

# 2023 Accommodations Tax Funds Request Application

**Organization Name:** Arts Center of Coastal Carolina

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

## Executive Summary

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

# 2023 Accommodations Tax Funds Request Application

Date Received: 09/01/2022	Time Received: 03:39 PM	By: Online Submittal
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*Applications will not be accepted if submitted after 4 pm on September 2, 2022*

## A. SUMMARY OF GRANT REQUEST:

**ORGANIZATION NAME:** Arts Center of Coastal Carolina

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

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

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

Email Address:

jreeves@artshhi.com

Contact Phone: 843-686-3945

Event Date: 9/1/22-8/31/23

Event Location: Arts Center of Coastal Carolina

**Total Budget:** \$4,788,955.00

**Grant Requested:** \$420,000.00

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

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

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

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

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

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

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

These statistics indicate the Arts Center is a major amenity enhancing and driving tourism. Appendix A.

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

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

B. Total Number of Physical Visitors Served: 12326 (COVID-19 impacted mandatory capacity limits and subsequent shutdowns)

*A Visitor is considered a non-resident, who travels 50 miles or less to visit the Town of Hilton Head Island.*

C. Total Number of Physical Residents Served: 16286 (COVID-19

impacted mandatory capacity limits and subsequent shutdowns)

*A Resident is considered any person who claims their property address within the limits of the Town of Hilton Head Island as their primary residence.*

D. Total Number of Physical Patrons Served (A+B+C=D): 39593

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

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

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

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

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

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

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

## B. DESCRIPTION OF OPERATIONS:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 - Destination Advertising/Promotion <i>Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity.</i>	36 %
2 - Tourism-Related Events <i>Promotion of the arts and cultural events.</i>	64 %
3 - Tourism-Related Facilities <i>Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.</i>	0 %
4 - Tourism-Related Public Services <i>The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.</i>	0 %
5 - Tourist Public Transportation <i>Tourist shuttle transportation.</i>	0 %
6 - Waterfront Erosion/Control/Repair <i>Control and repair of waterfront erosion.</i>	0 %
7 - Operation of Visitor Information Centers <i>Operating visitor information centers.</i>	0 %
<b>Total:</b>	<b>100 %</b>

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

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



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

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

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

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

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

7. Additional comments. (250 words or less)

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

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

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

**Total inflationary and COVID impacts to FY22**

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

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

**C. FUNDING:**

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

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

3%-Events; 3%-Businesses.

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

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

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

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

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

Yes **X** No     

If so, please list top 3 sources and amounts.

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

**D. FINANCIAL INFORMATION:**

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

**Financial Statement Requirements:**

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

Budget Years Provided:

FY22-23

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

Profit and Loss Years Provided:

FY19-20

FY21-22

FY20-21

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

Balance Sheet Years Provided:

2019-20

2020-21

2021-2022

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

IRS Form 990 or 990T Years Provided:

FY19-20

FY 20-21

FY18-19

**E. FINANCIAL GUARANTEES AND PROCEDURES:**

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

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

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

**F. MEASURING EFFECTIVENESS:**

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If you received 2021 or 2022 HHI ATAX funds

1. List any ATAX award amounts received in 2021 and/or 2022.

2019	\$315,247.00	Tourism Operations Support -(awarded \$406,000 w/\$90,752.39 balance due to COVID-19)
2020	\$325,000.00	Tourism Operations Support (Reduced request due to COVID-19)
2021	\$325,000.00	Tourism Operating Support
2022	\$405,000.00	Tourism Operating Support

2. How were the ATAX 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)

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

The ATAX funds were used to drive and enhance tourism by promoting/presenting an exciting and innovative FY22 Season, with these outcomes: Total **23,307 or 59% overall attendance**, with **10,981(28%) tourists >50miles and 12,326(31%) off Island**.

Subsets include, 5 Theater shows 17,655 (59%), 8 Presenting, 2,624 (52%), 2 Events, 3,028 (65%).

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

Appendix A.

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

**FY22 generated \$12,587,424 in economic impact for Hilton Head Island, of which \$3,191,391 was tourism economic impact.**

Marketing Samples at presentation.

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

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

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

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

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

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

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

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

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

Signature: Jeffrey S. Reeves

Title/Position: President & CEO

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

Email Address: JReeves@artshhi.com



Office Phone Number: 843-686-3945

Home Phone Number: 843-298-0144

## Arts Center of Coastal Carolina Executive Summary/Effectiveness Indicators

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

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

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

The requested FY21-22 ATAX funds will directly support:

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

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

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

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

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



# ARTS CENTER

OF COASTAL CAROLINA

## ARTS CENTER AUTHORIZATION OF THE BOARD OF TRUSTEES

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

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

William V. McHugh, Chairman

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

**2021-2022**

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

**PRESENTING**

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

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

**2020-2021**

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

**PRESENTING**

25th Anniversary Season Kickoff Concert*	Fall	298	20%	61	28%	82	52%	155
The Garden State Guys*	Fall	160	9%	15	37%	59	54%	86
Tom Petty - The Heartbreakers Tribute*	Fall	261	10%	26	33%	86	57%	149
Leanne Morgan Comedy*	Fall	329	30%	100	34%	112	36%	117
Harlem Quartet*	Fall	66	15%	10	30%	20	55%	36
Antonina and David: Mentalists*	Fall	106	19%	20	30%	32	51%	54
Christmas with the Celts*	Holiday	301	12%	35	33%	99	55%	167
Henry Cho Comedy*	Holiday	133	20%	27	28%	37	52%	69
A Broadway Christmas*	Holiday	205	20%	41	33%	67	47%	97
A Carpenter's Christmas*	Holiday	206	17%	36	27%	56	55%	114
Terminus Dance*	Spring	142	18%	26	34%	48	48%	68
Black Jacket Symphony: Fleetwood Mac†	Spring	481	8%	38	36%	175	56%	268
The Voices of El Shaddai†	Summer	179	13%	23	37%	67	50%	89
The Flying Karamazov Brothers†	Summer	405	23%	93	33%	134	44%	178
Bruce in the U.S.A.: Springsteen Tribute†	Summer	722	22%	159	39%	285	39%	278
<b>TOTAL</b>		<b>3,994</b>	<b>18%</b>	<b>710</b>	<b>34%</b>	<b>1,359</b>	<b>48%</b>	<b>1,925</b>
<b>TOTAL VISUAL ARTS (FREE)</b>	<b>Winter</b>	<b>0</b>	<b>ALL VIRTUAL</b>					
<b>TOTAL OUTREACH (FREE)‡</b>	<b>Winter</b>	<b>2,294</b>	<b>30%</b>	<b>688</b>	<b>33%</b>	<b>757</b>	<b>37%</b>	<b>849</b>
<b>GRAND TOTAL</b>		<b>19,065</b>	<b>30%</b>	<b>5,754</b>	<b>32%</b>	<b>6,187</b>	<b>37%</b>	<b>7,124</b>

