
| Special Events/Benefits | - | - | - | - | - | 152.31 | 4,000.00 | 107.67 | 100.00 | - | 100.00 | 477.00 |
| Marketing | 6,570.00 | 7,329.92 | 6,570.00 | 4,115.47 | 6,660.00 | 6,277.90 | 10,170.00 | 11,158.92 | 6,570.00 | 5,257.32 | 6,660.00 | 6,290.64 |
| Honey Horn | 10,044.00 | 8,052.95 | 9,996.00 | 5,738.59 | 9,996.00 | 4,704.60 | 9,996.00 | 8,573.06 | 9,996.00 | 8,221.65 | 9,996.00 | 7,563.61 |
| Membership | 209.00 | 224.00 | 208.25 | - | 208.25 | 3,046.15 | 208.25 | 220.52 | 208.25 | 208.25 | 208.25 | 112.00 |
| Unrestricted (Development) | 670.00 | - | 666.40 | - | 666.40 | 283.59 | 666.40 | - | 666.40 | 4,615.78 | 666.40 | 3,761.05 |
| Restricted Grants | 837.00 | - | 833.00 | - | 833.00 | - | 833.00 | - | 833.00 | - | 833.00 | - |
| Total Expenses | 126,011.00 | 131,916.69 | 135,686.55 | 101,973.27 | 139,726.55 | 111,651.38 | 129,910.55 | 169,321.28 | 121,010.55 | 113,806.92 | 136,650.55 | 113,791.92 |
| Net Ordinary Income (Loss) | (9,495.00) | (10,606.10) | (11,615.55) | 38,335.89 | 6,286.45 | 50,495.04 | 20,505.45 | (66,950.36) | (14,639.55) | (2,775.22) | 9,212.45 | 89,422.54 |
| | Budget July 2023 | Actual July 2023 | Budget August 2023 | Actual August 2023 | Budget September 2023 | Actual September 2023 | Budget October 2023 | Actual October 2023 | Budget November 2023 | Actual November 2023 | Budget December 2023 | Actual December 2023 |
| Other Income/Expense | | | | | | | | | | | | |
| Income: | | | | | | | | | | | | |
| Capital Campaign Income | - | - | - | - | - | - | - | - | - | - | - | - |
| Int-Cap Camp | - | 225.11 | - | 225.34 | - | 210.91 | - | 232.95 | - | 136.73 | - | 108.24 |
| Int-Sale of Bldg Proceeds | - | - | - | - | - | - | - | - | - | - | - | - |
| Dividend Income-Boys, Arnold & Co | - | 4,520.24 | - | 4,045.96 | - | 5,829.30 | - | 6,226.93 | - | 4,029.88 | - | 9,752.51 |
| Unrealized Gains(Losses)-Boys, Arnold & Co | - | 41,896.04 | - | (21,781.02) | - | (49,071.55) | - | (33,906.03) | - | 73,038.89 | - | 51,806.35 |
| Realized Gains(Losses)-Boys, Arnold & Co | - | - | - | - | - | - | - | - | - | - | - | 2,618.32 |
| ATAX Grant-Hay Barn | - | 432,263.55 | - | - | - | 52,219.08 | - | - | - | 122,912.73 | - | 100,000.00 |
| Maintenance Grant | - | 8,400.00 | - | 2,585.25 | - | 4,626.10 | - | - | - | - | - | - |
| Total Other Income | - | 487,304.94 | - | (14,924.47) | - | 13,813.84 | - | (27,446.15) | - | 200,118.23 | - | 164,285.42 |
| Expenses: | | | | | | | | | | | | |
| Capital Campaign Expenses | - | - | - | - | - | - | - | - | - | - | - | - |
| Professional Fees | - | - | - | - | - | - | - | - | - | - | - | - |
| Sale of Bldg Exps | - | - | - | - | - | - | - | - | - | - | - | - |
| Expense transfer-Op Acct | - | - | - | - | - | - | - | 2,000.00 | - | 424.80 | - | - |
| Transaction Costs/Mgmt Fees-Boys, Arnold & C | - | 3,787.00 | - | - | - | 0.88 | - | 3,756.00 | - | - | - | 0.90 |
| ATAX-Honey Horn (Hay Barn) | - | - | - | 3,610.00 | - | - | - | 241,117.14 | - | - | - | 337,071.77 |
| Infrastructure Grant Expenses | - | - | - | 4,045.10 | - | 2,150.00 | - | - | - | - | - | - |
| Total Other Expenses | - | 3,787.00 | - | 7,655.10 | - | 2,150.88 | - | 246,873.14 | - | 424.80 | - | 337,072.67 |
| Net Other Income/Expense | - | 483,517.94 | - | (22,579.57) | - | 11,662.96 | - | (274,319.29) | - | 199,693.43 | - | (172,787.25) |
| Restricted Revenue-Donations | | | | | | | | | | | | |
| Income: | | | | | | | | | | | | |
| Donation-Butterfly Enclosure | - | - | - | - | - | - | - | - | - | - | - | - |
| Total Restricted Revenue-Donations | - | - | - | - | - | - | - | - | - | - | - | - |
| Expenses: | | | | | | | | | | | | |
| Butterfly Enclosure | - | - | - | - | - | - | - | - | - | - | - | - |
| Total Restricted Expenses-Donations | - | - | - | - | - | - | - | - | - | - | - | - |
| Net Restricted Revenue-Donations/Restricted | - | - | - | - | - | - | - | - | - | - | - | - |
| Net Income (Loss) | (9,495.00) | 472,911.84 | (11,615.55) | 15,756.32 | 6,286.45 | 62,158.00 | 20,505.45 | (341,269.65) | (14,639.55) | 196,918.21 | 9,212.45 | (83,364.71) |

COASTAL DISCOVERY MUSEUM
INCOME & EXPENSE STATEMENT
FOR THE PERIOD ENDING JUNE 2024

| | Budget January 2024 | Actual January 2024 | Budget February 2024 | Actual February 2024 | Budget March 2024 | Actual March 2024 | Budget April 2024 | Actual April 2024 | Budget May 2024 | Actual May 2024 | Budget June 2024 | Actual June 2024 | YTD Budget FY2024 | YTD Actual FY2024 | YTD Variance | % of Budget |
|--|---------------------------|---------------------------|----------------------------|----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-----------------------|-----------------------|------------------------|------------------------|----------------------|----------------------|---------------------|----------------|
| Ordinary Income/Expense | | | | | | | | | | | | | | | | |
| Income: | | | | | | | | | | | | | | | | |
| Restricted - Grants: | | | | | | | | | | | | | | | | |
| Accommodations Tax | 30,600.00 | - | 37,400.00 | 35,088.32 | 30,600.00 | 54,634.39 | 27,200.00 | 69,338.77 | 23,800.00 | 40,577.43 | 23,800.00 | 64,773.80 | 340,000.00 | 408,446.03 | 68,446.03 | 120.13% |
| Beaufort ATAX | - | - | 34,000.00 | - | - | - | - | 18,000.00 | - | - | - | - | 34,000.00 | 18,000.00 | (16,000.00) | 52.94% |
| Other grants | 10,375.00 | - | 10,375.00 | - | 10,375.00 | - | 10,375.00 | 80,000.00 | 10,500.00 | - | 10,500.00 | 45,000.00 | 125,000.00 | 166,785.00 | 41,785.00 | 133.43% |
| Property Rental | 12,000.00 | 15,960.00 | 6,000.00 | 4,950.00 | 7,200.00 | 3,805.00 | 14,400.00 | 8,490.00 | 16,800.00 | 7,670.00 | 6,000.00 | 12,895.00 | 120,000.00 | 140,880.00 | 20,880.00 | 117.40% |
| Onsite Donations | 5,200.00 | 4,073.84 | 5,850.00 | 6,567.25 | 6,500.00 | 8,689.89 | 6,500.00 | 6,617.69 | 5,850.00 | 5,974.52 | 5,200.00 | 4,983.13 | 65,000.00 | 67,823.48 | 2,823.48 | 104.34% |
| Miscellaneous | 1,411.00 | 3,543.74 | 1,411.00 | 2,940.69 | 1,411.00 | 2,622.85 | 1,411.00 | 2,411.62 | 1,428.00 | 3,331.78 | - | 3,081.63 | 17,000.00 | 38,406.48 | 21,406.48 | 225.92% |
| Management Fee | - | 700.00 | - | 350.00 | - | 25,608.00 | - | - | - | - | 25,500.00 | 25,608.00 | 102,000.00 | 102,432.00 | 432.00 | 100.42% |
| Temporary Exhibit Displays | - | - | 1,500.00 | - | - | - | - | - | 1,950.00 | 725.00 | - | - | 15,000.00 | 3,480.00 | (11,520.00) | 23.20% |
| Museum Store | 12,500.00 | 10,034.82 | 17,500.00 | 16,415.45 | 27,500.00 | 43,154.45 | 25,000.00 | 20,432.52 | 22,500.00 | 20,582.05 | 20,000.00 | 19,947.21 | 250,000.00 | 256,089.72 | 6,089.72 | 102.44% |
| Museum Programs | 9,750.00 | 20,354.78 | 9,750.00 | 13,126.72 | 13,650.00 | 30,116.74 | 19,500.00 | 22,539.37 | 13,650.00 | 17,306.69 | 31,200.00 | 57,393.57 | 195,000.00 | 266,860.17 | 71,860.17 | 136.85% |
| Special Events/Benefits | 3,600.00 | 16,025.00 | 27,000.00 | 19,023.00 | 3,600.00 | 10,065.00 | 22,200.00 | 19,446.00 | 600.00 | 2,000.00 | - | 8,430.00 | 60,000.00 | 84,789.00 | 24,789.00 | 141.32% |
| Membership | 3,780.00 | 200.00 | 3,735.00 | 1,500.00 | 3,735.00 | 2,000.00 | 3,735.00 | 11,550.00 | 3,735.00 | 6,300.00 | 3,780.00 | 1,650.00 | 45,000.00 | 43,000.00 | (2,000.00) | 95.56% |
| Unrestricted | 24,000.00 | 15,610.00 | 12,000.00 | 45,341.80 | 12,000.00 | 2,875.00 | 12,000.00 | 11,871.00 | 12,000.00 | 6,430.00 | - | 12,000.00 | 240,000.00 | 288,766.98 | 48,766.98 | 120.32% |
| Total Income | 113,216.00 | 86,502.18 | 166,521.00 | 145,303.23 | 142,071.00 | 183,571.32 | 142,321.00 | 270,696.97 | 112,813.00 | 110,897.47 | 141,808.00 | 248,404.44 | 1,608,000.00 | 1,885,758.86 | 277,758.86 | 117.27% |
| Expenses: | | | | | | | | | | | | | | | | |
| Personnel | 71,680.00 | 66,359.59 | 71,680.00 | 76,643.54 | 71,680.00 | 71,148.67 | 77,056.00 | 70,783.26 | 77,056.00 | 101,383.02 | 80,640.00 | 86,241.45 | 896,000.00 | 918,889.46 | 22,889.46 | 102.55% |
| Miscellaneous Operating | 22,400.00 | 6,688.71 | 24,000.00 | 13,656.20 | 11,200.00 | 30,483.65 | 11,200.00 | 7,126.50 | 11,200.00 | 5,120.98 | 11,200.00 | 6,644.71 | 160,000.00 | 114,158.62 | (45,841.38) | 71.35% |
| Property Rental | 666.40 | 250.00 | 666.40 | (250.00) | 666.40 | 1,000.00 | 666.40 | 4,250.00 | 666.40 | 3,500.00 | 666.40 | 1,000.00 | 8,000.40 | 14,250.00 | 6,249.60 | 178.12% |
| Miscellaneous Expenses | 175.00 | 77.62 | 525.00 | - | 525.00 | - | 175.00 | 9.63 | 175.00 | 207.29 | 175.00 | 21.87 | 3,500.00 | 706.81 | (2,793.19) | 20.19% |
| Temporary Exhibit Displays | 500.00 | 73.51 | 20,000.00 | 300.00 | 500.00 | - | 500.00 | 1,702.10 | 500.00 | 15,284.86 | 1,000.00 | 3,632.60 | 50,000.00 | 40,957.27 | (9,042.73) | 81.91% |
| Permanent Exhibits/Panels | 1,249.50 | - | 1,249.50 | - | 1,249.50 | - | 1,249.50 | 450.00 | 1,249.50 | 5,450.00 | 1,249.50 | 225.00 | 15,000.00 | 13,497.16 | (1,502.84) | 89.98% |
| Animal and Plant supplies | 1,666.00 | 3,380.48 | 1,666.00 | 2,529.37 | 1,666.00 | 3,503.60 | 1,666.00 | 3,966.05 | 1,666.00 | 2,896.40 | 1,666.00 | 3,717.66 | 20,000.00 | 34,323.24 | 14,323.24 | 171.62% |
| Museum Store | 8,700.00 | 5,355.47 | 14,500.00 | 8,214.29 | 10,150.00 | 17,554.04 | 14,500.00 | 20,013.86 | 13,050.00 | 12,013.36 | 13,050.00 | 8,524.42 | 145,000.00 | 146,746.10 | 1,746.10 | 101.20% |
| Museum Programs | 3,500.00 | 5,853.02 | 3,500.00 | 10,410.85 | 4,900.00 | 3,819.49 | 7,000.00 | 16,385.74 | 4,900.00 | 6,621.45 | 11,200.00 | 21,946.69 | 60,000.00 | 98,819.10 | 38,819.10 | 164.70% |
| Special Events/Benefits | 200.00 | 2,399.28 | 1,500.00 | 11,968.50 | 2,500.00 | 602.18 | - | 6,755.35 | - | 2,241.97 | 1,600.00 | 2,111.26 | 10,000.00 | 26,815.52 | 16,815.52 | 268.16% |
| Marketing | 6,570.00 | 10,873.92 | 10,170.00 | 13,591.61 | 6,570.00 | 10,937.40 | 6,570.00 | 6,790.09 | 6,660.00 | 8,009.94 | 10,260.00 | 7,670.43 | 90,000.00 | 98,303.56 | 8,303.56 | 109.23% |
| Honey Horn | 9,996.00 | 6,188.86 | 9,996.00 | 11,921.49 | 9,996.00 | 4,159.22 | 9,996.00 | 8,331.70 | 9,996.00 | 4,249.86 | 9,996.00 | 41,007.26 | 120,000.00 | 118,712.85 | (1,287.15) | 98.93% |
| Membership | 208.25 | - | 208.25 | - | 208.25 | 154.00 | 208.25 | - | 208.25 | - | 208.25 | 476.00 | 2,499.75 | 4,232.67 | 1,732.92 | 169.32% |
| Unrestricted (Development) | 666.40 | - | 666.40 | 74.90 | 666.40 | - | 666.40 | - | 666.40 | 1,489.72 | 666.40 | - | 8,000.40 | 10,225.04 | 2,224.64 | 127.81% |
| Restricted Grants | 833.00 | - | 833.00 | - | 833.00 | - | 833.00 | - | 833.00 | - | 833.00 | - | 10,000.00 | - | (10,000.00) | 0.00% |
| Total Expenses | 129,010.55 | 107,500.46 | 161,160.55 | 149,060.75 | 123,310.55 | 143,362.25 | 132,286.55 | 146,564.28 | 128,826.55 | 168,468.85 | 144,410.55 | 183,219.35 | 1,608,001.05 | 1,640,637.40 | 32,636.35 | 102.03% |
| Net Ordinary Income (Loss) | (15,794.55) | (20,998.28) | 5,360.45 | (3,757.52) | 18,760.45 | 40,209.07 | 10,034.45 | 124,132.69 | (16,013.55) | (57,571.38) | (2,602.55) | 65,185.09 | (1.05) | 245,121.46 | 245,122.51 | |
| Other Income/Expense | | | | | | | | | | | | | | | | |
| Income: | | | | | | | | | | | | | | | | |
| Capital Campaign Income | - | - | - | 2,157.00 | - | - | - | 300.00 | - | - | - | - | - | 2,457.00 | 2,457.00 | 0.00% |
| Int-Cap Camp | - | 123.24 | - | 108.45 | - | 108.59 | - | 151.93 | - | 226.72 | - | 205.02 | - | 2,063.23 | 2,063.23 | 0.00% |
| Int-Sale of Bldg Proceeds | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 0.00% |
| Dividend Income-Boys, Arnold & Co | - | 3,722.45 | - | 3,950.63 | - | 7,756.80 | - | 4,174.91 | - | 4,308.16 | - | 7,795.04 | - | 66,112.81 | 66,112.81 | 0.00% |
| Unrealized Gains(Losses)-Boys, Arnold & Co | - | 13,005.29 | - | 47,934.87 | - | 60,231.89 | - | (42,727.20) | - | 60,269.17 | - | 60,269.17 | - | 200,696.70 | 200,696.70 | 0.00% |
| Realized Gains(Losses)-Boys, Arnold & Co | - | - | - | - | - | - | - | - | - | - | - | 14,398.11 | - | 17,016.43 | 17,016.43 | 0.00% |
| ATAX-Grant-Hay Barn | - | 320,218.19 | - | - | - | - | - | - | - | - | - | - | - | 1,027,613.55 | 1,027,613.55 | 0.00% |
| Maintenance Grant | - | - | - | - | - | - | - | - | - | - | - | - | - | 15,611.35 | 15,611.35 | 0.00% |
| Total Other Income | - | 337,069.17 | - | 54,150.95 | - | 68,097.28 | - | (38,100.36) | - | 64,804.05 | - | 22,398.17 | - | 1,331,571.07 | 1,331,571.07 | |
| Expenses: | | | | | | | | | | | | | | | | |
| Capital Campaign Expenses | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 0.00% |
| Professional Fees | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 0.00% |
| Sale of Bldg Exps | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 0.00% |
| Expense transfer-Op Acct | - | - | - | - | - | - | - | - | - | - | - | - | - | 2,424.80 | 2,424.80 | 0.00% |
| Transaction Costs/Mgmt Fees-Boys, Arnold & C | - | 3,942.00 | - | - | - | 0.93 | - | 4,166.00 | - | - | - | 0.93 | - | 15,654.64 | 15,654.64 | 0.00% |
| ATAX-Honey Horn (Hay Barn) | - | - | - | - | - | - | - | - | - | - | - | - | - | 581,798.91 | 581,798.91 | 0.00% |
| Infrastructure Grant Expenses | - | - | - | - | - | - | - | - | - | - | - | - | - | 6,195.10 | 6,195.10 | 0.00% |
| Total Other Expenses | - | 3,942.00 | - | - | - | 0.93 | - | 4,166.00 | - | - | - | 0.93 | - | 606,073.45 | 606,073.45 | |
| Net Other Income/Expense | - | 333,127.17 | - | 54,150.95 | - | 68,096.35 | - | (42,266.36) | - | 64,804.05 | - | 22,397.24 | - | 725,497.62 | 725,497.62 | |
| Restricted Revenue-Donations | | | | | | | | | | | | | | | | |
| Income: | | | | | | | | | | | | | | | | |
| Donation-Butterfly Enclosure | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Total Restricted Revenue-Donations | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Expenses: | | | | | | | | | | | | | | | | |
| Butterfly Enclosure | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Total Restricted Expenses-Donations | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Net Restricted Revenue-Donations/Restricted | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Net Income (Loss) | (15,794.55) | 312,128.89 | 5,360.45 | 50,393.43 | 18,760.45 | 108,305.42 | 10,034.45 | 81,866.33 | (16,013.55) | 7,232.67 | (2,602.55) | 87,582.33 | (1.05) | 970,619.08 | 970,620.13 | |