\*State of SC limited house capacity at 50%

†Limited house capacity at 60-75%

‡State of SC limited large, outdoor gatherings to 250

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

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

PRESENTING			> 50 Miles		Off Island		On Island	
	Season	Total Paid Attending	%	Total	%	Total	%	Total
The Capital Steps	Fall	1,390	14%	193	32%	445	54%	752
Jeanne Robertson	Fall	343	32%	109	41%	142	27%	92
The Amazing Kreskin	Winter	332	46%	153	20%	68	33%	111
Celtis Thunder's Emmet Cahill	Winter	742	46%	338	22%	161	33%	243
Charlotte Ballet	Spring	CANCELLED	GOVERNOR EXECUTIVE ORDER COVID-19 CLOSURE					
Caroline Rhea	Spring	CANCELLED	GOVERNOR EXECUTIVE ORDER COVID-19 CLOSURE					
Black Jacket Symphony: Tom Petty	Summer	CANCELLED	GOVERNOR EXECUTIVE ORDER COVID-19 CLOSURE					
Elton John Tribute	Summer	CANCELLED	GOVERNOR EXECUTIVE ORDER COVID-19 CLOSURE					
Purple Experience: Prince	Summer	CANCELLED	GOVERNOR EXECUTIVE ORDER COVID-19 CLOSURE					
<b>TOTAL</b>		<b>2,807</b>	<b>28%</b>	<b>793</b>	<b>29%</b>	<b>816</b>	<b>43%</b>	<b>1,198</b>
<b>TOTAL VISUAL ARTS (FREE)</b>	<b>Winter</b>	<b>180</b>	<b>22%</b>	<b>40</b>	<b>31%</b>	<b>56</b>	<b>47%</b>	<b>84</b>
<b>TOTAL OUTREACH (FREE)</b>	<b>Winter</b>	<b>7,328</b>	<b>31%</b>	<b>2,308</b>	<b>30%</b>	<b>2,198</b>	<b>39%</b>	<b>2,822</b>
<b>GRAND TOTAL</b>		<b>30,154</b>	<b>26%</b>	<b>7,936</b>	<b>32%</b>	<b>9,676</b>	<b>42%</b>	<b>12,542</b>

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

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

**ARTS CENTER  
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TOURISM AND VISITORSHIP**

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

PRESENTING		Total Paid Attending	> 50 Miles		Off Island		On Island	
	Season		%	Total	%	Total	%	Total
Hotel California	Fall	1,049	8%	80	38%	401	54%	568
John Pizzarelli Quartet	Fall	311	18%	57	27%	84	55%	170
Ailey II	Fall	612	16%	96	31%	190	53%	326
Pilobolus Dance	Winter	663	20%	131	29%	192	51%	340
Celtic Tenors	Spring	1,048	37%	388	21%	216	42%	444
Black Jacket Symphony - Queen	Spring	1,031	31%	317	22%	223	48%	491
Cirque-tacular	Spring	597	31%	184	24%	141	46%	272
Louie Anderson	Summer	541	12%	66	28%	154	59%	321
CSN Songs	Summer	1,040	13%	133	36%	379	51%	528
<b>TOTAL</b>		<b>6,892</b>	<b>21%</b>	<b>1,452</b>	<b>29%</b>	<b>1,980</b>	<b>50%</b>	<b>3,460</b>
<b>TOTAL VISUAL ARTS (FREE)</b>	<b>Winter</b>	<b>480</b>	<b>12%</b>	<b>58</b>	<b>25%</b>	<b>120</b>	<b>63%</b>	<b>302</b>
<b>TOTAL OUTREACH (FREE)</b>	<b>Winter</b>	<b>6,451</b>	<b>36%</b>	<b>2,308</b>	<b>30%</b>	<b>1,935</b>	<b>34%</b>	<b>2,208</b>
<b>GRAND TOTAL</b>		<b>49,274</b>	<b>23%</b>	<b>11,380</b>	<b>33%</b>	<b>16,345</b>	<b>44%</b>	<b>21,549</b>

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

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

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

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

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



Footlight Players - Program Insert - Charleston	1,000	100%	1,000
Charleston Post & Courier, Charleston City Paper,			-
The State, Marine Corp Times, Glenville Sentinel and			-
Savannah Morning News	4,860	75%	3,645
Sun Saver Digest - Lowcountry & Savannah	1,600	24%	384
<b>PRINT MEDIA TOTAL:</b>	<b>\$ 194,367</b>		<b>\$118,921</b>
<b>DIGITAL</b>			
Website/Hosting, Domain, Social Media Coord., Access Services	13,500	75%	10,125
Email Advertising	2,750	40%	1,100
Airport LED Screen	1,500	60%	900
Island Packet Digital	8,400	75%	6,300
Includes national website ads for Garden & Gun, Southern Living,			
Better Homes & Garden, The State & The Charlotte Observer			
Chamber Digital: Website, "See & Do" and premium placement etc.	11,700	75%	8,775
Connect Savannah	1,700	90%	1,530
Social Media Advertising	19,260	45%	8,667
<b>DIGITAL MEDIA MARKETING TOTAL</b>	<b>\$ 58,810</b>		<b>\$ 37,397</b>
<b>COLLATERAL ARTS CENTER MARKETING MATERIAL/PROMOTION -</b>			
Printing & Mailing Season Materials	9,400	70%	6,580
Printing, Mailing & Distribution of Promo Rack Cards	5,500	75%	4,125
OnCenter Printing & Digital	58,995	40%	23,598
Playbill Inserts	13,200	40%	5,280
Hospitality/Concierge Events	4,900	100%	4,900
Signage	6,220	50%	3,110
SC Welcome Centers throughout the state (rack cards, etc)	1,900	95%	1,805
Photography/Videography	7,200	30%	2,160
<b>COLLATERAL MATERIAL TOTAL:</b>	<b>\$ 107,315</b>		<b>\$ 51,558</b>
<b>MARKETING TOTAL</b>	<b>\$ 425,092</b>		<b>\$ 249,866</b>
<b>TOTAL ELIGIBLE PROGRAMMING &amp; MARKETING</b>			<b>689,513</b>

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

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

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

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

**3. The eligible but not included:**

Facility and Overhead expenses of **\$158,746**  
Program Administrative expenses of **\$330,517**

**Totaling \$489,263**

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

**ARTS CENTER OF COASTAL CAROLINA**

Town of Hilton Head Office of Cultural Affairs

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

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

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

<b>FY 2021-2022 - Projected</b>					
<b>TOTAL 50+ MILES RADIUS TOURISM ECONOMIC IMPACT SUMMARY</b>					
	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$1,259,857	32.8	\$853,578	\$28,095	\$89,147
AUDIENCES	\$580,685	12.7	\$288,780	\$22,600	\$68,649
<b>TOTALS</b>	<b>\$1,840,542</b>	<b>45.5</b>	<b>\$1,142,359</b>	<b>\$50,695</b>	<b>\$157,796</b>
<b>GRAND TOTAL</b>	<b>\$3,191,391</b>				

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

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

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

<b>FY 2017-2018</b>					
<b>TOTAL 50+ MILES RADIUS TOURISM ECONOMIC IMPACT SUMMARY</b>					
	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$1,033,069	26.9	\$699,925	\$23,037	\$73,100
AUDIENCES	\$601,784	13.2	\$299,273	\$23,421	\$71,143
<b>TOTALS</b>	<b>\$1,634,853</b>	<b>40.0</b>	<b>\$999,198</b>	<b>\$46,459</b>	<b>\$144,243</b>
<b>GRAND TOTAL</b>	<b>\$2,824,754</b>				

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

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

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

ARTS CENTER OF COASTAL CAROLINA  
 Town of Hilton Head Office of Cultural Affairs  
 Americans for the Arts - Arts & Economic Prosperity 5 Calculator in Hilton Head Island  
<https://culturehhi.org/economic-impact-calculator/>  
 (NOTE: This information is extrapolated per the Hilton Head Island calculator based on Arts Center total attendance and participants in all performances and programs.)

<b>FY 2021-2022 - Projected</b>					
<b>TOTAL OVERALL ECONOMIC IMPACT SUMMARY</b>					
	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$4,499,489	117.0	\$3,048,494	\$100,339	\$318,384
AUDIENCES	\$2,792,903	61.2	\$1,388,939	\$108,700	\$330,177
<b>TOTALS</b>	<b>\$7,292,392</b>	<b>178.2</b>	<b>\$4,437,432</b>	<b>\$209,038</b>	<b>\$648,561</b>
<b>GRAND TOTAL</b>	<b>\$12,587,424</b>				

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

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

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

<b>FY 2017-2018</b>					
<b>TOTAL OVERALL ECONOMIC IMPACT SUMMARY</b>					
	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$4,491,605	116.8	\$3,043,152	\$100,163	\$317,826
AUDIENCES	\$3,225,733	70.6	\$1,604,189	\$125,546	\$381,346
<b>TOTALS</b>	<b>\$7,717,338</b>	<b>187.4</b>	<b>\$4,647,342</b>	<b>\$225,708</b>	<b>\$699,172</b>
<b>GRAND TOTAL</b>	<b>\$13,289,560</b>				

<b>FY 2016-2017</b>					
<b>TOTAL OVERALL ECONOMIC IMPACT SUMMARY</b>					
	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$4,259,927	110.8	\$2,886,186	\$94,996	\$301,432
AUDIENCES	\$3,282,792	71.9	\$1,632,565	\$127,766	\$388,092
<b>TOTALS</b>	<b>\$7,542,719</b>	<b>182.7</b>	<b>\$4,518,751</b>	<b>\$222,763</b>	<b>\$689,524</b>
<b>GRAND TOTAL</b>	<b>\$12,973,756</b>				

<b>6 FISCAL YEARS TOTAL</b>					
<b>TOTAL OVERALL ECONOMIC IMPACT SUMMARY</b>					
	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$24,840,805	645.9	\$16,830,142	\$553,950	\$1,757,735
AUDIENCES	\$16,574,821	363.0	\$8,242,824	\$645,092	\$1,959,475
<b>TOTALS</b>	<b>\$41,415,626</b>	<b>1,008.8</b>	<b>\$25,072,967</b>	<b>\$1,199,042</b>	<b>\$3,717,211</b>
<b>GRAND TOTAL</b>	<b>\$71,404,846</b>				

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

	<b>2022/2023</b>
	<b>PROPOSED</b>
<b>Earned Income:</b>	
Subscriptions	\$ 479,096
Admissions	1,642,856
Group Sales	47,640
Field Trips	11,025
Tuition & Fees	30,715
Food & Beverage Concessions	82,050
Merchandise	28,765
Event Commissions	0
On-Center Patronage	26,000
Venue Rental	54,965
Equipment Rental	5,275
Reimbursed Services	30,518
Rental Subsidies	(2,002)
Ticketing Fee	253,287
Online Ticket Fees	98,668
Other	12,730
Investment Income	251,886
<b>Total Earned Income</b>	<b>3,053,474</b>
<b>Contributed Income:</b>	
Individual	
Annual Giving	608,450
Designated Underwriting	16,500
Sub-total Individual	624,950
Business	
Business Partner	93,900
Sub-total Corporate/Business	93,900
In Kind	
Gifts in Kind	77,306
Media in Kind	169,500
Sub-total In Kind	246,806
Foundations	160,375
Government	514,550
Special Events	109,000
Special Major Gifts	66,903
<b>Total Contributed Income</b>	<b>1,816,484</b>
<b>Total Income</b>	<b>\$ 4,869,958</b>
<b>EXPENSES</b>	
<b>Program &amp; Marketing Expenses:</b>	
<b>Theater - Total</b>	<b>1,796,921</b>
Program Expenses	1,579,507
Marketing Expenses	217,414
<b>Presenting - Total</b>	<b>212,388</b>
Program Expenses	150,550
Marketing Expenses	61,838
<b>Visual Arts - Total</b>	<b>-</b>

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

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

**ARTS CENTER OF COASTAL CAROLINA  
BALANCE SHEET**

	<b>2021/2022 PROJECTED</b>
<b>ASSETS</b>	
<b>CURRENT ASSETS</b>	
Cash and Cash Equivalents	\$1,912,949
Accounts Receivable	348,926
Inventory	5,103
Prepaid Expenses	53,233
<b>Total Current Assets</b>	<b>\$2,320,211</b>
<b>FIXED ASSETS</b>	
Land	\$900,000
Buildings	8,923,498
Accumulated Depreciation - Buildings	(6,063,473)
Furniture & Fixtures	116,669
Production Equipment	1,570,659
Office Equipment	536,322
Vehicles	70,841
Facility Improvements	595,652
Machinery & Equipment	64,490
Accumulated Depreciation - All Other	(2,272,792)
<b>Total Fixed Assets</b>	<b>\$4,441,866</b>
<b>OTHER ASSETS</b>	
Appreciable Gifts	203,700
<b>Total Other Assets</b>	<b>\$203,700</b>
<b>Total Assets</b>	<b>\$6,965,777</b>
<b>LIABILITIES / CAPITAL</b>	
<b>LIABILITIES</b>	
Accounts Payable	\$165,825
Taxes Payable	1,406
Deferred Revenue	884,600
Notes Payable (Line of Credit)	0
Notes Payable (Permanent Capital)	741,056
Notes Payable (LMA Operating)	1,214,347
Notes Payable (US SBA EIDL Loan)	500,000
<b>Total Liabilities</b>	<b>\$3,507,235</b>
<b>CAPITAL</b>	
Fund Balance	\$3,458,542
<b>Total Capital</b>	<b>\$3,458,542</b>
<b>Total Liabilities and Capital</b>	<b>\$6,965,777</b>
<b>ENDOWMENT</b>	
Total Endowment Cash and Investments	\$2,896,673
<b>Total Endowment</b>	<b>\$2,896,673</b>

**ARTS CENTER OF COASTAL CAROLINA  
BALANCE SHEET**

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

**ARTS CENTER OF COASTAL CAROLINA  
BALANCE SHEET**

	<b>2019/2020 PROJECTED</b>
<b>ASSETS</b>	
<b>CURRENT ASSETS</b>	
Cash and Cash Equivalents	\$273,861
Accounts Receivable	536,128
Inventory	20,105
Prepaid Expenses	44,310
<b>Total Current Assets</b>	<b>\$874,403</b>
<b>FIXED ASSETS</b>	
Land	\$900,000
Buildings	8,923,498
Accumulated Depreciation - Buildings	(5,605,858)
Furniture & Fixtures	116,669
Production Equipment	1,569,477
Office Equipment	482,442
Vehicles	70,841
Facility Improvements	490,046
Machinery & Equipment	61,035
Accumulated Depreciation - All Other	(1,841,759)
<b>Total Fixed Assets</b>	<b>\$5,166,392</b>
<b>OTHER ASSETS</b>	
Appreciable Gifts	135,530
<b>Total Other Assets</b>	<b>\$135,530</b>
<b>Total Assets</b>	<b>\$6,176,326</b>
<b>LIABILITIES / CAPITAL</b>	
<b>LIABILITIES</b>	
Accounts Payable	\$88,330
Taxes Payable	4,151
Deferred Revenue	842,839
Notes Payable (Line of Credit)	0
Notes Payable (Permanent Capital)	862,495
Notes Payable (LMA Operating)	1,188,854
Notes Payable (LMA Business System)	0
Notes Payable (US SBA Paycheck Protection Loan)	427,273
<b>Total Liabilities</b>	<b>\$3,413,942</b>
<b>CAPITAL</b>	
Fund Balance	\$2,762,384
<b>Total Capital</b>	<b>\$2,762,384</b>
<b>Total Liabilities and Capital</b>	<b>\$6,176,326</b>
<b>ENDOWMENT</b>	
Total Endowment Cash and Investments	\$2,700,614
Total Campaign Pledges Receivable	\$500
<b>Total Endowment</b>	<b>\$2,701,114</b>