**COASTAL DISCOVERY MUSEUM
INCOME & EXPENSE STATEMENT
FOR THE PERIOD ENDING JUNE 2023**

| | Budget July 2022 | Actual July 2022 | Budget August 2022 | Actual August 2022 | Budget September 2022 | Actual September 2022 | Budget October 2022 | Actual October 2022 |
|--|------------------------|------------------------|--------------------------|--------------------------|-----------------------------|-----------------------------|---------------------------|---------------------------|
| Ordinary Income/Expense | | | | | | | | |
| Income: | | | | | | | | |
| Restricted - Grants: | | | | | | | | |
| Accommodations Tax | 26,000.00 | 69,579.16 | 29,250.00 | 30,380.99 | 39,000.00 | - | 32,500.00 | - |
| Beaufort ATAX | - | - | - | - | - | - | - | - |
| Other grants | 16,600.00 | - | 16,600.00 | - | 16,800.00 | - | 16,600.00 | 25,000.00 |
| Property Rental | 5,500.00 | 6,800.00 | 15,400.00 | 2,800.00 | 11,000.00 | 16,535.00 | 11,000.00 | 9,130.00 |
| Onsite Donations | 5,600.00 | 3,342.65 | 5,600.00 | 7,670.78 | 4,900.00 | 5,001.25 | 6,300.00 | 5,295.88 |
| Miscellaneous | 10.00 | 742.57 | 10.00 | 577.72 | 10.00 | 750.17 | 20.00 | 938.36 |
| Management Fee | - | - | - | - | 23,193.75 | 23,193.75 | - | - |
| Temporary Exhibit Displays | 500.00 | - | 2,100.00 | - | 1,600.00 | 7,780.00 | 500.00 | 6,925.00 |
| Museum Store | 22,500.00 | 26,446.90 | 22,500.00 | 24,176.81 | 17,500.00 | 25,925.01 | 20,000.00 | 19,848.34 |
| Museum Programs | 23,100.00 | 26,334.27 | 19,800.00 | 20,135.30 | 9,900.00 | 9,733.60 | 11,550.00 | 11,281.82 |
| Special Events/Benefits | - | 1,160.00 | 1,200.00 | 1,920.00 | - | 1,460.00 | 600.00 | 1,653.00 |
| Membership | 4,620.00 | 1,050.00 | 4,565.00 | 2,450.00 | 4,565.00 | 1,600.00 | 4,620.00 | 700.00 |
| Unrestricted | 12,500.00 | 2,277.18 | 12,500.00 | 7,383.55 | 12,500.00 | 2,064.00 | 50,000.00 | 4,115.28 |
| Total Income | 116,930.00 | 137,732.73 | 129,525.00 | 97,495.15 | 140,968.75 | 94,042.78 | 153,690.00 | 84,887.68 |
| Expenses: | | | | | | | | |
| Personnel | 77,400.00 | 69,743.73 | 77,400.00 | 120,765.44 | 77,400.00 | 89,726.27 | 72,000.00 | 64,386.31 |
| Miscellaneous Operating | 4,800.00 | 4,095.72 | 8,400.00 | 5,153.67 | 8,400.00 | 8,521.45 | 8,400.00 | 13,926.64 |
| Property Rental | 920.70 | - | 916.30 | - | 916.30 | - | 916.30 | - |
| Miscellaneous Expenses | 50.00 | - | 50.00 | 357.61 | 50.00 | 75.00 | 150.00 | 42.64 |
| Temporary Exhibit Displays | 400.00 | - | 2,000.00 | 1,671.71 | 12,000.00 | 709.75 | 1,600.00 | 1,372.41 |
| Permanent Exhibits/Panels | 418.50 | - | 416.50 | - | 416.50 | - | 416.50 | 1,350.00 |
| Animal and Plant supplies | 1,674.00 | 373.41 | 1,666.00 | 1,416.92 | 1,666.00 | 982.76 | 1,666.00 | 2,784.50 |
| Museum Store | 10,150.00 | 6,347.03 | 14,500.00 | 14,227.73 | 10,150.00 | 16,233.55 | 10,150.00 | 14,232.38 |
| Museum Programs | 10,780.00 | 434.00 | 9,240.00 | 5,883.37 | 4,620.00 | 5,771.85 | 5,390.00 | 6,751.99 |
| Special Events/Benefits | - | 188.68 | - | - | - | - | 6,800.00 | 50.00 |
| Marketing | 21,000.00 | 2,517.25 | 7,000.00 | 9,786.17 | 7,000.00 | 5,729.55 | - | 8,042.64 |
| Honey Horn | 8,878.48 | 5,694.91 | 8,836.05 | 9,574.24 | 8,836.05 | 4,310.03 | 8,836.05 | 8,574.39 |
| Membership | 167.40 | - | 166.60 | 96.00 | 166.60 | - | 166.60 | - |
| Unrestricted (Development) | 669.60 | - | 666.40 | - | 666.40 | - | 666.40 | 233.20 |
| Restricted Grants | 7,362.10 | - | 7,362.10 | - | 7,450.80 | - | 7,362.10 | - |
| Total Expenses | 144,670.78 | 89,394.73 | 138,619.95 | 168,932.86 | 139,738.65 | 132,060.21 | 124,519.95 | 121,747.10 |
| Net Ordinary Income (Loss) | (27,740.78) | 48,338.00 | (9,094.95) | (71,437.71) | 1,230.10 | (38,017.43) | 29,170.05 | (36,859.42) |
| | Budget July 2022 | Actual July 2022 | Budget August 2022 | Actual August 2022 | Budget September 2022 | Actual September 2022 | Budget October 2022 | Actual October 2022 |
| Other Income/Expense | | | | | | | | |
| Income: | | | | | | | | |
| Capital Campaign Income | - | - | - | - | - | - | - | - |
| Int-Cap Camp | - | 121.43 | - | 164.22 | - | 167.06 | - | 172.77 |
| Int-Sale of Bldg Proceeds | - | - | - | - | - | - | - | - |
| Dividend Income-Boys, Arnold & Co | - | 1,148.55 | - | 1,783.44 | - | 6,100.35 | - | 2,198.06 |
| Unrealized Gains(Losses)-Boys, Arnold & Co | - | 61,520.64 | - | (40,107.76) | - | (104,167.96) | - | 74,334.33 |
| Realized Gains(Losses)-Boys, Arnold & Co | - | - | - | - | - | - | - | - |
| ATAX Grant-Hay Barn | - | - | - | - | - | - | - | - |
| Maintenance Grant | - | 51,978.40 | - | - | - | - | - | - |
| Total Other Income | - | 114,769.02 | - | (38,160.10) | - | (97,900.55) | - | 76,705.16 |
| Expenses: | | | | | | | | |
| Capital Campaign Expenses | - | - | - | - | - | - | - | - |
| Professional Fees | - | - | - | - | - | - | - | - |
| Sale of Bldg Exps | - | - | - | - | - | - | - | - |
| Expense transfer-Op Acct | - | - | - | - | - | - | - | - |
| Transaction Costs/Mgmt Fees-Boys, Arnold & Co | - | 3,557.00 | - | - | - | - | - | 3,427.34 |
| ATAX-Honey Horn (Hay Barn) | - | - | - | - | - | - | - | - |
| Infrastructure Grant Expenses | - | - | - | - | - | - | - | - |
| Total Other Expenses | - | 3,557.00 | - | - | - | - | - | 3,427.34 |
| Net Other Income/Expense | - | 111,212.02 | - | (38,160.10) | - | (97,900.55) | - | 73,277.82 |
| Restricted Revenue-Donations | | | | | | | | |
| Income: | | | | | | | | |
| Donation-Butterfly Enclosure | - | - | - | - | - | - | - | - |
| Total Restricted Revenue-Donations | - | - | - | - | - | - | - | - |
| Expenses: | | | | | | | | |
| Butterfly Enclosure | - | - | - | - | - | - | - | - |
| Total Restricted Expenses-Donations | - | - | - | - | - | - | - | - |
| Net Restricted Revenue-Donations/Restricted Exp | - | - | - | - | - | - | - | - |
| Net Income (Loss) | (27,740.78) | 159,550.02 | (9,094.95) | (109,597.81) | 1,230.10 | (135,917.98) | 29,170.05 | 36,418.40 |

**COASTAL DISCOVERY MUSEUM
INCOME & EXPENSE STATEMENT
FOR THE PERIOD ENDING JUNE 2023**

| | Budget November 2022 | Actual November 2022 | Budget December 2022 | Actual December 2022 | Budget January 2023 | Actual January 2023 | Budget February 2023 | Actual February 2023 | Budget March 2023 | Actual March 2023 |
|--|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------|---------------------------|----------------------------|----------------------------|-------------------------|-------------------------|
| Ordinary Income/Expense | | | | | | | | | | |
| Income: | | | | | | | | | | |
| Restricted - Grants: | | | | | | | | | | |
| Accommodations Tax | 19,500.00 | 81,324.19 | 13,000.00 | 11,178.43 | 29,250.00 | - | 35,750.00 | - | 29,250.00 | 77,968.83 |
| Beaufort ATAX | - | - | - | - | - | 35,000.00 | 22,000.00 | (35,000.00) | - | - |
| Other grants | 16,600.00 | 15,000.00 | 16,800.00 | - | 16,600.00 | - | 16,600.00 | 1,000.00 | 16,600.00 | - |
| Property Rental | 11,000.00 | 2,180.00 | 1,100.00 | 13,180.00 | 8,800.00 | 14,660.00 | 5,500.00 | 8,000.00 | 6,600.00 | 6,560.00 |
| Onsite Donations | 5,600.00 | 4,916.15 | 4,200.00 | 3,793.87 | 5,600.00 | 4,152.03 | 6,300.00 | 4,786.65 | 7,000.00 | 7,797.79 |
| Miscellaneous | 300.00 | 1,120.97 | 300.00 | 1,633.55 | 10.00 | 2,195.58 | 10.00 | 2,028.52 | 300.00 | 2,567.50 |
| Management Fee | - | - | 23,193.75 | 23,195.75 | - | - | - | - | 23,193.75 | 23,197.75 |
| Temporary Exhibit Displays | 2,000.00 | 4,250.00 | 1,000.00 | - | 1,300.00 | - | 1,000.00 | - | - | - |
| Museum Store | 22,500.00 | 17,489.06 | 20,000.00 | 15,068.53 | 12,500.00 | 11,498.04 | 17,500.00 | 16,176.20 | 27,500.00 | 23,221.67 |
| Museum Programs | 8,250.00 | 5,384.63 | 9,900.00 | 18,666.70 | 8,250.00 | 2,301.61 | 8,250.00 | 12,514.05 | 11,550.00 | 24,037.99 |
| Special Events/Benefits | - | 1,620.00 | 1,200.00 | 1,805.00 | 3,600.00 | 1,400.00 | 27,000.00 | 13,340.00 | 3,600.00 | 10,355.00 |
| Membership | 4,565.00 | 900.00 | 4,565.00 | 1,850.00 | 4,620.00 | 2,650.00 | 4,565.00 | 950.00 | 4,565.00 | 1,400.00 |
| Unrestricted | 25,000.00 | 42,755.00 | 50,000.00 | 70,121.00 | 25,000.00 | 30,972.76 | 12,500.00 | 40,202.00 | 12,500.00 | 72,848.37 |
| Total Income | 115,315.00 | 176,940.00 | 145,258.75 | 160,492.83 | 115,530.00 | 104,830.02 | 156,975.00 | 63,997.42 | 142,658.75 | 249,954.90 |
| Expenses: | | | | | | | | | | |
| Personnel | 72,000.00 | 2,730.14 | 72,000.00 | 56,826.54 | 72,000.00 | 59,643.20 | 72,000.00 | 53,413.04 | 72,000.00 | 64,156.81 |
| Miscellaneous Operating | 8,400.00 | 14,815.64 | 13,200.00 | 8,182.79 | 16,800.00 | 6,818.73 | 18,000.00 | 19,650.75 | 8,400.00 | 8,191.93 |
| Property Rental | 916.30 | 2,250.00 | 916.30 | 500.00 | 916.30 | - | 916.30 | - | 916.30 | 1,500.00 |
| Miscellaneous Expenses | 150.00 | - | 50.00 | 226.72 | 50.00 | 1,058.53 | 150.00 | 175.00 | 150.00 | - |
| Temporary Exhibit Displays | 1,600.00 | 10,094.14 | 4,000.00 | 375.00 | 400.00 | 3,612.79 | 16,000.00 | 4,255.52 | 400.00 | 10,125.71 |
| Permanent Exhibits/Panels | 416.50 | - | 416.50 | - | 416.50 | - | 416.50 | 4,348.65 | 416.50 | 442.47 |
| Animal and Plant supplies | 1,666.00 | 1,305.58 | 1,666.00 | 1,838.28 | 1,666.00 | 2,319.83 | 1,666.00 | 906.63 | 1,666.00 | 16,307.10 |
| Museum Store | 10,150.00 | 8,568.39 | 15,950.00 | 4,511.82 | 8,700.00 | 10,896.55 | 14,500.00 | 8,241.17 | 10,150.00 | 18,888.43 |
| Museum Programs | 3,850.00 | 2,069.84 | 4,620.00 | 2,740.22 | 3,850.00 | 3,404.85 | 3,850.00 | 4,052.64 | 5,390.00 | 7,961.94 |
| Special Events/Benefits | 170.00 | - | 170.00 | - | 340.00 | - | 2,550.00 | - | 4,250.00 | - |
| Marketing | - | 5,280.00 | - | 2,926.42 | 7,000.00 | 3,317.15 | - | 12,071.08 | - | 3,232.38 |
| Honey Horn | 8,836.05 | 2,279.40 | 8,836.05 | 5,392.30 | 8,836.05 | 9,831.21 | 8,836.05 | 6,812.22 | 8,836.05 | 4,772.32 |
| Membership | 166.60 | 156.00 | 166.60 | - | 166.60 | - | 166.60 | - | 166.60 | 1,715.84 |
| Unrestricted (Development) | 666.40 | - | 666.40 | 3,557.85 | 666.40 | 848.98 | 666.40 | 1,457.71 | 666.40 | - |
| Restricted Grants | 7,362.10 | - | 7,450.80 | - | 7,362.10 | - | 7,362.10 | - | 7,362.10 | - |
| Total Expenses | 116,349.95 | 49,549.13 | 130,108.65 | 87,077.94 | 129,169.95 | 101,751.82 | 147,079.95 | 115,384.41 | 120,769.95 | 137,294.93 |
| Net Ordinary Income (Loss) | (1,034.95) | 127,390.87 | 15,150.10 | 73,414.89 | (13,639.95) | 3,078.20 | 9,895.05 | (51,386.99) | 21,888.80 | 112,659.97 |
| | Budget November 2022 | Actual November 2022 | Budget December 2022 | Actual December 2022 | Budget January 2023 | Actual January 2023 | Budget February 2023 | Actual February 2023 | Budget March 2023 | Actual March 2023 |
| Other Income/Expense | | | | | | | | | | |
| Income: | | | | | | | | | | |
| Capital Campaign Income | - | - | - | - | - | - | - | - | - | - |
| Int-Cap Camp | - | 195.26 | - | 216.75 | - | 231.38 | - | 202.55 | - | 224.14 |
| Int-Sale of Bldg Proceeds | - | - | - | - | - | - | - | - | - | - |
| Dividend Income-Boys, Arnold & Co | - | 2,339.93 | - | 7,838.22 | - | 2,587.03 | - | 2,796.37 | - | 7,042.33 |
| Unrealized Gains(Losses)-Boys, Arnold & Co | - | 72,694.42 | - | (62,666.91) | - | 72,460.16 | - | (35,092.62) | - | 14,888.23 |
| Realized Gains(Losses)-Boys, Arnold & Co | - | - | - | 3,693.97 | - | - | - | - | - | - |
| ATAX Grant-Hay Barn | - | - | - | - | - | - | - | 106,342.30 | - | - |
| Maintenance Grant | - | - | - | - | - | - | - | - | - | 859.91 |
| Total Other Income | - | 75,229.61 | - | (50,917.97) | - | 75,278.57 | - | 74,248.60 | - | 23,014.61 |
| Expenses: | | | | | | | | | | |
| Capital Campaign Expenses | - | - | - | - | - | - | - | - | - | - |
| Professional Fees | - | - | - | - | - | - | - | - | - | - |
| Sale of Bldg Exps | - | - | - | - | - | - | - | - | - | - |
| Expense transfer-Op Acct | - | - | - | - | - | - | - | - | - | - |
| Transaction Costs/Mgmt Fees-Boys, Arnold & Co | - | - | - | 2.16 | - | 3,590.00 | - | - | - | 2.34 |
| ATAX-Honey Horn (Hay Barn) | - | - | - | - | - | - | - | 106,342.30 | - | - |
| Infrastructure Grant Expenses | - | - | - | - | - | - | - | - | - | - |
| Total Other Expenses | - | - | - | 2.16 | - | 3,590.00 | - | 106,342.30 | - | 2.34 |
| Net Other Income/Expense | - | 75,229.61 | - | (50,920.13) | - | 71,688.57 | - | (32,093.70) | - | 23,012.27 |
| Restricted Revenue-Donations | | | | | | | | | | |
| Income: | | | | | | | | | | |
| Donation-Butterfly Enclosure | - | - | - | - | - | - | - | - | - | - |
| Total Restricted Revenue-Donations | - | - | - | - | - | - | - | - | - | - |
| Expenses: | | | | | | | | | | |
| Butterfly Enclosure | - | - | - | - | - | - | - | - | - | - |
| Total Restricted Expenses-Donations | - | - | - | - | - | - | - | - | - | - |
| Net Restricted Revenue-Donations/Restricted | - | - | - | - | - | - | - | - | - | - |
| Net Income (Loss) | (1,034.95) | 202,620.48 | 15,150.10 | 22,494.76 | (13,639.95) | 74,766.77 | 9,895.05 | (83,480.69) | 21,888.80 | 135,672.24 |