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

	<b>2021/2022</b>
	<b>PROJECTED</b>
<b>Earned Income:</b>	
Subscriptions	\$ 339,745
Admissions	1,364,846
Group Sales	43,426
Field Trips	4,750
Tuition & Fees	37,784
Food & Beverage Concessions	68,740
Merchandise	26,445
Event Commissions	-
On-Center Patronage	19,850
Venue Rental	49,987
Equipment Rental	4,060
Reimbursed Services	17,772
Rental Subsidies	(1,003)
Ticketing Fee	211,154
Online Ticket Fees	118,890
Other	221,281
Investment Income	29,176
<b>Total Earned Income</b>	<b>2,556,903</b>
<b>Contributed Income:</b>	
Individual	
Annual Giving	581,276
Designated Underwriting	68,000
Sub-total Individual	649,276
Business	
Business Partner	47,489
Sub-total Corporate/Business	47,489
In Kind	
Gifts in Kind	55,796
Media in Kind	188,465
Sub-total In Kind	244,261
Foundations	207,666
Government	556,796
Special Events	51,854
Special Major Gifts	41,255
<b>Total Contributed Income</b>	<b>1,798,597</b>
<b>Total Income</b>	<b>\$ 4,355,500</b>
<b>Program Expenses:</b>	
Theater	1,647,515
Presenting	235,325
Visual Arts	-
Education	91,608
Outreach	15,190
Rentals	4,375
Development	82,170
Administration	1,552
<b>Total Program Expenses</b>	<b>2,077,736</b>
<b>Fixed Expenses:</b>	
Salaries	1,410,139
Taxes	105,641
Benefits	135,153
Overhead Expense	686,322
<b>Total Fixed Expenses</b>	<b>2,337,254</b>
<b>Total Expenses</b>	<b>\$ 4,414,990</b>
<b>Net Operating Earnings Before Interest</b>	<b>\$ (59,490)</b>
Interest	84,499
<b>Net Earnings After Interest</b>	<b>\$ (143,989)</b>

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

	<b>2020/2021</b>
	<b>ACTUAL</b>
<b>Earned Income:</b>	
Subscriptions	\$ 71,102
Admissions	684,159
Group Sales	9,725
Field Trips	8,519
Tuition & Fees	20,943
Food & Beverage Concessions	32,884
Merchandise	13,806
Event Commissions	-
On-Center Patronage	1,200
Venue Rental	64,161
Equipment Rental	890
Reimbursed Services	33,967
Rental Subsidies	(9,739)
Ticketing Fee	105,906
Online Ticket Fees	65,980
Other	52,164
Investment Income	129,644
<b>Total Earned Income</b>	<b>1,285,311</b>
<b>Contributed Income:</b>	
Individual	
Annual Giving	450,082
Designated Underwriting	37,500
Sub-total Individual	487,582
Business	
Business Partner	43,156
Sub-total Corporate/Business	43,156
In Kind	
Gifts in Kind	127,733
Media in Kind	134,460
Sub-total In Kind	262,193
Foundations	163,885
Government	430,843
Special Events	24,138
Special Major Gifts	61,273
<b>Total Contributed Income</b>	<b>1,473,070</b>
<b>Total Income</b>	<b>\$ 2,758,381</b>
<b>Program Expenses:</b>	
Theater	806,892
Presenting	272,438
Visual Arts	-
Education	57,321
Outreach	10,456
Rentals	5,521
Development	36,632
Administration	287
<b>Total Program Expenses</b>	<b>1,189,547</b>
<b>Fixed Expenses:</b>	
Salaries	1,310,476
Taxes	98,531
Benefits	133,103
Overhead Expense	542,780
<b>Total Fixed Expenses</b>	<b>2,084,890</b>
<b>Total Expenses</b>	<b>\$ 3,274,437</b>
<b>Net Operating Earnings Before Interest</b>	<b>\$ (516,056)</b>
Interest	88,891
<b>Net Earnings After Interest</b>	<b>\$ (604,947)</b>

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

	<b>2019/2020</b>
	<b>PROJECTED</b>
<b>Earned Income:</b>	
Subscriptions	\$ 316,397
Admissions	648,304
Group Sales	50,955
Field Trips	8,493
Tuition & Fees	10,109
Food & Beverage Concessions	29,044
Merchandise	5,922
Event Commissions	601
On-Center Patronage	17,021
Venue Rental	49,477
Equipment Rental	2,695
Reimbursed Services	22,081
Rental Subsidies	(3,525)
Ticketing Fee	139,892
Online Ticket Fees	47,406
Other	77,413
Investment Income	218,836
<b>Total Earned Income</b>	<b>1,641,121</b>
<b>Contributed Income:</b>	
Individual	
Annual Giving	575,464
Designated Underwriting	15,740
Sub-total Individual	591,204
Business	
Business Partner	72,260
Sub-total Corporate/Business	72,260
In Kind	
Gifts in Kind	51,473
Media in Kind	132,663
Sub-total In Kind	184,136
Foundations	192,503
Government	389,360
Special Events	54,270
Special Major Gifts	410,508
<b>Total Contributed Income</b>	<b>1,894,241</b>
<b>Total Income</b>	<b>\$ 3,535,362</b>
<b>Program Expenses:</b>	
Theater	789,725
Presenting	132,279
Visual Arts	66
Education	110,619
Outreach	16,290
Rentals	3,961
Development	102,992
Administration	3,900
<b>Total Program Expenses</b>	<b>1,159,832</b>
<b>Fixed Expenses:</b>	
Salaries	1,478,521
Taxes	106,386
Benefits	132,870
Overhead Expense	517,304
<b>Total Fixed Expenses</b>	<b>2,235,081</b>
<b>Total Expenses</b>	<b>\$ 3,394,913</b>
<b>Net Operating Earnings Before Interest</b>	<b>\$ 140,449</b>
Interest	119,498
<b>Net Earnings After Interest</b>	<b>\$ 20,951</b>

Form **990**

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

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

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

**Part I Summary**

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

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>JEFFREY REEVES, PRESIDENT/CEO</b> Type or print name and title	Date <b>July 13, 2022</b>
------------------	--	------------------------------

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MICHAEL R. PUTICH, CPA</b>	Preparer's signature 	Date <b>07/13/22</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00853466</b>
	Firm's name ▶ <b>ROBINSON GRANT &amp; CO., P.A.</b>	Firm's EIN ▶ <b>57-0735924</b>			
	Firm's address ▶ <b>P.O. DRAWER 22959 HILTON HEAD ISLAND, SC 29925</b>	Phone no. <b>843-815-6161</b>			

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 2,011,388. including grants of \$ ) (Revenue \$ 922,809.) THEATRICAL PRODUCTIONS THAT ALLOW THE COMMUNITY TO EXPERIENCE LIVE THEATRE.

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

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

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

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

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and other IRS filings.

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 [ ]

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 136		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>7b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

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

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

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

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

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

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

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

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



**Part VIII Statement of Revenue**

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

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

**Part IX Statement of Functional Expenses**

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

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

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

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	222,374.	<b>1</b>	1,619,674.
	<b>2</b> Savings and temporary cash investments .....	83,765.	<b>2</b>	18,812.
	<b>3</b> Pledges and grants receivable, net .....	540,710.	<b>3</b>	442,795.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	15,996.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	6,122.	<b>8</b>	4,039.
	<b>9</b> Prepaid expenses and deferred charges .....	40,741.	<b>9</b>	108,680.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 12,623,629.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 7,920,389.	5,161,743.	<b>10c</b> 4,703,240.
	<b>11</b> Investments - publicly traded securities .....	2,752,389.	<b>11</b>	3,299,647.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	158,044.	<b>15</b>	228,883.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	8,965,888.	<b>16</b>	10,441,766.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	97,823.	<b>17</b>	187,898.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	783,261.	<b>19</b>	729,591.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	2,054,312.	<b>23</b>	2,020,183.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	500,000.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	433,713.	<b>25</b>	63,507.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,369,109.	<b>26</b>	3,501,179.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	2,931,719.	<b>27</b>	3,640,939.
	<b>28</b> Net assets with donor restrictions .....	2,665,060.	<b>28</b>	3,299,648.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	5,596,779.	<b>32</b>	6,940,587.
<b>33</b> Total liabilities and net assets/fund balances .....	8,965,888.	<b>33</b>	10,441,766.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,547,581.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,820,219.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	727,362.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	5,596,779.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	481,755.
<b>6</b>	Donated services and use of facilities	<b>6</b>	134,460.
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	231.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	6,940,587.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	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
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	





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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,409,628.	1,431,155.	2,175,545.	1,698,404.	2,941,118.	9,655,850.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	1,975,728.	2,028,228.	2,541,100.	1,027,193.	<b>794,448.</b>	8,366,697.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	3,385,356.	3,459,383.	4,716,645.	2,725,597.	3,735,566.	18,022,547.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....						0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						18,022,547.

**Section B. Total Support**

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

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

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	85.24 %
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	84.57 %

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

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

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

**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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

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



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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....



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

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		900,000.		900,000.
b Buildings		9,413,545.	6,165,402.	3,248,143.
c Leasehold improvements				
d Equipment		2,193,415.	1,643,165.	550,250.
e Other		116,669.	111,822.	4,847.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,703,240.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

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

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

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

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

1	Total expenses and losses per audited financial statements		1	3,834,559.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	3,834,559.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-14,340.	
c	Add lines 4a and 4b	4c	-14,340.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,820,219.	

**Part XIII Supplemental Information.**

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

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

**FUNDRAISING COSTS NETTED AGAINST REVENUES - FORM 990, PAGE**

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

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

**FUNDRAISING COSTS NETTED AGAINST REVENUES - FORM 990, PAGE**

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





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

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

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> 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 O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

ARTS CENTER OF COASTAL CAROLINA

Employer identification number

57-1035817

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

OTHER ACTIVITIES

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

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

THE CURRENT BOARD OF DIRECTORS ELECTS THE NEXT INCOMING BOARD.

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

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

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

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

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

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

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

INFORMATION IS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST

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

BANK AND CREDIT CARD FEES:

PROGRAM SERVICE EXPENSES

37,721.

MANAGEMENT AND GENERAL EXPENSES

0.

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

Schedule O (Form 990 or 990-EZ) 2020

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



**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2019 calendar year, or tax year beginning **SEP 1, 2019** and ending **AUG 31, 2020**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ARTS CENTER OF COASTAL CAROLINA</b>		<b>D</b> Employer identification number <b>57-1035817</b>
	Doing business as		<b>E</b> Telephone number <b>8436863945</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>3,467,376.</b>
	<b>14 SHELTER COVE LANE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>HILTON HEAD ISLAND, SC 29928</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: <b>JEFFREY REEVES</b> <b>14 SHELTER COVE LANE, HILTON HEAD ISLAND, SC</b>		<b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.ARTSHHI.COM</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1995</b>
			<b>M</b> State of legal domicile: <b>SC</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO ENRICH AND BENEFIT THE COMMUNITY THROUGH THE ARTS</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>183</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>250</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>2,108,439.</b>	<b>1,698,404.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,016,301.</b>	<b>1,027,193.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>25,528.</b>	<b>219,523.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>650,379.</b>	<b>470,928.</b>
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>4,800,647.</b>	<b>3,416,048.</b>	
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>2,367,530.</b>	<b>1,840,070.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>408,192.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,669,845.</b>	<b>2,096,912.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>5,037,375.</b>	<b>3,936,982.</b>
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-236,728.</b>	<b>-520,934.</b>
	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>9,503,933.</b>	<b>8,965,888.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>3,616,782.</b>	<b>3,369,109.</b>
		<b>5,887,151.</b>	<b>5,596,779.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer 	Date <b>4/7/2021</b>
	<b>JEFFREY REEVES, PRESIDENT/CEO</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>C. THOMAS DEWITT, CPA</b>	Preparer's signature	Date <b>04/07/21</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00853970</b>
	Firm's name ▶ <b>ROBINSON GRANT &amp; CO., P.A.</b>	Firm's EIN ▶ <b>57-0735924</b>	Firm's address ▶ <b>P.O. DRAWER 22959 HILTON HEAD ISLAND, SC 29925</b>		
			Phone no. <b>843-815-6161</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 1,996,098. including grants of \$ ) (Revenue \$ 932,327.) THEATRICAL PRODUCTIONS THAT ALLOW THE COMMUNITY TO EXPERIENCE LIVE THEATRE.

4b (Code: ) (Expenses \$ 494,577. including grants of \$ ) (Revenue \$ 231,005.) PRESENTING SERIES OF PERFORMING ARTIST TO ALLOW THE PUBLIC TO SEE LIVE PERFORMANCES BY RENOWED ARTISTS.

4c (Code: ) (Expenses \$ 222,036. including grants of \$ ) (Revenue \$ 103,707.) VISUAL ART PRESENTATIONS IN THE CENTER'S GALLERY

4d Other program services (Describe on Schedule O.) (Expenses \$ 463,765. including grants of \$ ) (Revenue \$ 216,613.)

4e Total program service expenses 3,176,476.

**Part IV Checklist of Required Schedules**

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

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

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

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

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

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

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

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	1a	15	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	1b	15	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
<b>6</b> Did the organization have members or stockholders?	6		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	8a	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

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

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

**Section C. Disclosure**

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT E. LEE CHAIRMAN	5.00	X		X				0.	0.	0.
(2) JIM MACLEOD FIRST VICE CHAIR	5.00	X		X				0.	0.	0.
(3) ANN GRINDSTAFF SECRETARY	5.00	X		X				0.	0.	0.
(4) BILL MCHUGH TREASURER	5.00	X		X				0.	0.	0.
(5) RICHARD SPEER IMMEDIATE PAST CHAIR	5.00	X						0.	0.	0.
(6) STEPHEN ALFRED BOARD MEMBER	5.00	X						0.	0.	0.
(7) FRED BEARD BOARD MEMBER	5.00	X						0.	0.	0.
(8) EMORY S. CAMPBELL, PH. D BOARD MEMBER	5.00	X						0.	0.	0.
(9) ROBERT CHELL BOARD MEMBER	5.00	X						0.	0.	0.
(10) LESLIE RICHARDSON BOARD MEMBER	5.00	X						0.	0.	0.
(11) RONALD SOLDO BOARD MEMBER	5.00	X						0.	0.	0.
(12) MICHAEL WATERS BOARD MEMBER	5.00	X						0.	0.	0.
(13) HEATHER WILCAUSKAS BOARD MEMBER	5.00	X						0.	0.	0.
(14) OPAL ABBINK BOARD MEMBER	5.00	X						0.	0.	0.
(15) EBETH MAYO BOARD MEMBER	5.00	X						0.	0.	0.
(16) JEFFREY REEVES PRESIDENT, CEO	40.00	X		X				123,924.	0.	0.
(17) KATHLEEN BATESON FORMER PRESIDENT, CEO	40.00						X	139,567.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....							263,491.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							263,491.	0.	0.	