**COASTAL DISCOVERY MUSEUM
INCOME & EXPENSE STATEMENT
FOR THE PERIOD ENDING JUNE 2023**

| | Budget April 2023 | Actual April 2023 | Budget May 2023 | Actual May 2023 | Budget June 2023 | Actual June 2023 | YTD Budget FY2023 | YTD Actual FY2023 | YTD Variance | % of Budget | Check Totals YTD Actual FY2023 | Check Totals Budget FY2023 |
|--|-------------------------|-------------------------|-----------------------|-----------------------|------------------------|------------------------|----------------------|----------------------|---------------------|----------------|--------------------------------------|----------------------------------|
| Ordinary Income/Expense | | | | | | | | | | | | |
| Income: | | | | | | | | | | | | |
| Restricted - Grants: | | | | | | | | | | | | |
| Accommodations Tax | 26,000.00 | 32,381.33 | 22,750.00 | 32,314.50 | 22,750.00 | 42,400.70 | 325,000.00 | 377,528.13 | 52,528.13 | 116.16% | 377,528.13 | 325,000.00 |
| Beaufort ATAX | - | 34,500.00 | - | - | - | - | 22,000.00 | 34,500.00 | 12,500.00 | 156.82% | 34,500.00 | 22,000.00 |
| Other grants | 16,600.00 | - | 16,800.00 | 2,000.00 | 16,800.00 | 80,000.00 | 200,000.00 | 123,000.00 | (77,000.00) | 61.50% | 123,000.00 | 200,000.00 |
| Property Rental | 13,200.00 | 19,930.00 | 15,400.00 | 8,610.00 | 5,500.00 | 6,740.00 | 110,000.00 | 115,125.00 | 5,125.00 | 104.66% | 115,125.00 | 110,000.00 |
| Onsite Donations | 7,000.00 | 6,576.74 | 6,300.00 | 6,438.98 | 5,600.00 | 5,955.92 | 70,000.00 | 65,728.69 | (4,271.31) | 93.90% | 65,728.69 | 70,000.00 |
| Miscellaneous | 10.00 | 3,038.09 | 10.00 | 1,561.17 | 10.00 | 2,044.92 | 1,000.00 | 19,199.12 | 18,199.12 | 1919.91% | 19,199.12 | 1,000.00 |
| Management Fee | - | - | - | - | 23,193.75 | 23,187.75 | - | 92,775.00 | 92,775.00 | 100.00% | 92,775.00 | 92,775.00 |
| Temporary Exhibit Displays | - | - | - | - | - | - | 10,000.00 | 18,955.00 | 8,955.00 | 189.55% | 18,955.00 | 10,000.00 |
| Museum Store | 25,000.00 | 37,189.61 | 22,500.00 | 18,043.47 | 20,000.00 | 22,897.07 | 250,000.00 | 257,980.71 | 7,980.71 | 103.19% | 257,980.71 | 250,000.00 |
| Museum Programs | 16,500.00 | 23,223.62 | 11,550.00 | 20,569.20 | 26,400.00 | 29,453.20 | 165,000.00 | 203,635.99 | 38,635.99 | 123.42% | 203,635.99 | 165,000.00 |
| Special Events/Benefits | 22,200.00 | 13,784.50 | 600.00 | 3,759.00 | - | 2,545.00 | 60,000.00 | 54,801.50 | (5,198.50) | 91.34% | 54,801.50 | 60,000.00 |
| Membership | 4,565.00 | 4,200.00 | 4,565.00 | 3,850.00 | 4,620.00 | 3,250.00 | 55,000.00 | 24,850.00 | (30,150.00) | 45.18% | 24,850.00 | 55,000.00 |
| Unrestricted | 12,500.00 | 14,965.00 | 12,500.00 | 29,774.60 | 12,500.00 | (29,648.53) | 250,000.00 | 287,830.21 | 37,830.21 | 115.13% | 287,830.21 | 250,000.00 |
| Total Income | 143,575.00 | 189,788.89 | 112,975.00 | 126,920.92 | 137,373.75 | 188,826.03 | 1,610,775.00 | 1,675,909.35 | 65,134.35 | 104.04% | 1,675,909.35 | 1,610,775.00 |
| Expenses: | | | | | | | | | | | | |
| Personnel | 77,400.00 | 57,001.32 | 77,400.00 | 59,522.13 | 81,000.00 | 100,160.41 | 900,000.00 | 798,075.34 | (101,924.66) | 88.68% | 798,075.34 | 900,000.00 |
| Miscellaneous Operating | 8,400.00 | 3,917.26 | 8,400.00 | 4,421.38 | 8,400.00 | 9,272.28 | 120,000.00 | 106,968.24 | (13,031.76) | 89.14% | 106,968.24 | 120,000.00 |
| Property Rental | 916.30 | 484.44 | 916.30 | 4,000.00 | 916.30 | 500.00 | 11,000.00 | 9,234.44 | (1,765.56) | 83.95% | 9,234.44 | 11,000.00 |
| Miscellaneous Expenses | 50.00 | 49.02 | 50.00 | 10.15 | 50.00 | 154.48 | 1,000.00 | 2,149.15 | 1,149.15 | 214.92% | 2,149.15 | 1,000.00 |
| Temporary Exhibit Displays | 400.00 | 325.52 | 400.00 | 1,063.99 | 800.00 | 799.33 | 40,000.00 | 34,405.87 | (5,594.13) | 86.01% | 34,405.87 | 40,000.00 |
| Permanent Exhibits/Panels | 416.50 | - | 416.50 | 450.00 | 416.50 | 450.00 | 5,000.00 | 7,041.12 | 2,041.12 | 140.82% | 7,041.12 | 5,000.00 |
| Animal and Plant supplies | 1,666.00 | 12,591.94 | 1,666.00 | 3,370.58 | 1,666.00 | 1,428.29 | 20,000.00 | 45,625.82 | 25,625.82 | 228.13% | 45,625.82 | 20,000.00 |
| Museum Store | 14,500.00 | 14,211.10 | 13,050.00 | 8,181.75 | 13,050.00 | 9,784.52 | 145,000.00 | 134,324.42 | (10,675.58) | 92.64% | 134,324.42 | 145,000.00 |
| Museum Programs | 7,700.00 | 8,244.63 | 5,390.00 | 12,340.59 | 12,320.00 | 12,752.78 | 77,000.00 | 72,408.70 | (4,591.30) | 94.04% | 72,408.70 | 77,000.00 |
| Special Events/Benefits | - | 6,918.56 | - | 1,277.47 | 2,720.00 | 3,140.35 | 17,000.00 | 11,575.06 | (5,424.94) | 68.09% | 11,575.06 | 17,000.00 |
| Marketing | - | 8,113.21 | 10,500.00 | 10,581.11 | 17,500.00 | 7,035.64 | 70,000.00 | 78,632.60 | 8,632.60 | 112.33% | 78,632.60 | 70,000.00 |
| Honey Horn | 8,836.05 | 11,766.45 | 8,836.05 | 13,153.36 | 8,836.05 | 6,342.35 | 106,075.00 | 88,503.18 | (17,571.82) | 83.43% | 88,503.18 | 106,075.00 |
| Membership | 166.60 | - | 166.60 | 401.74 | 166.60 | 392.00 | 2,000.00 | 2,761.58 | 761.58 | 138.08% | 2,761.58 | 2,000.00 |
| Unrestricted (Development) | 666.40 | 589.36 | 666.40 | 666.40 | 666.40 | 666.40 | 8,000.00 | 6,687.10 | (1,312.90) | 83.59% | 6,687.10 | 8,000.00 |
| Restricted Grants | 7,362.10 | - | 7,450.80 | 2,000.00 | 7,450.80 | 1,455.00 | 88,700.00 | 3,455.00 | (85,245.00) | 3.90% | 3,455.00 | 88,700.00 |
| Total Expenses | 128,479.95 | 124,212.81 | 135,308.65 | 120,774.25 | 155,958.65 | 153,667.43 | 1,610,775.00 | 1,401,847.62 | (208,927.38) | 87.03% | 1,401,847.62 | 1,610,775.00 |
| Net Ordinary Income (Loss) | 15,095.05 | 65,576.08 | (22,333.65) | 6,146.67 | (18,584.90) | 35,158.60 | - | 274,061.73 | 274,061.73 | - | 274,061.73 | - |
| | Budget April 2023 | Actual April 2023 | Budget May 2023 | Actual May 2023 | Budget June 2023 | Actual June 2023 | Budget FY2023 | Actual FY2023 | Ytd Variance | % of Budget | Actual FY2023 | |
| Other Income/Expense | | | | | | | | | | | | |
| Income: | | | | | | | | | | | | |
| Capital Campaign Income | - | - | - | - | - | - | - | - | - | 0.00% | - | - |
| Int-Cap Camp | - | 202.70 | - | 239.07 | - | 217.62 | - | 2,354.95 | 2,354.95 | 0.00% | 2,354.95 | - |
| Int-Sale of Bldg Proceeds | - | - | - | - | - | - | - | - | - | 0.00% | - | - |
| Dividend Income-Boys, Arnold & Co | - | 3,099.30 | - | 3,839.64 | - | 7,246.69 | - | 48,019.91 | 48,019.91 | 0.00% | 48,019.91 | - |
| Unrealized Gains(Losses)-Boys, Arnold & Co | - | 9,695.53 | - | (8,829.52) | - | 44,468.12 | - | 99,196.66 | 99,196.66 | 0.00% | 99,196.66 | - |
| Realized Gains(Losses)-Boys, Arnold & Co | - | - | - | - | - | - | - | 3,693.97 | 3,693.97 | 0.00% | 3,693.97 | - |
| ATAX Grant-Hay Barn | - | - | - | 208,808.00 | - | - | - | 315,150.30 | 315,150.30 | 0.00% | 315,150.30 | - |
| Maintenance Grant | - | - | - | 1,520.00 | - | 11,980.00 | - | 66,338.31 | 66,338.31 | 0.00% | 66,338.31 | - |
| Total Other Income | - | 12,997.53 | - | 205,577.19 | - | 63,912.43 | - | 534,754.10 | 534,754.10 | - | 534,754.10 | - |
| Expenses: | | | | | | | | | | | | |
| Capital Campaign Expenses | - | - | - | - | - | - | - | - | - | 0.00% | - | - |
| Professional Fees | - | - | - | - | - | - | - | - | - | 0.00% | - | - |
| Sale of Bldg Exps | - | - | - | - | - | - | - | - | - | 0.00% | - | - |
| Expense transfer-Op Acct | - | - | - | - | - | - | - | - | - | 0.00% | - | - |
| Transaction Costs/Mgmt Fees-Boys, Arnold & Co | - | 3,693.00 | - | 0.72 | - | - | - | 14,272.56 | 14,272.56 | 0.00% | 14,272.56 | - |
| ATAX-Honey Horn (Hay Barn) | - | - | - | - | - | 208,808.00 | - | 315,150.30 | 315,150.30 | 0.00% | 315,150.30 | - |
| Infrastructure Grant Expenses | - | - | - | - | - | 9,805.00 | - | 9,805.00 | 9,805.00 | 0.00% | 9,805.00 | - |
| Total Other Expenses | - | 3,693.00 | - | 0.72 | - | 218,613.00 | - | 339,227.86 | 339,227.86 | - | 339,227.86 | - |
| Net Other Income/Expense | - | 9,304.53 | - | 205,576.47 | - | (154,700.57) | - | 195,526.24 | 195,526.24 | - | 195,526.24 | - |
| Restricted Revenue-Donations | | | | | | | | | | | | |
| Income: | | | | | | | | | | | | |
| Donation-Butterfly Enclosure | - | - | - | - | - | - | - | - | - | - | - | - |
| Total Restricted Revenue-Donations | - | - | - | - | - | - | - | - | - | - | - | - |
| Expenses: | | | | | | | | | | | | |
| Butterfly Enclosure | - | - | - | - | - | - | - | - | - | - | - | - |
| Total Restricted Expenses-Donations | - | - | - | - | - | - | - | - | - | - | - | - |
| Net Restricted Revenue-Donations/Restricted | - | - | - | - | - | - | - | - | - | - | - | - |
| Net Income (Loss) | 15,095.05 | 74,880.61 | (22,333.65) | 211,723.14 | (18,584.90) | (119,541.97) | - | 469,587.97 | 469,587.97 | - | 469,587.97 | - |
| Check Totals | | | | | | | - | 469,587.97 | 469,587.97 | - | 469,587.97 | - |

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

October 11, 2023

CONFIDENTIAL

Coastal Discovery Museum
70 Honey Horn Drive
Hilton Head Island, SC 29926

Dear Rex:

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

October 11, 2023

CONFIDENTIAL

Coastal Discovery Museum
70 Honey Horn Drive
Hilton Head Island, SC 29926

Dear Rex:

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

Return of Organization Exempt From Income Tax (Form 990)

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.

| | | |
|--|-----------------------------------|------------------------|
| Form 990 | Two Year Comparison Report | 2021 & 2022 |
| For calendar year 2022, or tax year beginning 07/01/22 , ending 06/30/23 | | |

Name

Taxpayer Identification Number

Coastal Discovery Museum**57-0801415**

| | | 2021 | 2022 | Differences |
|--|--|------------------|------------------|----------------|
| R e v e n u e | 1. Contributions, gifts, grants | 363,797 | 367,910 | 4,113 |
| | 2. Membership dues and assessments | 58,033 | 24,850 | -33,183 |
| | 3. Government contributions and grants | 957,940 | 1,232,800 | 274,860 |
| | 4. Program service revenue | 282,377 | 308,683 | 26,306 |
| | 5. Investment income | 29,264 | 65,570 | 36,306 |
| | 6. Proceeds from tax exempt bonds | | | |
| | 7. Net gain or (loss) from sale of assets other than inventory | | | |
| | 8. Net income or (loss) from fundraising events | 29,763 | 29,967 | 204 |
| | 9. Net income or (loss) from gaming | | | |
| | 10. Net gain or (loss) on sales of inventory | 65,458 | 147,663 | 82,205 |
| | 11. Other revenue | 125,031 | 116,073 | -8,958 |
| | 12. Total revenue. Add lines 1 through 11 | 1,911,663 | 2,293,516 | 381,853 |
| E x p e n s e s | 13. Grants and similar amounts paid | | | |
| | 14. Benefits paid to or for members | | | |
| | 15. Compensation of officers, directors, trustees, etc. | 234,820 | 243,299 | 8,479 |
| | 16. Salaries, other compensation, and employee benefits | 605,952 | 601,923 | -4,029 |
| | 17. Professional fundraising fees | | | |
| | 18. Other professional fees | 25,603 | 29,124 | 3,521 |
| | 19. Occupancy, rent, utilities, and maintenance | 211,642 | 177,958 | -33,684 |
| | 20. Depreciation and Depletion | 157,020 | 153,542 | -3,478 |
| | 21. Other expenses | 274,439 | 257,455 | -16,984 |
| | 22. Total expenses. Add lines 13 through 21 | 1,509,476 | 1,463,301 | -46,175 |
| 23. Excess or (Deficit). Subtract line 22 from line 12 | 402,187 | 830,215 | 428,028 | |
| O t h e r I n f o r m a t i o n | 24. Total exempt revenue | 1,911,663 | 2,293,516 | 381,853 |
| | 25. Total unrelated revenue | | | |
| | 26. Total excludable revenue | 502,130 | 637,989 | 135,859 |
| | 27. Total assets | 7,166,489 | 8,611,739 | 1,445,250 |
| | 28. Total liabilities | 138,981 | 648,069 | 509,088 |
| | 29. Retained earnings | 7,027,508 | 7,963,670 | 936,162 |
| | 30. Number of voting members of governing body | 13 | 17 | |
| 31. Number of independent voting members of governing body | 12 | 16 | | |
| 32. Number of employees | 18 | 13 | | |
| 33. Number of volunteers | 150 | 150 | | |

| | | |
|-----------------|---------------------------|-------------|
| Form 990 | Tax Return History | 2022 |
|-----------------|---------------------------|-------------|

| | |
|---|---|
| Name Coastal Discovery Museum | Employer Identification Number 57-0801415 |
|---|---|

| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|------------------|------------------|------------------|------------------|------------------|------|
| Contributions, gifts, grants | 893,988 | 1,044,018 | 1,111,937 | 1,321,737 | 1,600,710 | |
| Membership dues | 54,600 | 53,725 | 50,930 | 58,033 | 24,850 | |
| Program service revenue | 304,389 | 217,482 | 193,433 | 282,377 | 308,683 | |
| Capital gain or loss | 20,522 | 2,879 | | | | |
| Investment income | 43,647 | 41,440 | 18,281 | 29,264 | 65,570 | |
| Fundraising revenue (income/loss) | 27,690 | 9,148 | 18,981 | 29,763 | 29,967 | |
| Gaming revenue (income/loss) | | | | | | |
| Other revenue | 296,882 | 190,656 | 169,089 | 190,489 | 263,736 | |
| Total revenue | 1,641,718 | 1,559,348 | 1,562,651 | 1,911,663 | 2,293,516 | |
| Grants and similar amounts paid | | | | | | |
| Benefits paid to or for members | | | | | | |
| Compensation of officers, etc. | 221,515 | 227,754 | 208,951 | 234,820 | 243,299 | |
| Other compensation | 574,165 | 575,613 | 612,107 | 605,952 | 601,923 | |
| Professional fees | 27,933 | 21,765 | 31,849 | 25,603 | 29,124 | |
| Occupancy costs | 220,120 | 149,991 | 227,050 | 211,642 | 177,958 | |
| Depreciation and depletion | 180,838 | 160,313 | 159,252 | 157,020 | 153,542 | |
| Other expenses | 349,943 | 330,160 | 230,588 | 274,439 | 257,455 | |
| Total expenses | 1,574,514 | 1,465,596 | 1,469,797 | 1,509,476 | 1,463,301 | |
| Excess or (Deficit) | 67,204 | 93,752 | 92,854 | 402,187 | 830,215 | |
| Total exempt revenue | 1,641,718 | 1,559,348 | 1,562,651 | 1,911,663 | 2,293,516 | |
| Total unrelated revenue | | | | | | |
| Total excludable revenue | 665,440 | 452,457 | 380,803 | 502,130 | 637,989 | |
| Total Assets | 6,404,805 | 6,451,285 | 6,960,433 | 7,166,489 | 8,611,739 | |
| Total Liabilities | 72,443 | 59,186 | 147,390 | 138,981 | 648,069 | |
| Net Fund Balances | 6,332,362 | 6,392,099 | 6,813,043 | 7,027,508 | 7,963,670 | |

Filing Instructions

Coastal Discovery Museum

Exempt Organization Tax Return

Taxable Year Ended June 30, 2023

Date Due: November 15, 2023

Remittance: None is required. Your Form 990 for the tax year ended 6/30/23 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 **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning 7/01, 2022, and ending 6/30, 2023

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

Coastal Discovery Museum

EIN or SSN

57-0801415

Name and title of officer or person subject to tax **Rex Garniewicz
President and CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | | |
|--|--|-----|------------------|
| 1a Form 990 check here <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | 2,293,516 |
| 2a Form 990-EZ check here <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| 3a Form 1120-POL check here <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b | |
| 4a Form 990-PF check here <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b | |
| 5a Form 8868 check here <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b | |
| 6a Form 990-T check here <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b | |
| 7a Form 4720 check here <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b | |
| 8a Form 5227 check here <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b | |
| 9a Form 5330 check here <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b | |
| 10a Form 8038-CP check here <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b | |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Carey & Company P.A. to enter my PIN 12345 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

57507812345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Patrick P. Carey, Jr., CPA Date _____

ERO Must Retain This Form — See Instructions

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

Form **990**

Return of Organization Exempt From Income Tax

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 07/01/22, and ending 06/30/23

| | | |
|--|---|--|
| B Check if applicable: | C Name of organization Coastal Discovery Museum | D Employer identification number 57-0801415 |
| <input type="checkbox"/> Address change | Doing business as | E Telephone number 843-689-6767 |
| <input type="checkbox"/> Name change | Number and street (or P.O. box if mail is not delivered to street address) Room/suite | G Gross receipts \$ 2,434,363 |
| <input type="checkbox"/> Initial return | 70 Honey Horn Drive | |
| <input type="checkbox"/> Final return/terminated | City or town, state or province, country, and ZIP or foreign postal code | |
| <input type="checkbox"/> Amended return | Hilton Head Island SC 29926 | |
| <input type="checkbox"/> Application pending | F Name and address of principal officer: | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | Rex Garniewicz | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 70 Honey Horn Drive | If "No," attach a list. See instructions |
| | Hilton Head Island SC 29926 | |
| 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: coastaldiscovery.org | H(c) Group exemption number |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | L Year of formation: 1985 | M State of legal domicile: SC |

Part I Summary

| | | | | | |
|------------------------------------|---|--|---------------------------|------------------|----------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: To communicate to its members and to the general public the significance of the cultural and environmental heritage of the Lowcountry; to provide educational programming to residents of and visitors to Hilton Head, SC. | | | |
| | 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 | 16 | |
| | 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | 5 | 13 | |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 150 | |
| | 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) | Prior Year | Current Year | |
| | 9 | Program service revenue (Part VIII, line 2g) | 1,379,770 | 1,625,560 | |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 282,377 | 308,683 | |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 29,264 | 65,570 | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 220,252 | 293,703 | |
| Expenses | 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) | 840,772 | 845,222 | |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 | |
| | b | Total fundraising expenses (Part IX, column (D), line 25) 136,232 | | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 668,704 | 618,079 | |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,509,476 | 1,463,301 | | |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 402,187 | 830,215 | | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year | |
| | 21 | Total liabilities (Part X, line 26) | 7,166,489 | 8,611,739 | |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 138,981 | 648,069 | |
| | | | 7,027,508 | 7,963,670 | |

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 Rex Garniewicz | Date | |
| | Type or print name and title President and CEO | | |
| Paid Preparer Use Only | Print/Type preparer's name Patrick P. Carey, Jr., CPA | Preparer's signature Patrick P. Carey, Jr., CPA | Date |
| | Firm's name Carey & Company P.A. | Firm's EIN 57-0927046 | Check <input type="checkbox"/> if self-employed PTIN P00033247 |
| | 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

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 communicate to its members and to the general public the significance of the cultural and environmental heritage of the Lowcountry; to provide educational programming to residents of and visitors to Hilton Head, SC.

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 \$ **1,000,059** including grants of \$) (Revenue \$ **308,683**)

To communicate to its members and to the general public the significance of the cultural and environmental heritage of the Lowcountry; to provide educational programming to residents of and visitors to Hilton Head Island, South Carolina.

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 **1,000,059**

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 <i>(continued)</i> | | 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 | 13 | | | |
| 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? <i>If "No" to line 3b, provide an explanation on Schedule O</i> | 3b | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 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 | | | X | |
| 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 | | | 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? | 7e | | | X | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | X | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | X | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | X | |
| 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? <i>If "No," provide an explanation on Schedule O</i> | 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. | | |
| | | | |
| 1b | Enter the number of voting members included on line 1a, above, who are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | 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 |
| 7b | 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: | | |
| 8a | The governing body? | X | |
| 8b | 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 |
| 10b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | X |
| 11b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | 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? | | |
| 15a | The organization's CEO, Executive Director, or top management official | X | |
| 15b | Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | X |
| 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 |
| 16b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

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

Jennifer Stupica
Hilton Head

70 Honey Horn

SC 29926

843-689-6767

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) Diane Bartlett | 1.00 | | | | | | | | | |
| Secretary | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (2) Fred Manske, Jr. | 1.00 | | | | | | | | | |
| Vice Chair | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (3) Dave Howitt | 1.00 | | | | | | | | | |
| Chair | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (4) Frederick Hack | 1.00 | | | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 | |
| (5) Albert George | 1.00 | | | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 | |
| (6) Margaret McManus | 1.00 | | | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 | |
| (7) Luana Graves Sellars | 1.00 | | | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 | |
| (8) Dr. Roselle L. Wilson | 1.00 | | | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 | |
| (9) John Batson | 1.00 | | | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 | |
| (10) Lenore Gleason | 1.00 | | | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 | |
| (11) Lindsay Bunting | 1.00 | | | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (12) Porter Morgan Member | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (13) Russell Fredericks Member | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (14) Lesley Green Member | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (15) Paul Stevens Treasurer | 1.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| (16) Georgia West Member | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (17) Rex Garniewicz President and CEO | 40.00 0.00 | X | | X | | | | 220,291 | 0 | 23,008 |
| 1b Subtotal | | | | | | | | 220,291 | | 23,008 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 220,291 | | 23,008 |
| d Total (add lines 1b and 1c) | | | | | | | | 220,291 | | 23,008 |

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? If "Yes," complete Schedule J for such individual | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | X |

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|---|---|----------------------|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | 24,850 | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 1,232,800 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 367,910 | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g \$ | | | | | |
| | h Total. Add lines 1a-1f | | | 1,625,560 | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a Management fee | | 92,775 | 92,775 | | | |
| | b Walks/tours | | 58,180 | 58,180 | | | |
| | c Community programs-schools | | 45,849 | 45,849 | | | |
| | d Marine/dolphin history cruise | | 36,959 | 36,959 | | | |
| | e Other Program Revenue | | 34,404 | 34,404 | | | |
| | f All other program service revenue | | 40,516 | 40,516 | | | |
| | g Total. Add lines 2a-2f | | | 308,683 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 65,570 | | | 65,570 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | | (i) Real | | | | |
| | | 6a | (ii) Personal | | | | |
| | | b Less: rental expenses | 6b | | | | |
| | c Rental inc. or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | | (i) Securities | | | | |
| | | 7a | (ii) Other | | | | |
| | | b Less: cost or other basis and sales exps. | 7b | | | | |
| | c Gain or (loss) | 7c | | | | | |
| | d Net gain or (loss) | | | | | | |
| | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | | | | | | |
| | | 8a | | 41,542 | | | |
| b Less: direct expenses | | 8b | 11,575 | | | | |
| c Net income or (loss) from fundraising events | | | 29,967 | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | | | | | | | |
| | 9a | | | | | | |
| | b Less: direct expenses | 9b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | | | | | | | |
| | 10a | | 276,935 | | | | |
| | b Less: cost of goods sold | 10b | 129,272 | | | | |
| c Net income or (loss) from sales of inventory | | | 147,663 | 147,663 | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| | 11a Weddings | | 531390 | 80,550 | 80,550 | | |
| | b Private receptions | | 531390 | 34,575 | 34,575 | | |
| | c Book royalties | | 531390 | 495 | 495 | | |
| | d All other revenue | | | 453 | 453 | | |
| | e Total. Add lines 11a-11d | | | 116,073 | | | |
| 12 Total revenue. See instructions | | | 2,293,516 | 572,419 | 0 | 65,570 | |

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 | 243,299 | 145,980 | 60,825 | 36,494 |
| 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 | 436,872 | 262,123 | 109,218 | 65,531 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 69,807 | 41,884 | 17,452 | 10,471 |
| 9 Other employee benefits | 49,236 | 29,540 | 12,310 | 7,386 |
| 10 Payroll taxes | 46,008 | 27,605 | 11,502 | 6,901 |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 14,852 | 1,485 | 13,367 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 14,272 | 1,427 | 12,845 | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 Advertising and promotion | 26,698 | 26,698 | | |
| 13 Office expenses | 32,901 | 15,908 | 14,231 | 2,762 |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 177,958 | 177,958 | | |
| 17 Travel | 3,787 | 2,651 | 1,136 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 153,542 | 107,479 | 46,063 | |
| 23 Insurance | 42,406 | 29,684 | 12,722 | |
| 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 Other Program services | 77,380 | 77,380 | | |
| b Miscellaneous | 44,537 | 37,463 | 7,074 | |
| c Bank and Credit Card fees | 16,204 | 9,397 | 6,807 | |
| d Supplies | 6,855 | 5,397 | 1,458 | |
| e All other expenses | 6,687 | | | 6,687 |
| 25 Total functional expenses. Add lines 1 through 24e | 1,463,301 | 1,000,059 | 327,010 | 136,232 |
| 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 | 785,721 | 1 | 786,309 |
| | 2 Savings and temporary cash investments | 41,804 | 2 | 18,430 |
| | 3 Pledges and grants receivable, net | 248,642 | 3 | 579,277 |
| | 4 Accounts receivable, net | 7,583 | 4 | 10,024 |
| | 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 | 9,385 | 8 | 38,288 |
| | 9 Prepaid expenses and deferred charges | 29,047 | 9 | 24,539 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 7,078,451 | | |
| | b Less: accumulated depreciation | 10b 2,347,641 | 10c | 4,730,810 |
| | 11 Investments—publicly traded securities | 1,975,655 | 11 | 2,424,062 |
| | 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 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 7,166,489 | 16 | 8,611,739 | |
| Liabilities | 17 Accounts payable and accrued expenses | 23,030 | 17 | 525,322 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 115,951 | 25 | 122,747 |
| | 26 Total liabilities. Add lines 17 through 25 | 138,981 | 26 | 648,069 |
| 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 | 6,483,793 | 27 | 7,639,230 |
| | 28 Net assets with donor restrictions | 543,715 | 28 | 324,440 |
| | 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 | 7,027,508 | 32 | 7,963,670 |
| 33 Total liabilities and net assets/fund balances | 7,166,489 | 33 | 8,611,739 | |

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 | 2,293,516 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,463,301 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 830,215 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 7,027,508 |
| 5 | Net unrealized gains (losses) on investments | 5 | 105,947 |
| 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 | 7,963,670 |

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

Coastal Discovery Museum

Employer identification number

57-0801415

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

| 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 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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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 2022 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 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.") | 948,588 | 1,097,743 | 1,162,867 | 1,295,032 | 1,573,092 | 6,077,322 |
| 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 | 775,799 | 525,343 | 349,231 | 357,961 | 342,664 | 2,350,998 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | 1,724,387 | 1,623,086 | 1,512,098 | 1,652,993 | 1,915,756 | 8,428,320 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 40,050 | 134,350 | 178,164 | 46,250 | 87,200 | 486,014 |
| 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 | 57,324 | 58,358 | 59,605 | 58,177 | 72,962 | 306,426 |
| c Add lines 7a and 7b | 97,374 | 192,708 | 237,769 | 104,427 | 160,162 | 792,440 |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 7,635,880 |

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 | 1,724,387 | 1,623,086 | 1,512,098 | 1,652,993 | 1,915,756 | 8,428,320 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 43,216 | 41,105 | 27,391 | 29,264 | 65,570 | 206,546 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 43,216 | 41,105 | 27,391 | 29,264 | 65,570 | 206,546 |
| 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.) | 1,767,603 | 1,664,191 | 1,539,489 | 1,682,257 | 1,981,326 | 8,634,866 |
| 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 | 88.43 % |
| 16 Public support percentage from 2021 Schedule A, Part III, line 15 | 16 | 89.23 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|-----|
| 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) | 17 | 2 % |
| 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. 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> | Yes | No |
| 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. 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> | | |
| 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 (<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—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 | | | |

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

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

Coastal Discovery Museum**57-0801415**

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

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

Form 990-PF

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

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

Special Rules

-
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- ¹
- /
- ₃
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000; or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule B (Form 990) (2022)

Name of organization

Coastal Discovery Museum

Employer identification number

57-0801415

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 | Community Foundation of Lowcountry 4 Northridge Drive, Suite A Hilton Head Island SC 29925 | \$ 47,800 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | Bargain Box 546 William Hilton Parkway Hilton Head island SC 29928 | \$ 35,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | The Heritage Classic Foundation 71 Lighthouse Road Hilton Head Island SC 29928 | \$ 62,890 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | Walter S Schymik Revocable Trust N 7759 State Park Road Sherwood WI 54169 | \$ 60,293 | 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.) |

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

Coastal Discovery Museum

Employer identification number

57-0801415

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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure, 2d Number of conservation easements included in (c) acquired after July 25, 2006... 3 Number of conservation easements modified... 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring... Yes No, 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No, 9 In Part XIII, describe how the organization reports conservation easements...