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

	Yes	No
3 Did the organization list any <b>former</b> 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
NONE		

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

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b> 54,164.				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 389,360.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 1,254,880.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$ 51,597.				
	<b>h Total.</b> Add lines 1a-1f		1,698,404.			
<b>Program Service Revenue</b>	<b>2 a</b> <b>ADMISSION FEES, ETC</b>	<b>Business Code</b> 900099	1,027,193.	1,027,193.		
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		1,027,193.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		219,523.		219,523.	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real (ii) Personal			
		<b>b</b> Less: rental expenses	<b>6b</b>			
		<b>c</b> Rental income or (loss)	<b>6c</b>			
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities (ii) Other			
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>			
		<b>c</b> Gain or (loss)	<b>7c</b>			
		<b>d</b> Net gain or (loss)				
	<b>8 a</b> Gross income from fundraising events (not including \$ 54,164. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>	54,270.			
		<b>b</b> Less: direct expenses	<b>8b</b>	39,801.		
		<b>c</b> Net income or (loss) from fundraising events		14,469.		14,469.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>				
<b>b</b> Less: direct expenses		<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	34,966.				
	<b>b</b> Less: cost of goods sold	<b>10b</b>	11,527.			
	<b>c</b> Net income or (loss) from sales of inventory		23,439.	23,439.		
<b>Miscellaneous Revenue</b>	<b>11 a</b> <b>FACILITY SUPPORT FEE</b>	<b>Business Code</b> 900099	139,214.	139,214.		
	<b>b</b> <b>ADVERTISING INCOME</b>	541800	86,843.	86,843.		
	<b>c</b> <b>OTHER</b>	900099	77,469.	77,469.		
	<b>d</b> All other revenue	900099	129,494.	129,494.		
	<b>e Total.</b> Add lines 11a-11d		433,020.			
<b>12 Total revenue.</b> See instructions		3,416,048.	1,483,652.	0.	233,992.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	263,491.	65,873.	52,698.	144,920.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,576,579.	1,305,558.	191,866.	79,155.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	228,238.	203,980.		24,258.
13 Office expenses	7,741.	5,806.	774.	1,161.
14 Information technology				
15 Royalties	82,538.	82,538.		
16 Occupancy	101,514.	93,477.	2,855.	5,182.
17 Travel	31,330.	29,148.	875.	1,307.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	117,172.	92,351.	11,207.	13,614.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	468,675.	431,569.	13,183.	23,923.
23 Insurance	126,543.	116,525.	3,559.	6,459.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PAYROLL TAXES &amp; BENEFIT</b>	308,289.	251,269.	32,092.	24,928.
b <b>MAINTENANCE</b>	211,423.	194,684.	5,947.	10,792.
c <b>SCENERY, PROPS, AND COS</b>	173,757.	170,408.	0.	3,349.
d <b>PERFORMER HOUSING</b>	67,083.	66,558.	0.	525.
e All other expenses <b>SEE SCH O</b>	172,609.	66,732.	37,258.	68,619.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	3,936,982.	3,176,476.	352,314.	408,192.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

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

**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	3,416,048.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,936,982.
3	Revenue less expenses. Subtract line 2 from line 1	3	-520,934.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,887,151.
5	Net unrealized gains (losses) on investments	5	92,400.
6	Donated services and use of facilities	6	138,162.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,596,779.

**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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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		
<b>Total</b>						



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a <b>33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,509,642.	1,409,628.	1,431,155.	2,175,545.	1,698,404.	8,224,374.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,275,712.	1,975,728.	2,028,228.	2,541,100.	1,027,193.	8,847,961.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	2,785,354.	3,385,356.	3,459,383.	4,716,645.	2,725,597.	17,072,335.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
<b>c</b> Add lines 7a and 7b						0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						17,072,335.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6	2,785,354.	3,385,356.	3,459,383.	4,716,645.	2,725,597.	17,072,335.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	111,836.	114,669.	115,114.	25,528.	219,523.	586,670.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	111,836.	114,669.	115,114.	25,528.	219,523.	586,670.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	594,833.	569,698.	712,251.	180,073.	470,928.	2,527,783.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	3,492,023.	4,069,723.	4,286,748.	4,922,246.	3,416,048.	20,186,788.

**14 First five years.** If the Form 990 is for the organization's first, second, third, 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**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	84.57 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	85.40 %

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	2.91 %
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	<b>18</b>	2.32 %

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2019		
a	From 2014		
b	From 2015		
c	From 2016		
d	From 2017		
e	From 2018		
f	<b>Total of lines 3a through e</b>		
g	Applied to underdistributions of prior years		
h	Applied to 2019 distributable amount		
i	Carryover from 2014 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2019 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2019 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2015		
b	Excess from 2016		
c	Excess from 2017		
d	Excess from 2018		
e	Excess from 2019		



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

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

ARTS CENTER OF COASTAL CAROLINA

Employer identification number

57-1035817

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

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

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

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

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2019



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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,577,201.	2,588,219.	2,440,170.	2,200,719.	2,156,636.
b Contributions			1,250.	85,929.	
c Net investment earnings, gains, and losses	333,433.	46,073.	137,515.	135,602.	142,488.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	158,245.	57,091.	-9,284.	17,920.	-98,405.
g End of year balance	2,752,389.	2,577,201.	2,588,219.	2,440,170.	2,200,719.

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		900,000.		900,000.
b Buildings		9,413,545.	5,909,197.	3,504,348.
c Leasehold improvements				
d Equipment		2,183,416.	1,432,275.	751,141.
e Other		116,668.	110,414.	6,254.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,161,743.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED SALARIES & SALES TAX	
(3) PAYABLE	6,440.
(4) PAYCHECK PROTECTION (PPP) FUNDING	427,273.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	433,713.

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

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GOLF TOURNAMNET (event type)	GALA (event type)	NONE (total number)		
Revenue	1	Gross receipts	68,567.	39,867.		108,434.
	2	Less: Contributions	31,607.	22,557.		54,164.
	3	Gross income (line 1 minus line 2)	36,960.	17,310.		54,270.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	2,000.			2,000.
	7	Food and beverages	7,991.			7,991.
	8	Entertainment				
	9	Other direct expenses	14,371.	15,439.		29,810.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				39,801.
	11	Net income summary. Subtract line 10 from line 3, column (d)				14,469.

**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:
 

<b>13a</b>		%
<b>13b</b>		%

  - a The organization's facility
  - b An outside facility
- 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.

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**Part IV** Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

**ARTS CENTER OF COASTAL CAROLINA**

Employer identification number

**57-1035817**

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	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"/>	Travel for companions		
<input type="checkbox"/>	Tax indemnification and gross-up payments		
<input type="checkbox"/>	Discretionary spending account		
<input type="checkbox"/>	Housing allowance or residence for personal use		
<input type="checkbox"/>	Payments for business use of personal residence		
<input type="checkbox"/>	Health or social club dues or initiation fees		
<input type="checkbox"/>	Personal services (such as maid, chauffeur, chef)		
<b>b</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		
<b>2</b>	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?		
<b>3</b>	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"/>	Independent compensation consultant		
<input type="checkbox"/>	Form 990 of other organizations		
<input type="checkbox"/>	Written employment contract		
<input type="checkbox"/>	Compensation survey or study		
<input checked="" type="checkbox"/>	Approval by the board or compensation committee		
<b>4</b>	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:		
<b>a</b>	Receive a severance payment or change-of-control payment?		X
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
<b>c</b>	Participate in, or receive payment from, an equity-based compensation arrangement?		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b>	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:		
<b>a</b>	The organization?		X
<b>b</b>	Any related organization?		X
	If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b>	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:		
<b>a</b>	The organization?		X
<b>b</b>	Any related organization?		X
	If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b>	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		X
<b>8</b>	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		X
<b>9</b>	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2019



**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				
(i) KATHLEEN BATESON FORMER PRESIDENT, CEO	139,567.	0.	0.	0.	0.	139,567.	0.
(ii)							0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
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(i)							
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(i)							
(ii)							



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

ARTS CENTER OF COASTAL CAROLINA

Employer identification number

57-1035817

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

OTHER ACTIVITIES

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

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

THE CURRENT BOARD OF DIRECTORS ELECTS THE NEXT INCOMING BOARD.

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

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

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

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

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

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

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

INFORMATION IS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST

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

MISCELLANEOUS OTHER NON-OPERATING EXPENSES:

PROGRAM SERVICE EXPENSES 27,000.

MANAGEMENT AND GENERAL EXPENSES 9,062.

Name of the organization <b>ARTS CENTER OF COASTAL CAROLINA</b>	Employer identification number <b>57-1035817</b>
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<b>FUNDRAISING EXPENSES</b>	<b>14,064.</b>
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<b>TOTAL EXPENSES</b>	<b>50,126.</b>
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**BANK AND CREDIT CARD FEES:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>25,613.</b>
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<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>0.</b>
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<b>FUNDRAISING EXPENSES</b>	<b>17,075.</b>
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<b>TOTAL EXPENSES</b>	<b>42,688.</b>
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**EVENT SERVICES:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>6,998.</b>
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<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>2,378.</b>
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<b>FUNDRAISING EXPENSES</b>	<b>22,217.</b>
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<b>TOTAL EXPENSES</b>	<b>31,593.</b>
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**PUBLICATIONS AND PRINTING:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>7,121.</b>
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<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>5,053.</b>
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<b>FUNDRAISING EXPENSES</b>	<b>15,263.</b>
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<b>TOTAL EXPENSES</b>	<b>27,437.</b>
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**PROFESSIONAL FEES:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>0.</b>
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<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>20,765.</b>
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<b>FUNDRAISING EXPENSES</b>	<b>0.</b>
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<b>TOTAL EXPENSES</b>	<b>20,765.</b>
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<b>TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A</b>	<b>172,609.</b>
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Name of the organization

ARTS CENTER OF COASTAL CAROLINA

Employer identification number

57-1035817

FORM 990, PART XII, LINE 2C:

THE PROCESS IS UNCHANGED FROM THAT OF PRIOR YEARS

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND	06/30/95	L				900,000.				900,000.			0.	
2	BUILDING	06/30/95		.000		HY16	8,932,481.				8,932,481.	8,097,956.		0.	8,097,956.
3	EQUIPMENT	06/30/95	SL	7.00		16	1,872,148.				1,872,148.	1,299,692.		0.	1,299,692.
	* TOTAL 990 PAGE 10 DEPR						11704629.				11704629.	1,397,648.		0.	1,397,648.

(D) - Asset disposed

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

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

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

**A** For the 2018 calendar year, or tax year beginning **SEP 1, 2018** and ending **AUG 31, 2019**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ARTS CENTER OF COASTAL CAROLINA</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>14 SHELTER COVE LANE</b> City or town, state or province, country, and ZIP or foreign postal code <b>HILTON HEAD ISLAND, SC 29928</b> <b>F</b> Name and address of principal officer: <b>JEFFREY REEVES</b> <b>14 SHELTER COVE LANE, HILTON HEAD ISLAND, SC</b>	<b>D</b> Employer identification number <b>57-1035817</b> <b>E</b> Telephone number <b>8436863945</b> <b>G</b> Gross receipts \$ <b>4,924,961.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.ARTSHHI.COM</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1995</b> <b>M</b> State of legal domicile: <b>SC</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO ENRICH AND BENEFIT THE COMMUNITY THROUGH THE ARTS</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>15</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>15</b>
<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a) .....	<b>5</b>	<b>174</b>
<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>400</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>28,919.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 38 .....	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g) .....	<b>1,431,155.</b>	<b>2,108,439.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>1,966,145.</b>	<b>2,016,301.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>115,114.</b>	<b>25,528.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>671,874.</b>	<b>650,379.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>4,184,288.</b>	<b>4,800,647.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>0.</b>	<b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>2,260,260.</b>	<b>2,367,530.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>426,732.</b>	<b>0.</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>2,491,309.</b>	<b>2,669,845.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>4,751,569.</b>	<b>5,037,375.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	<b>4,751,569.</b>	<b>5,037,375.</b>
<b>20</b>	Total assets (Part X, line 16) .....	<b>-567,281.</b>	<b>-236,728.</b>
<b>21</b>	Total liabilities (Part X, line 26) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	<b>9,786,734.</b>	<b>9,503,933.</b>
		<b>3,842,269.</b>	<b>3,616,782.</b>
		<b>5,944,465.</b>	<b>5,887,151.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer  <b>JEFFREY REEVES, PRESIDENT/CEO</b> Type or print name and title	Date <b>May 25, 2020</b>
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>C. THOMAS DEWITT, CPA</b>	Preparer's signature  Date <b>05/21/20</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00853970</b>
	Firm's name ▶ <b>ROBINSON GRANT &amp; CO., P.A.</b> Firm's address ▶ <b>P.O. DRAWER 22959 HILTON HEAD ISLAND, SC 29925</b>	Firm's EIN ▶ <b>57-0735924</b> Phone no. <b>843-815-6161</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 2,610,926. including grants of \$ ) (Revenue \$ 1,607,519.) THEATRICAL PRODUCTIONS THAT ALLOW THE COMMUNITY TO EXPERIENCE LIVE THEATRE.

4b (Code: ) (Expenses \$ 646,915. including grants of \$ ) (Revenue \$ 398,299.) PRESENTING SERIES OF PERFORMING ARTIST TO ALLOW THE PUBLIC TO SEE LIVE PERFORMANCES BY RENOWNED ARTISTS.

4c (Code: ) (Expenses \$ 290,426. including grants of \$ ) (Revenue \$ 178,812.) VISUAL ART PRESENTATIONS IN THE CENTER'S GALLERY

4d Other program services (Describe in Schedule O.) (Expenses \$ 606,612. including grants of \$ ) (Revenue \$ 373,485.)

4e Total program service expenses 4,154,879.



**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

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 [ ]

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 174		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>	
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<b>15</b>	X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>	X
If "Yes," complete Form 4720, Schedule O.			