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part 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 | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment %
 - b** Permanent endowment %
 - c** Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|------------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | 7,078,451 | 2,347,641 | 4,730,810 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 4,730,810 |

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.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) Accrued vacation and salary | 122,747 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 122,747 |

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

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

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

| | | | |
|----------|--|-----------|------------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 2,540,310 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 105,947 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 140,847 |
| e | Add lines 2a through 2d | 2e | 246,794 |
| 3 | Subtract line 2e from line 1 | 3 | 2,293,516 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 2,293,516 |

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 | 1,604,148 |
| 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 | 140,847 |
| e | Add lines 2a through 2d | 2e | 140,847 |
| 3 | Subtract line 2e from line 1 | 3 | 1,463,301 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 1,463,301 |

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 2d - Revenue Amounts Included in Financials - Other

| | |
|-------------------------------------|-------------------|
| Fundraising activity expense | \$ 11,575 |
| Cost of goods sold | \$ 129,272 |

Part XII, Line 2d - Expense Amounts Included in Financials - Other

| | |
|---------------------------------------|-------------------|
| Fundraising activities expense | \$ 11,575 |
| Cost of goods sold | \$ 129,272 |

Part XIII Supplemental Information *(continued)*

**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.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Coastal Discovery Museum

Employer identification number

57-0801415

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.

.....

.....

.....

.....

.....

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>Art Market</u> (event type) | _____ (event type) | <u>None</u> (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 | Gross receipts | 41,542 | | 41,542 |
| | 2 | Less: Contributions | | | |
| | 3 | Gross income (line 1 minus line 2) | 41,542 | | 41,542 |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | | | |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | 11,575 | | 11,575 |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | 29,967 |

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 J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
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

Coastal Discovery Museum

Employer identification number

57-0801415

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----------|
| 1a | | |
| 2 | | |
| 3 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---------------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 Rex Garniewicz President and CEO | (i) | 220,291 | 0 | 0 | 23,008 | 0 | 243,299 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 3 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 4 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 5 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 6 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 7 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 8 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 9 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

Part III - Other Additional Information

Compensation is determined by the Board based on overall performance.

**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

Coastal Discovery Museum

Employer identification number

57-0801415

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

The tax return is discussed at a Board meeting and made available to all Board Members.

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

The Board and the President/CEO monitor the conflict of interest policy.

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

The Board Compensation Committee approves the executive compensation.

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

The documents are available upon request.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

| | |
|--------------------------------|-------------|
| Fundraising activity expense | \$ 11,575 |
| Cost of goods sold | \$ 129,272 |
| Fundraising activities expense | \$ -11,575 |
| Cost of goods sold | \$ -129,272 |
| Round | \$ 0 |

Form **4562**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2022

Attachment Sequence No. **179**

Coastal Discovery Museum

Identifying number

57-0801415

Business or activity to which this form relates

Museum Store

Part I Election To Expense Certain Property Under Section 179

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

| | | | |
|----|---|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | 1 | 1,080,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,700,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2021 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 | 13 | |

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

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

| | | | |
|----|--|----|----------------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 148,151 |

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

Section A

| | | | |
|----|--|----|--------------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2022 | 17 | 5,391 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> | | |

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

| | | | |
|----|---|----|----------------|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 153,542 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2022)

DAA

There are no amounts for Page 2

| | | |
|---------------------------------|---|-------------|
| Form 990 | Event Income and Deduction Worksheet | 2022 |
| Description Museum Store | | |

| | |
|---|---|
| Name Coastal Discovery Museum | Taxpayer Identification Number 57-0801415 |
|---|---|

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. | 276,935 |
| 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. | 276,935 |
| 8. Cost of Goods Sold | 8. | 129,272 |
| 9. Employment Expense | 9. | |
| 10. Fees for services | 10. | |
| 11. Indirect Expense | 11. | |
| 12. Depreciation Expense | 12. | 153,542 |
| 13. Exempt Activity Expense | 13. | |
| 14. Fundraising Expense | 14. | |
| 15. Total expenses. Add lines 8 through 14 | 15. | 282,814 |
| 16. Net Income/Loss. Line 7 minus Line 15 | 16. | -5,879 |

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 | 153,542 |
| Amortization | |
| Depletion | |
| Total Depreciation Expense | 153,542 |

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 | 9,385 |
| Purchases | 158,175 |
| Labor | |
| Section 263A costs | |
| Other costs | |
| Ending inventory | 38,288 |
| Total Cost of Goods Sold | 129,272 |

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 | 153,542 |

| | | |
|-------------------------------|---|-------------|
| Form 990 | Event Income and Deduction Worksheet | 2022 |
| Description Art Market | | |

| | |
|---|---|
| Name Coastal Discovery Museum | Taxpayer Identification Number 57-0801415 |
|---|---|

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. | 41,542 |
| 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. | 41,542 |
| 8. Cost of Goods Sold | 8. | 11,575 |
| 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. | 11,575 |
| 16. Net Income/Loss. Line 7 minus Line 15 | 16. | 29,967 |

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 | 11,575 |
| Ending inventory | _____ |
| Total Cost of Goods Sold | 11,575 |

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 | _____ |

Federal Statements**Taxable Interest on Investments**

| <u>Description</u> | <u>Amount</u> | <u>Unrelated Business</u> | <u>Exclusion Code</u> | <u>Postal Code</u> | <u>Acquired after 6/30/75</u> | <u>US Obs (\$ or %)</u> |
|-------------------------|------------------|-------------------------------|---------------------------|------------------------|-----------------------------------|-----------------------------|
| Interest income | \$ 14,494 | | 14 | | | |
| Interest - cap campaign | 3,056 | | 14 | | | |
| Total | <u>\$ 17,550</u> | | | | | |

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> |
|--------------------|------------------|-------------------------------|---------------------------|------------------------|-----------------------------------|-----------------------------|
| Dividend income | \$ 48,020 | | 14 | | | |
| Total | <u>\$ 48,020</u> | | | | | |

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

| <u>Description</u> | <u>Total Expenses</u> | <u>Program Service</u> | <u>Management & General</u> | <u>Fund Raising</u> |
|---------------------|---------------------------|----------------------------|-------------------------------------|-------------------------|
| Fundraising expense | \$ <u>6,687</u> | \$ <u> </u> | \$ <u> </u> | \$ <u>6,687</u> |
| Total | \$ <u><u>6,687</u></u> | \$ <u><u>0</u></u> | \$ <u><u>0</u></u> | \$ <u><u>6,687</u></u> |

Federal Statements**Schedule A, Part III, Line 7a - Support from Disqualified Persons**

| <u>Donor Name</u> | <u>2018</u> | <u>2019</u> | <u>2020</u> | <u>2021</u> | <u>2022</u> |
|-------------------|-------------------------|--------------------------|--------------------------|-------------------------|-------------------------|
| | \$ <u>40,050</u> | \$ <u>134,350</u> | \$ <u>178,164</u> | \$ <u>46,250</u> | \$ <u>87,200</u> |
| Total | \$ <u><u>40,050</u></u> | \$ <u><u>134,350</u></u> | \$ <u><u>178,164</u></u> | \$ <u><u>46,250</u></u> | \$ <u><u>87,200</u></u> |

Federal Statements**Schedule A, Part III, Line 7b - Excess Gross Receipts**

| <u>Donor Name</u> | <u>Total</u> | <u>Excess</u> |
|---------------------|-------------------|-------------------|
| Town of Hilton Head | \$ | \$ |
| 2022 | 92,775 | 72,962 |
| 2021 | 75,000 | 58,177 |
| 2020 | 75,000 | 59,605 |
| 2019 | 75,000 | 58,358 |
| 2018 | 75,000 | 57,324 |
| Total | \$ <u>392,775</u> | \$ <u>306,426</u> |

Federal Statements

Art Market

Other Direct Fundraising or Gaming Expenses

| <u>Description</u> | <u>Amount</u> |
|--------------------|---------------|
| Fundraising | \$ _____ |
| Total | \$ _____ 0 |

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

November 3, 2022

CONFIDENTIAL

Coastal Discovery Museum
70 Honey Horn Drive
Hilton Head Island, SC 29926

Dear Rex:

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.

Return of Organization Exempt From Income Tax (Form 990)

Annual Financial Report for a Charitable Organization - SC Secretary of State's Office

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**

November 3, 2022

CONFIDENTIAL

Coastal Discovery Museum
70 Honey Horn Drive
Hilton Head Island, SC 29926

Dear Rex:

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

Return of Organization Exempt From Income Tax (Form 990)

Annual Financial Report for a Charitable Organization - SC Secretary of State's Office

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.

| | | |
|--|-----------------------------------|------------------------|
| Form 990 | Two Year Comparison Report | 2020 & 2021 |
| For calendar year 2021, or tax year beginning 07/01/21 , ending 06/30/22 | | |

Name

Taxpayer Identification Number

Coastal Discovery Museum**57-0801415**

| | | 2020 | 2021 | Differences |
|--|--|------------------|------------------|----------------|
| R e v e n u e | 1. Contributions, gifts, grants | 490,018 | 363,797 | -126,221 |
| | 2. Membership dues and assessments | 50,930 | 58,033 | 7,103 |
| | 3. Government contributions and grants | 621,919 | 957,940 | 336,021 |
| | 4. Program service revenue | 193,433 | 282,377 | 88,944 |
| | 5. Investment income | 18,281 | 29,264 | 10,983 |
| | 6. Proceeds from tax exempt bonds | | | |
| | 7. Net gain or (loss) from sale of assets other than inventory | | | |
| | 8. Net income or (loss) from fundraising events | 18,981 | 29,763 | 10,782 |
| | 9. Net income or (loss) from gaming | | | |
| | 10. Net gain or (loss) on sales of inventory | 65,254 | 65,458 | 204 |
| | 11. Other revenue | 103,835 | 125,031 | 21,196 |
| | 12. Total revenue. Add lines 1 through 11 | 1,562,651 | 1,911,663 | 349,012 |
| E x p e n s e s | 13. Grants and similar amounts paid | | | |
| | 14. Benefits paid to or for members | | | |
| | 15. Compensation of officers, directors, trustees, etc. | 208,951 | 234,820 | 25,869 |
| | 16. Salaries, other compensation, and employee benefits | 612,107 | 605,952 | -6,155 |
| | 17. Professional fundraising fees | | | |
| | 18. Other professional fees | 31,849 | 25,603 | -6,246 |
| | 19. Occupancy, rent, utilities, and maintenance | 227,050 | 211,642 | -15,408 |
| | 20. Depreciation and Depletion | 159,252 | 157,020 | -2,232 |
| | 21. Other expenses | 230,588 | 274,439 | 43,851 |
| | 22. Total expenses. Add lines 13 through 21 | 1,469,797 | 1,509,476 | 39,679 |
| | 23. Excess or (Deficit). Subtract line 22 from line 12 | 92,854 | 402,187 | 309,333 |
| O t h e r I n f o r m a t i o n | 24. Total exempt revenue | 1,562,651 | 1,911,663 | 349,012 |
| | 25. Total unrelated revenue | | | |
| | 26. Total excludable revenue | 380,803 | 502,130 | 121,327 |
| | 27. Total assets | 6,960,433 | 7,166,489 | 206,056 |
| | 28. Total liabilities | 147,390 | 138,981 | -8,409 |
| | 29. Retained earnings | 6,813,043 | 7,027,508 | 214,465 |
| | 30. Number of voting members of governing body | 13 | 13 | |
| 31. Number of independent voting members of governing body | 12 | 12 | | |
| 32. Number of employees | 17 | 18 | | |
| 33. Number of volunteers | 150 | 150 | | |

| | | |
|-----------------|---------------------------|-------------|
| Form 990 | Tax Return History | 2021 |
|-----------------|---------------------------|-------------|

| | |
|---|---|
| Name Coastal Discovery Museum | Employer Identification Number 57-0801415 |
|---|---|

| | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|------------------|------------------|------------------|------------------|------------------|------|
| Contributions, gifts, grants | 888,483 | 893,988 | 1,044,018 | 1,111,937 | 1,321,737 | |
| Membership dues | 57,475 | 54,600 | 53,725 | 50,930 | 58,033 | |
| Program service revenue | 303,036 | 304,389 | 217,482 | 193,433 | 282,377 | |
| Capital gain or loss | | 20,522 | 2,879 | | | |
| Investment income | 51,861 | 43,647 | 41,440 | 18,281 | 29,264 | |
| Fundraising revenue (income/loss) | 22,563 | 27,690 | 9,148 | 18,981 | 29,763 | |
| Gaming revenue (income/loss) | | | | | | |
| Other revenue | 230,319 | 296,882 | 190,656 | 169,089 | 190,489 | |
| Total revenue | 1,553,737 | 1,641,718 | 1,559,348 | 1,562,651 | 1,911,663 | |
| Grants and similar amounts paid | | | | | | |
| Benefits paid to or for members | | | | | | |
| Compensation of officers, etc. | 223,947 | 221,515 | 227,754 | 208,951 | 234,820 | |
| Other compensation | 431,360 | 574,165 | 575,613 | 612,107 | 605,952 | |
| Professional fees | 23,611 | 27,933 | 21,765 | 31,849 | 25,603 | |
| Occupancy costs | 159,685 | 220,120 | 149,991 | 227,050 | 211,642 | |
| Depreciation and depletion | 181,674 | 180,838 | 160,313 | 159,252 | 157,020 | |
| Other expenses | 371,866 | 349,943 | 330,160 | 230,588 | 274,439 | |
| Total expenses | 1,392,143 | 1,574,514 | 1,465,596 | 1,469,797 | 1,509,476 | |
| Excess or (Deficit) | 161,594 | 67,204 | 93,752 | 92,854 | 402,187 | |
| Total exempt revenue | 1,553,737 | 1,641,718 | 1,559,348 | 1,562,651 | 1,911,663 | |
| Total unrelated revenue | | | | | | |
| Total excludable revenue | 585,216 | 665,440 | 452,457 | 380,803 | 502,130 | |
| Total Assets | 6,417,665 | 6,404,805 | 6,451,285 | 6,960,433 | 7,166,489 | |
| Total Liabilities | 164,301 | 72,443 | 59,186 | 147,390 | 138,981 | |
| Net Fund Balances | 6,253,364 | 6,332,362 | 6,392,099 | 6,813,043 | 7,027,508 | |

Filing Instructions

Coastal Discovery Museum

Exempt Organization Tax Return

Taxable Year Ended June 30, 2022

Date Due: November 15, 2022

Remittance: None is required. Your Form 990 for the tax year ended 6/30/22 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 **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 7/01, 2021, and ending 6/30, 20 22

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2021

Department of the Treasury
Internal Revenue Service

Name of filer

Coastal Discovery Museum

EIN or SSN

57-0801415

Name and title of officer or person subject to tax **Rex Garniewicz**

President and CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | | | |
|-----------------------------|-------------------------------------|--|-----|------------------|
| 1a Form 990 check here | <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | <u>1,911,663</u> |
| 2a Form 990-EZ check here | <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| 3a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b | |
| 4a Form 990-PF check here | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b | |
| 6a Form 990-T check here | <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b | |
| 7a Form 4720 check here | <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b | |
| 8a Form 5227 check here | <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b | |
| 9a Form 5330 check here | <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b | |
| 10a Form 8038-CP check here | <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b | |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Carey & Company P.A. to enter my PIN 12345 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax }

Date }

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

57507812345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } Patrick P. Carey, Jr., CPA

Date }

ERO Must Retain This Form — See Instructions

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2021)

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)

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 07/01/21, and ending 06/30/22

| | | |
|--|---|---|
| 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 <p style="text-align: center;">Coastal Discovery Museum</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">70 Honey Horn Drive</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">Hilton Head Island SC 29926</p> | D Employer identification number <p style="text-align: center;">57-0801415</p> E Telephone number <p style="text-align: center;">843-689-6767</p> G Gross receipts \$ 2,147,844 |
| F Name and address of principal officer: <p style="text-align: center;">Rex Garniewicz 70 Honey Horn Drive Hilton Head Island SC 29926</p> | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions |

| | | |
|---|---|---|
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | J Website: u coastaldiscovery.org | H(c) Group exemption number u |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u | L Year of formation: 1985 | M State of legal domicile: SC |

Part I Summary

| | | | |
|---|--|---------------------------|------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">To communicate to its members and to the general public the significance of the cultural and environmental heritage of the Lowcountry; to provide educational programming to residents of and visitors to Hilton Head, SC.</p> | | |
| | 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 | 13 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 12 |
| | 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 5 | 18 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 150 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| 7b 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 | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 1,162,867 | 1,379,770 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 193,433 | 282,377 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 18,281 | 29,264 |
| | 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 188,070 | 220,252 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 1,562,651 | 1,911,663 |
| | 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) | 821,058 | 840,772 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) u 136,319 | | |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 648,739 | 668,704 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 1,469,797 | 1,509,476 | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 92,854 | 402,187 | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 6,960,433 | 7,166,489 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 147,390 | 138,981 |
| | | 6,813,043 | 7,027,508 |

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 <p style="text-align: center;">Rex Garniewicz</p> Type or print name and title | Date <p style="text-align: center;">President and CEO</p> |
| | Print/Type preparer's name <p>Patrick P. Carey, Jr., CPA</p> | Preparer's signature <p>Patrick P. Carey, Jr., CPA</p> |
| Paid Preparer Use Only | 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

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 communicate to its members and to the general public the significance of the cultural and environmental heritage of the Lowcountry; to provide educational programming to residents of and visitors to Hilton Head, SC.

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 \$ **1,050,288** including grants of \$) (Revenue \$)
To communicate to its members and to the general public the significance of the cultural and environmental heritage of the Lowcountry; to provide educational programming to residents of and visitors to Hilton Head Island, South Carolina.

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 **u 1,050,288**

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 <i>(continued)</i> | | 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 | 18 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | 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 | | | |
| 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 u 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 | | | X |
| 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 | | | 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? | 7e | | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | X |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | X |
| 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 person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | 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. | 13 | |
| 1b | Enter the number of voting members included on line 1a, above, who are independent | 12 | |
| 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 |
| 7b | 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: | | |
| 8a | The governing body? | X | |
| 8b | 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 |
| 10b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | X |
| 11b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | 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? | | |
| 15a | The organization's CEO, Executive Director, or top management official | X | |
| 15b | Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | X |
| 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 |
| 16b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

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

Jennifer Stupica
Hilton Head

70 Honey Horn

SC 29926

843-689-6767

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

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

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

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

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------|--|---|-----------------------|---------|--------------|------------------------------|---------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) Porter Morgan | 1.00 | | | | | | | | | |
| Chair | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (2) Diane Bartlett | 1.00 | | | | | | | | | |
| Secretary | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (3) Fred Manske, Jr. | 1.00 | | | | | | | | | |
| Vice Chair | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (4) Dave Howitt | 1.00 | | | | | | | | | |
| Treasurer | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (5) Rex Garniewicz | 40.00 | | | | | | | | | |
| President and CEO | 0.00 | X | | X | | | 211,811 | 0 | 23,008 | |
| (6) Frederick Hack | 1.00 | | | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 | |
| (7) Albert George | 1.00 | | | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 | |
| (8) Margaret McManus | 1.00 | | | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 | |
| (9) Luana Graves Sellars | 1.00 | | | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 | |
| (10) Dr. Roselle L. Wilson | 1.00 | | | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 | |
| (11) John Batson | 1.00 | | | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (12) Lenore Gleason | 1.00 | | | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 | |
| (13) Lindsay Bunting | 1.00 | | | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 | |
| 1b Subtotal u | | | | | | | 211,811 | | 23,008 | |
| c Total from continuation sheets to Part VII, Section A u | | | | | | | | | | |
| d Total (add lines 1b and 1c) u | | | | | | | 211,811 | | 23,008 | |

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 **u 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 |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

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 **u 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 | 58,033 | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 957,940 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 363,797 | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g \$ | | | | | |
| | h Total. Add lines 1a-1f | | | u 1,379,770 | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a Management fee | | 75,000 | 75,000 | | | |
| | b Walks/tours | | 62,274 | 62,274 | | | |
| | c Marine/dolphin history cruise | | 34,460 | 34,460 | | | |
| | d Community programs | | 33,769 | 33,769 | | | |
| | e Other Program Revenue | | 26,882 | 26,882 | | | |
| | f All other program service revenue | | 49,992 | 49,992 | | | |
| | g Total. Add lines 2a-2f | | | u 282,377 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | u 29,264 | | | 29,264 | |
| | 4 Income from investment of tax-exempt bond proceeds | | u | | | | |
| | 5 Royalties | | u | | | | |
| | 6a Gross rents | | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | 6a | | | | | |
| | b Less: rental expenses | 6b | | | | | |
| | c Rental inc. or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | u | | | | |
| | 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) | | u | | | | |
| 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | | | | | | | |
| | 8a | 45,510 | | | | | |
| | b Less: direct expenses | 8b | 15,747 | | | | |
| c Net income or (loss) from fundraising events | | u 29,763 | | | | | |
| 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 | | u | | | | | |
| 10a Gross sales of inventory, less returns and allowances | | | | | | | |
| | 10a | 285,892 | | | | | |
| | b Less: cost of goods sold | 10b | 220,434 | | | | |
| c Net income or (loss) from sales of inventory | | u 65,458 | 65,458 | | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| | 11a Weddings | | 531390 | 98,070 | 98,070 | | |
| | b Private receptions | | 531390 | 25,910 | 25,910 | | |
| | c Misc income | | 531390 | 1,051 | 1,051 | | |
| | d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | u 125,031 | | | | |
| 12 Total revenue. See instructions | | | u 1,911,663 | 472,866 | 0 | 29,264 | |

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 | 234,820 | 140,892 | 58,705 | 35,223 |
| 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 | 438,783 | 263,270 | 109,696 | 65,817 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 75,348 | 45,173 | 18,882 | 11,293 |
| 9 Other employee benefits | 46,836 | 28,137 | 11,664 | 7,035 |
| 10 Payroll taxes | 44,985 | 26,991 | 11,246 | 6,748 |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 10,700 | 1,070 | 9,630 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 14,903 | 1,490 | 13,413 | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 Advertising and promotion | 49,207 | 49,207 | | |
| 13 Office expenses | 28,213 | 14,553 | 11,674 | 1,986 |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 211,642 | 211,642 | | |
| 17 Travel | 7,172 | 5,020 | 2,152 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 157,020 | 109,913 | 47,107 | |
| 23 Insurance | 38,967 | 27,277 | 11,690 | |
| 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 Other Program services | 81,081 | 81,081 | | |
| b Miscellaneous | 37,084 | 29,050 | 8,034 | |
| c Bank and Credit Card fees | 17,694 | 10,135 | 7,559 | |
| d Fundraising expense | 8,217 | | | 8,217 |
| e All other expenses | 6,804 | 5,387 | 1,417 | |
| 25 Total functional expenses. Add lines 1 through 24e | 1,509,476 | 1,050,288 | 322,869 | 136,319 |
| 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 | 696,776 | 1 | 785,721 |
| | 2 Savings and temporary cash investments | 80,923 | 2 | 41,804 |
| | 3 Pledges and grants receivable, net | 165,977 | 3 | 248,642 |
| | 4 Accounts receivable, net | 295 | 4 | 7,583 |
| | 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 | 34,156 | 8 | 9,385 |
| | 9 Prepaid expenses and deferred charges | 16,277 | 9 | 29,047 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 6,262,749 | | |
| | b Less: accumulated depreciation | 10b 2,194,097 | 3,811,536 | 10c 4,068,652 |
| | 11 Investments—publicly traded securities | 2,154,493 | 11 | 1,975,655 |
| | 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 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 6,960,433 | 16 | 7,166,489 | |
| Liabilities | 17 Accounts payable and accrued expenses | 43,067 | 17 | 23,030 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 104,323 | 25 | 115,951 |
| | 26 Total liabilities. Add lines 17 through 25 | 147,390 | 26 | 138,981 |
| 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 | 6,347,457 | 27 | 6,483,793 |
| | 28 Net assets with donor restrictions | 465,586 | 28 | 543,715 |
| | 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 | 6,813,043 | 32 | 7,027,508 |
| 33 Total liabilities and net assets/fund balances | 6,960,433 | 33 | 7,166,489 | |

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 | 1,911,663 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,509,476 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 402,187 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 6,813,043 |
| 5 | Net unrealized gains (losses) on investments | 5 | -187,722 |
| 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 | 7,027,508 |

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

Coastal Discovery Museum

Employer identification number

57-0801415

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: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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

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
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
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
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
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) 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.") | 945,958 | 948,588 | 1,097,743 | 1,162,867 | 1,295,032 | 5,450,188 |
| 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 | 686,654 | 775,799 | 525,343 | 349,231 | 357,961 | 2,694,988 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | 1,632,612 | 1,724,387 | 1,623,086 | 1,512,098 | 1,652,993 | 8,145,176 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 14,450 | 40,050 | 134,350 | 178,164 | 46,250 | 413,264 |
| 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 | 58,155 | 57,324 | 58,358 | 59,605 | 58,177 | 291,619 |
| c Add lines 7a and 7b | 72,605 | 97,374 | 192,708 | 237,769 | 104,427 | 704,883 |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 7,440,293 |

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 | 1,632,612 | 1,724,387 | 1,623,086 | 1,512,098 | 1,652,993 | 8,145,176 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 51,861 | 43,216 | 41,105 | 27,391 | 29,264 | 192,837 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 51,861 | 43,216 | 41,105 | 27,391 | 29,264 | 192,837 |
| 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.) | 1,684,473 | 1,767,603 | 1,664,191 | 1,539,489 | 1,682,257 | 8,338,013 |
| 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---------|
| 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) | 15 | 89.23 % |
| 16 Public support percentage for 2020 Schedule A, Part III, line 15 | 16 | 89.42 % |

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 % |
| 18 Investment income percentage for 2020 Schedule A, Part III, line 17 | 18 | 2 % |

- 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? | | |
| 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. 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> | | Yes | No |
| 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. 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> | | | |
| 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 (<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 | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2021 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2021 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2021 | | | |
| a From 2016 | | | |
| b From 2017 | | | |
| c From 2018 | | | |
| d From 2019 | | | |
| e From 2020 | | | |
| f 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, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2022. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2017 | | | |
| b Excess from 2018 | | | |
| c Excess from 2019 | | | |
| d Excess from 2020 | | | |
| e Excess from 2021 | | | |

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

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

Coastal Discovery Museum**57-0801415**

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

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

Form 990-PF

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

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

Special Rules

-
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- ¹
- /
- ₃
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000; or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule B (Form 990) (2021)

Name of organization

Coastal Discovery Museum

Employer identification number

57-0801415

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 | | \$ 105,100 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | | \$ 60,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | | \$ 89,700 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

u 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

Coastal Discovery Museum

Employer identification number

57-0801415

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 Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 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 u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 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 u \$, (ii) Assets included in Form 990, Part X u \$, 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 u \$, b Assets included in Form 990, Part X u \$

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 Yes No

Part V Endowment Funds.

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **u** %
 - b Permanent endowment **u** %
 - c Term endowment **u** %
- 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 | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|------------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 25,711 | 25,711 | |
| e Other | | 6,237,038 | 2,168,386 | 4,068,652 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | u | 4,068,652 |

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.) | u | |

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.) | u | |

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.) | u |

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 vacation and salary | 115,951 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | u 115,951 |

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 | 1,935,351 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | -187,722 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 211,410 |
| e | Add lines 2a through 2d | 2e | 23,688 |
| 3 | Subtract line 2e from line 1 | 3 | 1,911,663 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 1,911,663 |

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 | 1,720,886 |
| 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 | 211,410 |
| e | Add lines 2a through 2d | 2e | 211,410 |
| 3 | Subtract line 2e from line 1 | 3 | 1,509,476 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 1,509,476 |

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 2d - Revenue Amounts Included in Financials - Other

Fundraising activity expense \$ **15,747**

Cost of goods sold \$ **195,663**

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Fundraising activities expense \$ **15,747**

Cost of goods sold \$ **195,663**

**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.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Coastal Discovery Museum

Employer identification number

57-0801415

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.

.....

.....

.....

.....

.....

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>Art Market</u> (event type) | _____ (event type) | <u>None</u> (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 | Gross receipts | 45,510 | | 45,510 |
| | 2 | Less: Contributions | | | |
| | 3 | Gross income (line 1 minus line 2) | 45,510 | | 45,510 |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | | | |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | 15,747 | | 15,747 |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | 29,763 |

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: _____

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
u Attach to Form 990.
uGo to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Coastal Discovery Museum

Employer identification number
57-0801415

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----------|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---------------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 Rex Garniewicz President and CEO | (i) | 211,811 | 0 | 0 | 0 | 23,008 | 234,819 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 3 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 4 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 5 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 6 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 7 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 8 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 9 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

Part III - Other Additional Information

Compensation is determined by the Board based on overall performance.

**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.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

Coastal Discovery Museum

Employer identification number

57-0801415

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

The tax return is discussed at a Board meeting and made available to all Board Members.

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

The Board and the President/CEO monitor the conflict of interest policy.

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

The Board Compensation Committee approves the executive compensation.

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

The documents are available upon request.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

| | |
|--------------------------------|-------------|
| Fundraising activity expense | \$ 15,747 |
| Cost of goods sold | \$ 195,663 |
| Fundraising activities expense | \$ -15,747 |
| Cost of goods sold | \$ -195,663 |
| Round | \$ 0 |

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

u Attach to your tax return.

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

OMB No. 1545-0172

2021

Attachment Sequence No. **179**

Coastal Discovery Museum

Identifying number
57-0801415

Business or activity to which this form relates

Museum Store

Part I Election To Expense Certain Property Under Section 179

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

| | | | |
|----|---|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | 1 | 1,050,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,620,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2020 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 | 13 | |

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

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

| | | | |
|----|--|----|----------------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 151,628 |

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

Section A

| | | | |
|----|---|----|--------------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2021 | 17 | 5,392 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> | | |

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

| | | | |
|----|---|----|----------------|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 157,020 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

For Paperwork Reduction Act Notice, see separate instructions.

DAA

| | | |
|---------------------------------|---|-------------|
| Form 990 | Event Income and Deduction Worksheet | 2021 |
| Description Museum Store | | |

| | |
|---|---|
| Name Coastal Discovery Museum | Taxpayer Identification Number 57-0801415 |
|---|---|

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. | | 285,892 |
| 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. | | 285,892 |
| 8. Cost of Goods Sold | 8. | | 220,434 |
| 9. Employment Expense | 9. | | |
| 10. Fees for services | 10. | | |
| 11. Indirect Expense | 11. | | |
| 12. Depreciation Expense | 12. | | 157,020 |
| 13. Exempt Activity Expense | 13. | | |
| 14. Fundraising Expense | 14. | | |
| 15. Total expenses. Add lines 8 through 14 | 15. | | 377,454 |
| 16. Net Income/Loss. Line 7 minus Line 15 | 16. | | -91,562 |

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 | 157,020 |
| Amortization | |
| Depletion | |
| Total Depreciation Expense | 157,020 |

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 | 34,156 |
| Purchases | 195,663 |
| Labor | |
| Section 263A costs | |
| Other costs | |
| Ending inventory | 9,385 |
| Total Cost of Goods Sold | 220,434 |

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 | 157,020 |

| | | |
|-------------------------------|---|-------------|
| Form 990 | Event Income and Deduction Worksheet | 2021 |
| Description Art Market | | |

| | |
|---|---|
| Name Coastal Discovery Museum | Taxpayer Identification Number 57-0801415 |
|---|---|

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. | | 45,510 |
| 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. | | 45,510 |
| 8. Cost of Goods Sold | 8. | | 15,747 |
| 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. | | 15,747 |
| 16. Net Income/Loss. Line 7 minus Line 15 | 16. | | 29,763 |

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 - Cost of Goods Sold:

| | |
|---------------------------------|---------------|
| Beginning inventory | |
| Purchases | |
| Labor | |
| Section 263A costs | |
| Other costs | 15,747 |
| Ending inventory | |
| Total Cost of Goods Sold | 15,747 |

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 - Employment Expense:

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

Federal Statements**Taxable Interest on Investments**

| <u>Description</u> | <u>Amount</u> | <u>Unrelated Business</u> | <u>Exclusion Code</u> | <u>Postal Code</u> | <u>Acquired after 6/30/75</u> | <u>US Obs (\$ or %)</u> |
|-------------------------|-----------------|-------------------------------|---------------------------|------------------------|-----------------------------------|-----------------------------|
| Interest income | \$ 5,256 | | 14 | | | |
| Interest - cap campaign | 1,098 | | 14 | | | |
| Total | <u>\$ 6,354</u> | | | | | |

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> |
|--------------------|------------------|-------------------------------|---------------------------|------------------------|-----------------------------------|-----------------------------|
| Dividend income | \$ 22,910 | | 14 | | | |
| Total | <u>\$ 22,910</u> | | | | | |

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

| <u>Description</u> | <u>Total Expenses</u> | <u>Program Service</u> | <u>Management & General</u> | <u>Fund Raising</u> |
|--------------------|---------------------------|----------------------------|-------------------------------------|-------------------------|
| Supplies | \$ 6,804 | \$ 5,387 | \$ 1,417 | \$ |
| Total | \$ 6,804 | \$ 5,387 | \$ 1,417 | \$ 0 |

Federal Statements**Schedule A, Part III, Line 7a - Support from Disqualified Persons**

| <u>Donor Name</u> | <u>2017</u> | <u>2018</u> | <u>2019</u> | <u>2020</u> | <u>2021</u> |
|-------------------|-------------------------|-------------------------|--------------------------|--------------------------|-------------------------|
| | \$ <u>14,450</u> | \$ <u>40,050</u> | \$ <u>134,350</u> | \$ <u>178,164</u> | \$ <u>46,250</u> |
| Total | \$ <u><u>14,450</u></u> | \$ <u><u>40,050</u></u> | \$ <u><u>134,350</u></u> | \$ <u><u>178,164</u></u> | \$ <u><u>46,250</u></u> |

Federal Statements**Schedule A, Part III, Line 7b - Excess Gross Receipts**

| <u>Donor Name</u> | <u>Total</u> | <u>Excess</u> |
|---------------------|-------------------|-------------------|
| Town of Hilton Head | \$ | \$ |
| 2021 | 75,000 | 58,177 |
| 2020 | 75,000 | 59,605 |
| 2019 | 75,000 | 58,358 |
| 2018 | 75,000 | 57,324 |
| 2017 | 75,000 | 58,155 |
| Total | \$ <u>375,000</u> | \$ <u>291,619</u> |

Federal Statements

Art Market

Other Direct Fundraising or Gaming Expenses

| <u>Description</u> | <u>Amount</u> |
|--------------------|---------------|
| Fundraising | \$ _____ |
| Total | \$ _____ 0 |

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

CONFIDENTIAL

Coastal Discovery Museum
70 Honey Horn Drive
Hilton Head Island, SC 29926

Dear Rex:

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.