**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 in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 15		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 15		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **ACCOUNTING DEPT/OFFICE - 843-686-3945**  
**14 SHELTER COVE LANE, HILTON HEAD ISLAND, SC 29928**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT LEE CHAIRMAN	5.00	X		X				0.	0.	0.
(2) JAMES MACLEOD FIRST VICE CHAIR	5.00	X		X				0.	0.	0.
(3) ANN D. GRINDSTAFF SECRETARY	5.00	X		X				0.	0.	0.
(4) WILLIAM MCHUGH TREASURUER	5.00	X		X				0.	0.	0.
(5) RICHARD SPEER IMMEDIATE PAST CHAIR	5.00	X						0.	0.	0.
(6) ROBERT M. CHELL, PH. D BOARD MEMBER	5.00	X						0.	0.	0.
(7) OPAL ABBINK BOARD MEMBER	5.00	X						0.	0.	0.
(8) STEPHEN ALFRED BOARD MEMBER	5.00	X						0.	0.	0.
(9) RONALD SOLDO BOARD MEMBER	5.00	X						0.	0.	0.
(10) MICHAEL WATERS BOARD MEMBER	5.00	X						0.	0.	0.
(11) BETH MAYO, COUNSEL BOARD MEMBER	5.00	X						0.	0.	0.
(12) EMORY S. CAMPBELL, PH. D BOARD MEMBER	5.00	X						0.	0.	0.
(13) LESLIE RICHARDSON BOARD MEMBER	5.00	X						0.	0.	0.
(14) HEATHER WILCAUSKAS BOARD MEMBER	5.00	X						0.	0.	0.
(15) FRED BEARD BOARD MEMBER	5.00	X						0.	0.	0.
(16) KATHLEEN BATESON PRESIDENT, CEO	40.00	X		X				182,500.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b> .....							182,500.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							182,500.	0.	0.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	480,752.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,627,687.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		71,481.				
	<b>h Total.</b> Add lines 1a-1f		2,108,439.				
<b>Program Service Revenue</b>	<b>2 a</b> <b>ADMISSION FEES, ETC</b>	<b>Business Code</b> 900099	2,016,301.	2,016,301.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f		2,016,301.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		25,528.			25,528.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	110,725.				
		<b>b</b> Less: direct expenses	<b>b</b>	100,900.			
<b>c</b> Net income or (loss) from fundraising events			9,825.			9,825.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	80,413.					
	<b>b</b> Less: cost of goods sold	<b>b</b>	23,414.				
	<b>c</b> Net income or (loss) from sales of inventory		56,999.	56,999.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> <b>FACILITY SUPPORT FEE</b>		900099	225,547.	225,547.			
	<b>b</b> <b>ONLINE TICKET FEE INCO</b>	900099	108,114.	108,114.			
	<b>c</b> <b>RENTAL INCOME</b>	900099	77,082.	77,082.			
	<b>d</b> All other revenue	900099	172,812.	143,893.	28,919.		
	<b>e Total.</b> Add lines 11a-11d		583,555.				
<b>12 Total revenue.</b> See instructions		4,800,647.	2,627,936.	28,919.	35,353.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	182,051.	45,513.	36,410.	100,128.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,185,479.	1,773,695.	280,288.	131,496.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	307,617.	276,929.	228.	30,460.
13 Office expenses	7,889.	5,917.	789.	1,183.
14 Information technology				
15 Royalties	186,801.	186,801.		
16 Occupancy	112,013.	102,599.	4,284.	5,130.
17 Travel	62,432.	58,908.	1,337.	2,187.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	133,848.	107,055.	12,371.	14,422.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	454,487.	416,291.	17,382.	20,814.
23 Insurance	117,262.	107,407.	4,485.	5,370.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PAYROLL TAXES &amp; BENEFIT</b>	366,734.	302,675.	37,610.	26,449.
b <b>SCENERY, PROPS, AND COS</b>	258,374.	257,657.	717.	
c <b>MAINTENANCE</b>	222,821.	204,095.	8,522.	10,204.
d <b>PERFORMER HOUSING</b>	195,957.	195,714.		243.
e All other expenses <b>SEE SCH O</b>	243,610.	113,623.	51,341.	78,646.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	5,037,375.	4,154,879.	455,764.	426,732.
26 <b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	501,244.	<b>1</b>	451,794.
	<b>2</b> Savings and temporary cash investments .....	61,924.	<b>2</b>	101,520.
	<b>3</b> Pledges and grants receivable, net .....	756,865.	<b>3</b>	602,044.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	10,340.	<b>8</b>	17,969.
	<b>9</b> Prepaid expenses and deferred charges .....	25,552.	<b>9</b>	32,544.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 12,576,928.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 6,983,211.	5,624,201.	<b>10c</b> 5,593,717.
	<b>11</b> Investments - publicly traded securities .....	2,588,505.	<b>11</b>	2,577,201.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	218,103.	<b>15</b>	127,144.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	9,786,734.	<b>16</b>	9,503,933.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	461,855.	<b>17</b>	126,644.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	1,140,642.	<b>19</b>	1,087,849.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,969,590.	<b>23</b>	2,071,139.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	260,629.	<b>24</b>	319,424.
	<b>25</b> 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 .....	9,553.	<b>25</b>	11,726.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,842,269.	<b>26</b>	3,616,782.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	3,306,693.	<b>27</b>	3,222,091.
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....	2,637,772.	<b>29</b>	2,665,060.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	5,944,465.	<b>33</b>	5,887,151.	
<b>34</b> Total liabilities and net assets/fund balances .....	9,786,734.	<b>34</b>	9,503,933.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,800,647.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	5,037,375.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-236,728.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	5,944,465.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	27,288.
<b>6</b>	Donated services and use of facilities	<b>6</b>	152,126.
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	5,887,151.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>b</b> Were the organization's financial statements audited by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>c</b> 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		



**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,611,275.	1,509,642.	1,409,628.	1,431,155.	2,175,545.	8,137,245.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	1,603,564.	1,275,712.	1,975,728.	2,028,228.	2,541,100.	9,424,332.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	3,214,839.	2,785,354.	3,385,356.	3,459,383.	4,716,645.	17,561,577.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....						0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						17,561,577.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....	3,214,839.	2,785,354.	3,385,356.	3,459,383.	4,716,645.	17,561,577.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	109,998.	111,836.	114,669.	115,114.	25,528.	477,145.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	109,998.	111,836.	114,669.	115,114.	25,528.	477,145.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	469,310.	594,833.	569,698.	712,251.	180,073.	2,526,165.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	3,794,147.	3,492,023.	4,069,723.	4,286,748.	4,922,246.	20,564,887.

**14 First five years.** If the Form 990 is for the organization's 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**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	85.40 %
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	81.96 %

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	2.32 %
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	2.98 %

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		



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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			



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

2018

Open to Public Inspection

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

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

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

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic area, historic structure); 2. Conservation contribution details (table with 2a-2d); 3-9. Monitoring and enforcement questions.

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.

Form with 2 main questions: 1a/b. Reporting requirements for art and historical treasures; 2. Reporting requirements for financial gain on 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 are a 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 programs
- e  Other \_\_\_\_\_

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,588,219.	2,440,170.	2,200,719.	2,156,636.	2,284,613.
b Contributions		1,250.	85,929.		
c Net investment earnings, gains, and losses	46,073.	137,515.	135,602.	142,488.	-17,979.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	57,091.	-9,284.	17,920.	-98,405.	109,998.
g End of year balance	2,577,201.	2,588,219.	2,440,170.	2,200,719.	2,156,636.

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 Temporarily restricted endowment  %

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		900,000.		900,000.
b Buildings		9,411,313.	5,652,960.	3,758,353.
c Leasehold improvements				
d Equipment		2,151,956.	1,221,101.	930,855.
e Other		113,659.	109,150.	4,509.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,593,717.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

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

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

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

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

Part XIII Supplemental Information.

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

Multiple horizontal lines provided for entering supplemental information.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMNET (event type)	GALA (event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	41,325.	69,400.		110,725.
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....	41,325.	69,400.		110,725.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	2,000.	6,021.		8,021.
	<b>7</b> Food and beverages .....	9,037.	17,189.		26,226.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	12,648.	54,005.		66,653.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				100,900.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				9,825.	

**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	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> 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

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

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization

**ARTS CENTER OF COASTAL CAROLINA**

Employer identification number

**57-1035817**

**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 filing 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 checked="" 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2018

**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) KATHLEEN BATESON PRESIDENT, CEO	(i)	182,500.	0.	0.	0.	0.	182,500.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

ARTS CENTER OF COASTAL CAROLINA

Employer identification number

57-1035817

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

OTHER ACTIVITIES

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

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

THE CURRENT BOARD OF DIRECTORS ELECTS THE NEXT INCOMING BOARD.

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

THE TAX RETURN IS REVIEWED BY BOTH MANAGEMENT AND THE ORGANIZATION'S  
TREASURER BEFORE IT IS FILED.

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

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

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

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

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

INFORMATION IS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST

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

BANK AND CREDIT CARD FEES:

PROGRAM SERVICE EXPENSES 46,161.

MANAGEMENT AND GENERAL EXPENSES 0.

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





Internal Revenue Service

Department of the Treasury

P. O. Box 2508  
Cincinnati, OH 45201

Date: December 4, 2002

Person to Contact:

Ms. Benson #31-07273

Contact Representative

Toll Free Telephone Number:

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

877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

57-1035817

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

Dear Sir:

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

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

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

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

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

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

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

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

Arts Center of Coastal Carolina  
57-1035817

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

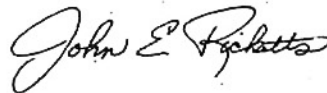
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and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

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

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

This letter affirms your organization's exempt status.

Sincerely,

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

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