Return of Organization Exempt From Income Tax (Form 990)

Annual Financial Report for a Charitable Organization - SC Secretary of State's Office

We will prepare your 2020 federal exempt organization returns listed above from information which you will furnish to us. A copy of your federal return will be sent to the relevant state authority as required by state law. 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.

This engagement letter does not cover the preparation of any financial statements, which, if we are to provide, will be covered under a separate engagement letter.

You are responsible for making all management decisions and performing all management functions; for designating an individual with suitable skill, knowledge, or experience to oversee the bookkeeping and tax services we provide; and for evaluating the adequacy and results of the services performed and accepting responsibility for such services.

We may provide you with a questionnaire or other document requesting specific information. Completing those forms will assist us in making sure you are well served for a reasonable fee. You represent that the information you are supplying to us is accurate and complete to the best of your knowledge and that you have disclosed to us all relevant facts affecting the returns. We will not verify the information you give us; however, we may ask for additional clarification of some information.

If, during our work, we discover information that affects prior-year tax returns, we will make you aware of the facts. However, we cannot be responsible for identifying all items that may affect prior-year returns. If you become aware of such information during the year, please contact us to discuss the best resolution of the issue. We will be happy to prepare appropriate amended returns as a separate engagement.

Our work in connection with the preparation of the tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. The returns will be prepared solely from information provided to us without verification by us.

In accordance with federal law and under no circumstances will we disclose your tax return information to any location outside the United States, to another tax return preparer outside of our firm for purposes of a second opinion, or to any other third party for any purpose other than to prepare your return without first receiving your consent.

The IRS permits you to authorize us to discuss, on a limited basis, aspects of your return for one year after the due date of the return. Your consent to such a discussion is evidenced by checking a box on the return. Unless you tell us otherwise, we will check that box authorizing the IRS to discuss your return with us.

It is our policy to keep records related to this engagement for seven years. However, we do not keep any of your original records and will return those to you upon the completion of the engagement. When records are returned to you, it is your responsibility to retain and protect the records for possible future use, including potential examination by governmental or regulatory agencies.

By signing this engagement letter, you acknowledge and agree that upon the expiration of the seven year period, we are free to destroy our records related to this engagement.

Certain communications involving tax advice are privileged and not subject to disclosure to the IRS. By disclosing the contents of those communications to anyone or by turning over information about those communications to the government, you, your employees, or agents, may be waiving this privilege. To protect this right to privileged communication, please consult with us or your attorney prior to disclosing any information about our tax advice. Should you decide that it is appropriate for us to disclose any potentially privileged communication, you agree to provide us with written advance authority to make that disclosure.

Should we receive any request for the disclosure of privileged information from any third party, including a subpoena or IRS summons, we will notify you. In the event you direct us not to make the disclosure, you agree to hold us harmless from any expenses incurred in defending the privilege, including, by way of illustration only, our attorney's fees, court costs, outside adviser's costs, or penalties or fines imposed as a result of your asserting the privilege or your direction to us to assert the privilege.

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.

The return covered under this engagement, may be selected for review by the taxing authorities. In the event of an audit, you may be requested to produce documents, records, or other evidence to substantiate the items of income and deduction shown on a tax return. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of a tax examination, we will be available, upon request, to represent you. However, such additional services are not included in the fees for the preparation of the tax return.

Our fees for tax services will be based upon the amount of time required at our standard billing rates for the personnel working on the engagement. All invoices are due and payable upon presentation. Amounts not paid within 30 days from the invoice date will be subject to a late payment charge of 1.5% per month (18% per year).] If for any reason the account is turned over to an attorney for collection, you agree to pay our reasonable attorney fees and costs.

In the event of a dispute related in any way to our services, our firm and you agree to discuss the dispute and, if necessary, to promptly mediate in a good faith effort to resolve. We will agree on a mediator, but if we cannot, either of us may apply to a court having personal jurisdiction over

the parties for appointment of a mediator. We will share the mediator's fees and expenses equally, but otherwise will bear our own attorneys' fees and mediation cost. Participation in such mediation shall be a condition to either of us initiating litigation. In order to allow time for the mediation, any applicable statute of limitations shall be tolled for a period not to exceed 120 days from the date either of us first requests in writing to mediate the dispute. The mediation shall be confidential in all respects, as allowed or required by law, except our final settlement positions at mediation shall be admissible in litigation solely to determine the prevailing party's identity for purposes of the award of attorneys' fees.

We have the right to withdraw from this engagement, at our discretion, if you fail to provide us with any information we request in a timely manner, refuse to cooperate with our reasonable requests, or misrepresent any facts. Our withdrawal will release us from any obligation to complete your return and will constitute completion of our engagement. You agree to compensate us for our time and out-of-pocket expenses through the date of our withdrawal.

If the foregoing correctly sets forth your understanding of our tax engagement, please sign this letter in the space below and return it to our office. If you disagree with any of these terms, please notify us immediately.

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

October 21, 2021

CONFIDENTIAL

Coastal Discovery Museum
70 Honey Horn Drive
Hilton Head Island, SC 29926

Dear Rex:

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

Return of Organization Exempt From Income Tax (Form 990)

Annual Financial Report for a Charitable Organization - SC Secretary of State's Office

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.

| | | |
|--|-----------------------------------|------------------------|
| Form 990 | Two Year Comparison Report | 2019 & 2020 |
| For calendar year 2020, or tax year beginning 07/01/20 , ending 06/30/21 | | |

Name

Taxpayer Identification Number

Coastal Discovery Museum**** - ***1415**

| | | 2019 | 2020 | Differences |
|--|--|------------------|------------------|--------------|
| R e v e n u e | 1. Contributions, gifts, grants | 454,454 | 490,018 | 35,564 |
| | 2. Membership dues and assessments | 53,725 | 50,930 | -2,795 |
| | 3. Government contributions and grants | 589,564 | 621,919 | 32,355 |
| | 4. Program service revenue | 217,482 | 193,433 | -24,049 |
| | 5. Investment income | 41,440 | 18,281 | -23,159 |
| | 6. Proceeds from tax exempt bonds | | | |
| | 7. Net gain or (loss) from sale of assets other than inventory | 2,879 | | -2,879 |
| | 8. Net income or (loss) from fundraising events | 9,148 | 18,981 | 9,833 |
| | 9. Net income or (loss) from gaming | | | |
| | 10. Net gain or (loss) on sales of inventory | 86,234 | 65,254 | -20,980 |
| | 11. Other revenue | 104,422 | 103,835 | -587 |
| | 12. Total revenue. Add lines 1 through 11 | 1,559,348 | 1,562,651 | 3,303 |
| E x p e n s e s | 13. Grants and similar amounts paid | | | |
| | 14. Benefits paid to or for members | | | |
| | 15. Compensation of officers, directors, trustees, etc. | 227,754 | 208,951 | -18,803 |
| | 16. Salaries, other compensation, and employee benefits | 575,613 | 612,107 | 36,494 |
| | 17. Professional fundraising fees | | | |
| | 18. Other professional fees | 21,765 | 31,849 | 10,084 |
| | 19. Occupancy, rent, utilities, and maintenance | 149,991 | 227,050 | 77,059 |
| | 20. Depreciation and Depletion | 160,313 | 159,252 | -1,061 |
| | 21. Other expenses | 330,160 | 230,588 | -99,572 |
| | 22. Total expenses. Add lines 13 through 21 | 1,465,596 | 1,469,797 | 4,201 |
| 23. Excess or (Deficit). Subtract line 22 from line 12 | 93,752 | 92,854 | -898 | |
| O t h e r I n f o r m a t i o n | 24. Total exempt revenue | 1,559,348 | 1,562,651 | 3,303 |
| | 25. Total unrelated revenue | | | |
| | 26. Total excludable revenue | 452,457 | 380,803 | -71,654 |
| | 27. Total assets | 6,451,285 | 6,960,433 | 509,148 |
| | 28. Total liabilities | 59,186 | 147,390 | 88,204 |
| | 29. Retained earnings | 6,392,099 | 6,813,043 | 420,944 |
| | 30. Number of voting members of governing body | 15 | 13 | |
| | 31. Number of independent voting members of governing body | 14 | 12 | |
| 32. Number of employees | 17 | 17 | | |
| 33. Number of volunteers | 150 | 150 | | |

| | | |
|-----------------|---------------------------|-------------|
| Form 990 | Tax Return History | 2020 |
|-----------------|---------------------------|-------------|

| | |
|---|---|
| Name Coastal Discovery Museum | Employer Identification Number **_***1415 |
|---|---|

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|------------------|------------------|------------------|------------------|------------------|------|
| Contributions, gifts, grants | 742,602 | 888,483 | 893,988 | 1,044,018 | 1,111,937 | |
| Membership dues | 29,800 | 57,475 | 54,600 | 53,725 | 50,930 | |
| Program service revenue | 318,326 | 303,036 | 304,389 | 217,482 | 193,433 | |
| Capital gain or loss | | | 20,522 | 2,879 | | |
| Investment income | 25,246 | 51,861 | 43,647 | 41,440 | 18,281 | |
| Fundraising revenue (income/loss) | 29,198 | 22,563 | 27,690 | 9,148 | 18,981 | |
| Gaming revenue (income/loss) | | | | | | |
| Other revenue | 154,771 | 230,319 | 296,882 | 190,656 | 169,089 | |
| Total revenue | 1,299,943 | 1,553,737 | 1,641,718 | 1,559,348 | 1,562,651 | |
| Grants and similar amounts paid | | | | | | |
| Benefits paid to or for members | | | | | | |
| Compensation of officers, etc. | | 223,947 | 221,515 | 227,754 | 208,951 | |
| Other compensation | 678,721 | 431,360 | 574,165 | 575,613 | 612,107 | |
| Professional fees | 21,583 | 23,611 | 27,933 | 21,765 | 31,849 | |
| Occupancy costs | 201,764 | 159,685 | 220,120 | 149,991 | 227,050 | |
| Depreciation and depletion | 178,813 | 181,674 | 180,838 | 160,313 | 159,252 | |
| Other expenses | 306,168 | 371,866 | 349,943 | 330,160 | 230,588 | |
| Total expenses | 1,387,049 | 1,392,143 | 1,574,514 | 1,465,596 | 1,469,797 | |
| Excess or (Deficit) | -87,106 | 161,594 | 67,204 | 93,752 | 92,854 | |
| Total exempt revenue | 1,299,943 | 1,553,737 | 1,641,718 | 1,559,348 | 1,562,651 | |
| Total unrelated revenue | | | | | | |
| Total excludable revenue | 498,343 | 585,216 | 665,440 | 452,457 | 380,803 | |
| Total Assets | 6,148,923 | 6,417,665 | 6,404,805 | 6,451,285 | 6,960,433 | |
| Total Liabilities | 81,927 | 164,301 | 72,443 | 59,186 | 147,390 | |
| Net Fund Balances | 6,066,996 | 6,253,364 | 6,332,362 | 6,392,099 | 6,813,043 | |

Filing Instructions

Coastal Discovery Museum

Exempt Organization Tax Return

Taxable Year Ended June 30, 2021

Date Due: November 15, 2021

Remittance: None is required. Your Form 990 for the tax year ended 6/30/21 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, 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-EO 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 **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 7/01, 2020, and ending 6/30, 20 21

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

2020

Department of the Treasury
Internal Revenue Service

Name of exempt organization or person subject to tax

Coastal Discovery Museum

Taxpayer identification number

****-***1415**

Name and title of officer or person subject to tax

**Rex Garniewicz
President and CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| | | | |
|---|---|-----------|------------------|
| 1a Form 990 check here <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | 1,562,651 |
| 2a Form 990-EZ check here <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| 3a Form 1120-POL check here <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b | |
| 4a Form 990-PF check here <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | |
| 5a Form 8868 check here <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b | |
| 6a Form 990-T check here <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b | |
| 7a Form 4720 check here <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b | |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Carey & Company P.A. to enter my PIN 82317 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax }

Date } 10/21/21

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } Patrick P. Carey, Jr., CPA Date } 10/21/21

ERO Must Retain This Form — See Instructions

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

Form **990**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21

| | | |
|--|--|--|
| 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 Coastal Discovery Museum | D Employer identification number ** - ***1415 |
| | Doing business as | E Telephone number 843-689-6767 |
| | Number and street (or P.O. box if mail is not delivered to street address) 70 Honey Horn Drive | Room/suite |
| | City or town, state or province, country, and ZIP or foreign postal code Hilton Head Island SC 29926 | G Gross receipts \$ 1,697,134 |

F Name and address of principal officer:
Rex Garniewicz
70 Honey Horn Drive
Hilton Head Island SC 29926

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions

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

J Website: **u** **coastaldiscovery.org** **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: **1985** **M** State of legal domicile: **SC**

Part I Summary

| | | | |
|---|---|---------------------------|------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: To communicate to its members and to the general public the significance of the cultural and environmental heritage of the Lowcountry; to provide educational programming to residents of and visitors to Hilton Head, SC. | | |
| | 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 | 13 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 12 |
| | 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 | 17 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 150 |
| | 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) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 1,097,743 | 1,162,867 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 217,482 | 193,433 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 44,319 | 18,281 |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 199,804 | 188,070 |
| Expenses | 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) | 803,367 | 821,058 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) u 155,547 | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 662,229 | 648,739 |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,465,596 | 1,469,797 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 93,752 | 92,854 | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 6,451,285 | 6,960,433 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 59,186 | 147,390 |
| | | 6,392,099 | 6,813,043 |

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: **Rex Garniewicz** Date: _____
Type or print name and title: **President and CEO**

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 PTIN: *********

Firm's name: **Carey & Company P.A.** Firm's EIN: **** - ***7046**
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

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 communicate to its members and to the general public the significance of the cultural and environmental heritage of the Lowcountry; to provide educational programming to residents of and visitors to Hilton Head, SC.

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 \$ **1,000,113** including grants of \$) (Revenue \$)

To communicate to its members and to the general public the significance of the cultural and environmental heritage of the Lowcountry; to provide educational programming to residents of and visitors to Hilton Head Island, South Carolina.

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 **u 1,000,113**

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 Revenue Procedure 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 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? 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 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 | 17 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 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 | | | |
| 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 u 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 | | | X |
| 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 | | | 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? | 7e | | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | X |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | X |
| 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 |

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. | 13 | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 12 | |
| 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? | | |
| 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 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 | 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 in Schedule O how this was done | 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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | X |
| 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? | | |

Section C. Disclosure

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

Jennifer Stupica
Hilton Head

70 Honey Horn

SC 29926

843-689-6767

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 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) | (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) Porter Morgan | 1.00 | | | | | | | | | |
| Chair | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (2) Diane Bartlett | 1.00 | | | | | | | | | |
| Secretary | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (3) Fred Manske, Jr. | 1.00 | | | | | | | | | |
| Vice Chair | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (4) Dave Howitt | 1.00 | | | | | | | | | |
| Treasurer | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (5) Rex Garniewicz | 40.00 | | | | | | | | | |
| President and CEO | 0.00 | X | | X | | | 208,951 | 0 | 26,591 | |
| (6) Frederick Hack | 1.00 | | | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 | |
| (7) Albert George | 1.00 | | | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 | |
| (8) Margaret McManus | 1.00 | | | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 | |
| (9) Luana Graves Sellars | 1.00 | | | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 | |
| (10) Dr. Roselle L. Wilson | 1.00 | | | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 | |
| (11) John Batson | 1.00 | | | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 | |

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

| (A) Name and title | (B) Average hours per week 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) | (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 | | | |
| (12) Lenore Gleason Member | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (13) Lindsay Bunting Member | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 208,951 | | 26,591 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 208,951 | | 26,591 |

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 **u 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 |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

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 **u 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 | 50,930 | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 621,919 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 490,018 | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ | | | | |
| | h Total. Add lines 1a-1f | u | 1,162,867 | | | | |
| Program Service Revenue | 2a Management fee | Business Code | 75,000 | 75,000 | | | |
| | b Walks/tours | | 39,157 | 39,157 | | | |
| | c Marine/dolphin history cruise | | 27,777 | 27,777 | | | |
| | d Farmers Market | | 16,702 | 16,702 | | | |
| | e Other Program Revenue | | 13,832 | 13,832 | | | |
| | f All other program service revenue | | 20,965 | 20,965 | | | |
| | g Total. Add lines 2a-2f | u | 193,433 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | u | 18,281 | -9,110 | | 27,391 | |
| | 4 Income from investment of tax-exempt bond proceeds | u | | | | | |
| | 5 Royalties | u | | | | | |
| | 6a Gross rents | 6a | (i) Real | | | | |
| | | b Less: rental expenses | 6b | | | | |
| | | c Rental inc. or (loss) | 6c | | | | |
| | d Net rental income or (loss) | u | | | | | |
| | 7a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | b Less: cost or other basis and sales exps. | 7b | | | | |
| | | c Gain or (loss) | 7c | | | | |
| | d Net gain or (loss) | u | | | | | |
| | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 8a | | 30,190 | | | |
| | | b Less: direct expenses | 8b | 11,209 | | | |
| | | c Net income or (loss) from fundraising events | u | 18,981 | | | |
| 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 | u | | | | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | 188,528 | | | | |
| | b Less: cost of goods sold | 10b | 123,274 | | | | |
| | c Net income or (loss) from sales of inventory | u | 65,254 | 65,254 | | | |
| Miscellaneous Revenue | 11a Weddings | Business Code | 531390 | 74,085 | 74,085 | | |
| | b Private receptions | | 531390 | 28,935 | 28,935 | | |
| | c Book royalties | | 531390 | 601 | 601 | | |
| | d All other revenue | | | 214 | 214 | | |
| | e Total. Add lines 11a-11d | u | | 103,835 | | | |
| 12 Total revenue. See instructions | u | | 1,562,651 | 353,412 | 0 | 27,391 | |

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 | 208,951 | 125,371 | 52,238 | 31,342 |
| 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 | 424,297 | 254,578 | 106,074 | 63,645 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 69,887 | 41,932 | 17,472 | 10,483 |
| 9 Other employee benefits | 74,778 | 44,866 | 18,695 | 11,217 |
| 10 Payroll taxes | 43,145 | 25,887 | 10,786 | 6,472 |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 18,933 | 1,893 | 17,040 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 12,916 | 1,292 | 11,624 | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 Advertising and promotion | 22,195 | 22,195 | | |
| 13 Office expenses | 7,476 | 5,478 | 1,998 | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 227,050 | 227,050 | | |
| 17 Travel | 600 | 420 | 180 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 159,252 | 111,476 | 47,776 | |
| 23 Insurance | 38,497 | 26,948 | 11,549 | |
| 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 Web and Email | 55,722 | 55,722 | | |
| b Other Program services | 32,901 | 32,901 | | |
| c Fundraising expense | 30,741 | | | 30,741 |
| d Other Operating | 14,883 | 7,138 | 7,745 | |
| e All other expenses | 27,573 | 14,966 | 10,960 | 1,647 |
| 25 Total functional expenses. Add lines 1 through 24e | 1,469,797 | 1,000,113 | 314,137 | 155,547 |
| 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 | 526,096 | 1 | 696,776 |
| | 2 Savings and temporary cash investments | 76,734 | 2 | 80,923 |
| | 3 Pledges and grants receivable, net | 176,881 | 3 | 165,977 |
| | 4 Accounts receivable, net | 114 | 4 | 295 |
| | 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 | 50,957 | 8 | 34,156 |
| | 9 Prepaid expenses and deferred charges | 20,956 | 9 | 16,277 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 5,848,613 | | |
| | b Less: accumulated depreciation | 10b 2,037,077 | 3,963,071 | 10c 3,811,536 |
| | 11 Investments—publicly traded securities | 1,636,476 | 11 | 2,154,493 |
| | 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 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | | 6,451,285 | 16 | 6,960,433 |
| Liabilities | 17 Accounts payable and accrued expenses | 16,389 | 17 | 43,067 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 42,797 | 25 | 104,323 |
| | 26 Total liabilities. Add lines 17 through 25 | 59,186 | 26 | 147,390 |
| 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 | 5,977,968 | 27 | 6,347,457 |
| | 28 Net assets with donor restrictions | 414,131 | 28 | 465,586 |
| | 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 | 6,392,099 | 32 | 6,813,043 | |
| 33 Total liabilities and net assets/fund balances | 6,451,285 | 33 | 6,960,433 | |

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 | 1,562,651 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,469,797 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 92,854 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 6,392,099 |
| 5 | Net unrealized gains (losses) on investments | 5 | 328,090 |
| 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 | 6,813,043 |

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 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | 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 |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | |

SCHEDULE A
(Form 990 or 990-EZ)

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.

2020

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

Coastal Discovery Museum

Employer identification number

****-***1415**

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 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 | | |
| (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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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. Rows include: 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.") | 772,402 | 945,958 | 948,588 | 1,097,743 | 1,162,867 | 4,927,558 |
| 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 | 586,682 | 686,654 | 775,799 | 525,343 | 349,231 | 2,923,709 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | 1,359,084 | 1,632,612 | 1,724,387 | 1,623,086 | 1,512,098 | 7,851,267 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | 14,450 | 40,050 | 134,350 | 178,164 | 367,014 |
| 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 | 61,157 | 58,155 | 57,324 | 58,358 | 59,605 | 294,599 |
| c Add lines 7a and 7b | 61,157 | 72,605 | 97,374 | 192,708 | 237,769 | 661,613 |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 7,189,654 |

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 | 1,359,084 | 1,632,612 | 1,724,387 | 1,623,086 | 1,512,098 | 7,851,267 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 25,246 | 51,861 | 43,216 | 41,105 | 27,391 | 188,819 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 25,246 | 51,861 | 43,216 | 41,105 | 27,391 | 188,819 |
| 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.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 1,384,330 | 1,684,473 | 1,767,603 | 1,664,191 | 1,539,489 | 8,040,086 |
| 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 2020 (line 8, column (f), divided by line 13, column (f)) | 15 | 89.42 % |
| 16 Public support percentage for 2019 Schedule A, Part III, line 15 | 16 | 91.77 % |

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 % |
| 18 Investment income percentage for 2019 Schedule A, Part III, line 17 | 18 | 2 % |

- 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
- 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 12a or 12b in Part I, answer (b) and (c) 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? <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 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? <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> | Yes | No |
| 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? <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 (<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 | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2020 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-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—explain in Part VI). 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, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2021. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2016 | | | |
| b Excess from 2017 | | | |
| c Excess from 2018 | | | |
| d Excess from 2019 | | | |
| e Excess from 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.)

Area with horizontal dotted lines for supplemental information.

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

OMB No. 1545-0047

2020

Name of the organization

Employer identification number

Coastal Discovery Museum**** - ***1415**

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

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

Form 990-PF

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

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

Special Rules

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

Name of organization

Coastal Discovery Museum

Employer identification number

**** - ***1415**

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 | | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | | \$ 15,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | | \$ 25,700 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | | \$ 6,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | | \$ 50,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Coastal Discovery Museum

Employer identification number

**** - ***1415**

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 | | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | | \$ 20,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | | \$ 18,750 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | | \$ 16,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | | \$ 25,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | | \$ 50,590 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Coastal Discovery Museum

Employer identification number

**** - ***1415**

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 |
|------------|-----------------------------------|----------------------------|---|
| 13 | | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | | \$ 8,000 | 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.) |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

u 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

Coastal Discovery Museum

Employer identification number

** - ***1415

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, total acreage, and questions about monitoring and reporting.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

| | Amount |
|-----------|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

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

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

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

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

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

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

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

| | Yes | No |
|---------------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|------------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 25,711 | 21,426 | 4,285 |
| e Other | | 5,822,902 | 2,015,651 | 3,807,251 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | u | 3,811,536 |

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.) | u | |

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.) | u | |

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.) | u |

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 vacation and salary | 104,323 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | u 104,323 |

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

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

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

| | | | |
|----------|--|-----------|------------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 2,025,223 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 328,090 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 145,690 |
| e | Add lines 2a through 2d | 2e | 473,780 |
| 3 | Subtract line 2e from line 1 | 3 | 1,562,651 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 1,562,651 |

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 | 1,615,487 |
| 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 | 145,690 |
| e | Add lines 2a through 2d | 2e | 145,690 |
| 3 | Subtract line 2e from line 1 | 3 | 1,469,797 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 1,469,797 |

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 2d - Revenue Amounts Included in Financials - Other

Fundraising activity expense \$ **11,208**

Cost of goods sold \$ **134,482**

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Fundraising activities expense \$ **11,208**

Cost of goods sold \$ **134,482**

**SCHEDULE G
(Form 990 or 990-EZ)**

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.

u Attach to Form 990 or Form 990-EZ.

u 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

Coastal Discovery Museum

Employer identification number

****-***1415**

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.

.....

.....

.....

.....

.....

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>Art Market</u> (event type) | _____ (event type) | <u>None</u> (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 | Gross receipts | 30,190 | | 30,190 |
| | 2 | Less: Contributions | | | |
| | 3 | Gross income (line 1 minus line 2) | 30,190 | | 30,190 |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | | | |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | 11,209 | | 11,209 |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | 18,981 |

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: _____

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
u Attach to Form 990.
uGo to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Coastal Discovery Museum

Employer identification number
****-***1415**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----------|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---------------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 Rex Garniewicz President and CEO | (i) | 203,951 | 5,000 | 0 | 7,828 | 18,763 | 235,542 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 3 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 4 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 5 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 6 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 7 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 8 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 9 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

Part III - Other Additional Information

Compensation is determined by the Board based on overall performance.

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.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

Coastal Discovery Museum

Employer identification number

**** - ***1415****Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

The tax return is discussed at a Board meeting and made available to all Board Members.

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

The Board and the President/CEO monitor the conflict of interest policy.

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

The Board Compensation Committee approves the executive compensation.

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

The documents are available upon request.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

| | | |
|--------------------------------|----|----------|
| Fundraising activity expense | \$ | 11,208 |
| Cost of goods sold | \$ | 134,482 |
| Fundraising activities expense | \$ | -11,208 |
| Cost of goods sold | \$ | -134,482 |
| Round | \$ | 0 |

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

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

OMB No. 1545-0172

2020

Attachment Sequence No. **179**

Coastal Discovery Museum

Identifying number
**** - ***1415**

Business or activity to which this form relates

Museum Store

Part I Election To Expense Certain Property Under Section 179

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

| | | | |
|----|---|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | 1 | 1,040,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,590,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2019 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 | 13 | |

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

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

| | | | |
|----|--|----|----------------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 153,861 |

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

Section A

| | | | |
|----|--|----|--------------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2020 | 17 | 5,391 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u | | |

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

| | | | |
|----|---|----|----------------|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 159,252 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

For Paperwork Reduction Act Notice, see separate instructions.

DAA

| | | |
|---------------------------------|---|-------------|
| Form 990 | Event Income and Deduction Worksheet | 2020 |
| Description Museum Store | | |

| | |
|---|---|
| Name Coastal Discovery Museum | Taxpayer Identification Number **-***1415 |
|---|---|

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. | | 188,528 |
| 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. | | 188,528 |
| 8. Cost of Goods Sold | 8. | | 123,274 |
| 9. Employment Expense | 9. | | |
| 10. Fees for services | 10. | | |
| 11. Indirect Expense | 11. | | |
| 12. Depreciation Expense | 12. | | 159,252 |
| 13. Exempt Activity Expense | 13. | | |
| 14. Fundraising Expense | 14. | | |
| 15. Total expenses. Add lines 8 through 14 | 15. | | 282,526 |
| 16. Net Income/Loss. Line 7 minus Line 15 | 16. | | -93,998 |

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 | 159,252 |
| Amortization | |
| Depletion | |
| Total Depreciation Expense | 159,252 |

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 | 50,957 |
| Purchases | 83,810 |
| Labor | |
| Section 263A costs | |
| Other costs | 22,663 |
| Ending inventory | 34,156 |
| Total Cost of Goods Sold | 123,274 |

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:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

| | |
|-----------|----------------|
| First | |
| Second | |
| Third | |
| All other | 159,252 |

| | | |
|-------------------------------|---|-------------|
| Form 990 | Event Income and Deduction Worksheet | 2020 |
| Description Art Market | | |

| | |
|---|---|
| Name Coastal Discovery Museum | Taxpayer Identification Number **-***1415 |
|---|---|

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. | 30,190 |
| 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. | 30,190 |
| 8. Cost of Goods Sold | 8. | 11,209 |
| 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. | 11,209 |
| 16. Net Income/Loss. Line 7 minus Line 15 | 16. | 18,981 |

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 | 11,209 |
| Ending inventory | |
| Total Cost of Goods Sold | 11,209 |

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:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

| | |
|-----------|--|
| First | |
| Second | |
| Third | |
| All other | |

Federal Statements**Taxable Interest on Investments**

| <u>Description</u> | <u>Amount</u> | <u>Unrelated Business</u> | <u>Exclusion Code</u> | <u>Postal Code</u> | <u>Acquired after 6/30/75</u> | <u>US Obs (\$ or %)</u> |
|-------------------------|-----------------|-------------------------------|---------------------------|------------------------|-----------------------------------|-----------------------------|
| Interest income | \$ 5,407 | | 14 | | | |
| Interest - cap campaign | 122 | | | | | |
| Total | <u>\$ 5,529</u> | | | | | |

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> |
|--------------------|------------------|-------------------------------|---------------------------|------------------------|-----------------------------------|-----------------------------|
| Dividend income | \$ 21,984 | | 14 | | | |
| Total | <u>\$ 21,984</u> | | | | | |

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

| <u>Description</u> | <u>Total Expenses</u> | <u>Program Service</u> | <u>Management & General</u> | <u>Fund Raising</u> |
|---------------------------|---------------------------|----------------------------|-------------------------------------|-------------------------|
| Supplies | \$ 14,569 | \$ 7,494 | \$ 5,428 | \$ 1,647 |
| Bank and Credit Card fees | 13,004 | 7,472 | 5,532 | |
| Total | <u>\$ 27,573</u> | <u>\$ 14,966</u> | <u>\$ 10,960</u> | <u>\$ 1,647</u> |

Federal Statements**Schedule A, Part III, Line 7a - Support from Disqualified Persons**

| <u>Donor Name</u> | <u>2016</u> | <u>2017</u> | <u>2018</u> | <u>2019</u> | <u>2020</u> |
|-------------------|---------------------------------|------------------------|------------------------|------------------------|------------------------|
| | \$ <u> </u> | \$ <u> 14,450</u> | \$ <u> 40,050</u> | \$ <u> 134,350</u> | \$ <u> 178,164</u> |
| Total | \$ <u> 0</u> | \$ <u> 14,450</u> | \$ <u> 40,050</u> | \$ <u> 134,350</u> | \$ <u> 178,164</u> |

Federal Statements**Schedule A, Part III, Line 7b - Excess Gross Receipts**

| <u>Donor Name</u> | <u>Total</u> | <u>Excess</u> |
|---------------------|-------------------|-------------------|
| Town of Hilton Head | \$ | \$ |
| 2020 | 75,000 | 59,605 |
| 2019 | 75,000 | 58,358 |
| 2018 | 75,000 | 57,324 |
| 2017 | 75,000 | 58,155 |
| 2016 | 75,000 | 61,157 |
| Total | \$ <u>375,000</u> | \$ <u>294,599</u> |

Federal Statements

Art Market

Other Direct Fundraising or Gaming Expenses

| <u>Description</u> | <u>Amount</u> |
|--------------------|---------------|
| Fundraising | \$ _____ |
| Total | \$ _____ 0 |

Internal Revenue Service

Department of the Treasury

Date: October 17, 2002

Coastal Discovery Museum
100 William Hilton Pkwy
Hilton Head, SC 29926-1208

P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Kimberly Ann Mahan
Customer Service Specialist
Toll Free Telephone Number:
8:00 a.m. to 8:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
57-0801415

Dear Sir or Madam:

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

Our records indicate that a determination letter issued in July 1986 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.

Coastal Discovery Museum
57-0801415

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.

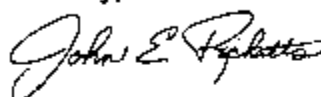
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

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

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

This letter affirms your organization's exempt status.

Sincerely,



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