

2024 Accommodations Tax Funds Request Application

Organization Name: The Coastal Discovery Museum

Project/Event Name: Honey Horn Capital Improvements

Executive Summary

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

This project started in early 2020 and has progressed to the point where we have everything in place for a successful completion of construction by October 14, 2023 and the design, fabrication, and installation of exhibitions by December of 2024. This funding round will ensure that the project is done to completion at a very high quality.

The Honey Horn Capital Improvements grant continues our project to transform the Hay Barn at Coastal Discovery Museum into a 7,200 square foot facility meeting modern museum standards for exhibitions and the curation of art, natural history, historic and archaeological collections. Primarily relevant to this application is the use of the entire first floor for an exhibition dedicated to the earliest history of South Carolina and Santa Elena - the first colonial capital in North America.

To date, this project has been funded through major grants of \$750,000 from Beaufort ATAX and a total over several years of over \$1m from Hilton Head ATAX. The total cost for the building construction will be \$1,844,655, and the all-in cost for the project will be \$2,893,815 when we include the exhibition and collections storage facility. It is important to note that as with all building improvements at Honey Horn, the Coastal Discovery Museum is the caretaker and operator, but our tenant improvements such as this are owned by the Town of Hilton Head Island.

The museum is widely regarded as an authority on the island's ecology and natural history, but we were founded as an organization that was steeped in the history and archaeology of this island and the Lowcountry. It is time for the museum to fill in the missing pieces of our past by telling this story about Hilton Head's earliest history from the Native Americans that called this place home for millennia, to the earliest French and Spanish colonists. An important part of this story is the discovery of Hilton Head by the Spanish in 1526, and how this discovery as well as later explorations and settlements created complex interactions between the colonized, the colonizers, and those who were enslaved.

This first century of American history contains fascinating stories, both good and bad. We have determined alongside our academic consultants that what happened here in the 1600s was instrumental in the creation of the United States as a melting pot of many cultures. This exhibition theme will provide a new perspective on this concept and create a destination that is authentic (with real artifacts), educational (but fun) and family friendly (highly interactive). Part of our determination as to how to present these complex topics is that we want this to be a driver of tourism and tell a story that will help Hilton Head Island be recognized for its deep history and impact on the founding of our nation.

We believe that there is a tremendous opportunity to tell this story here, on Hilton Head, and that the interest will grow as our country's demographics shift and as people of Hispanic, Latino, Black, Native American, and other diverse heritages seek out the stories of early North America. Over the next thirty years as this building

is used to tell these stories, we will see a new generation of tourists on Hilton Head Island, and this world-class building and exhibition is being developed to provide them with an additional reason to visit.

2024 Accommodations Tax Funds Request Application

Date Received: 09/01/2023

Time Received: 12:50 PM

By: Online Submittal

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

A. SUMMARY OF GRANT REQUEST:

ORGANIZATION NAME: The Coastal Discovery Museum

Project/Event Name: Honey Horn Capital Improvements

Contact Name: Rex Garniewicz

Title: President and CEO

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

Email Address: rgarniewicz@coastaldiscovery.org

Contact Phone: 843-415-8500

Event Date: January-December 2024

Event Location: 70 Honey Horn Drive

Total Budget: \$740,400.00

Grant Requested: \$300,000.00

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

The site of the first Colonial Capitol in North America, our region was pivotal in the history of our country. This grant will help support the planning, design, fabrication, and installation of a permanent exhibition covering: the Native Peoples who lived here for millenia; the discovery of our island in 1526 by the Spanish; the arrival of Spanish and French colonists; and the construction of the 16th Santa Elena settlement on Parris Island. A key component of this exhibition is the display of real historical artifacts from excavations and other museum collections, which will require museum-quality casework and mounts.

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)

This capital improvement will steadily drive history tourism to the island. With over 3 million tourists served over the next 30+ years, the cost of developing and intalling the exhibit per tourist is low. The compelling story which we will tell, of the American melting pot, is relevant to all members of our society, be they First Peoples, European immigrants, or descendents of those who were enslaved here. It is a story told in school history books for the first time this past year, and alongside other island assets will help position our region as a heritage tourism destination.

A. Total Number of Physical Tourists Served: 106941

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: 3799

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: 4374

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): 115114

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

In FY2022 we analyzed 33,740 zip codes from our tours and check-ins. Overall, entry to the Discovery House averaged 92.9% tourist, we believe this percentage is high because many locals enjoy our property, but don't enter the museum so they aren't counted in our total attendance. We anticipate that the Santa Elena Museum with it's nationally significant story will prompt more tourist visitation.

Annually, approximately 4.4% of all tourists coming to Hilton Head visit the museum and 21% of all residents come at least one time per year. We anticipate that we can capture an additional 2% of tourists with the Santa Elena Museum. It more than doubles our exhibition space and provides an hour-long indoor activity for families in inclement weather. While our financial projections are made on our current overall attendance of 125,000 annually, we believe that once the museum is up and running, we will increase our annual tourist attendance by 52,200 so that we are serving a total of 177,200 patrons. This will give us a 95% tourism number once the new building is open compared to our current 92.9 tourism percentage.

The Santa Elena Museum has a goal of also serving all 4th and 8th graders in SC either virtually or in person. Although infrequent, the museum does currently have high school groups that come from as far as 150 miles away and stay on the island overnight, and we anticipate that this type of visitation will expand with the Santa Elena exhibition.

B. DESCRIPTION OF OPERATIONS:

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

Founded in 1985, the mission of the Coastal Discovery Museum is to inspire people to care for the Lowcountry. We do so by teaching visitors about our fragile environment, fascinating history, complex culture, and by encouraging them to take an active role as stewards of these resources. Beginning in 2007 when we opened at Honey Horn, a Town

of Hilton Head Island property, we became more than just a museum. We have permanent exhibits and a constantly changing temporary gallery, but also feature 68 acres of natural beauty, including HHI's oldest buildings, ancient trees, open fields, and boardwalks extending into the marsh. CDM has become a favorite location for cultural festivals, weddings, special events, and our Farmers' Market. Visitors are inspired to learn about Hilton Head Island, participate in nature or history walks, talks, and site-specific programs along the boardwalks or in the Butterfly Enclosure. Guests can tour the Heritage Garden, the Camellia Garden, a replica shell ring, and visit our Marsh Tacky horse in residence. For the past sixteen years, the Museum has enhanced and expanded its offerings of Cultural and Eco-Tourism programs: Lowcountry Critters, walks, talks, tours, workshops, family fun day, horseshoe and blue crab programs, dolphin tours, excursions to Daufuskie and Pinckney Islands, marine life presentations, birding, butterfly workshops, Gullah demonstrations, Civil War programs, sweet grass basket-making classes, loggerhead sea turtle presentations, beach walks, and world-class history exhibitions. All programs take place on HHI and surrounding waterways with many programs at historic Honey Horn.

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

Coastal Discovery Museum is completing the renovation our Hay Barn to create two stories of climate-controlled space for exhibits and collection storage. This project has created a first floor exhibition space that meets all climate and security conditions for long-term loans from the USMC Parris Island, the Smithsonian, and other accredited museums.

This grant will allow us to contract with an exhibition development company to take existing research and our loan agreements and fully design and install a state of the art exhibiton, with custom designed casework, lighting, hands-on interactives, and graphics. When this exhibit is completed it will double the exhibit space at the museum and significantly raise the quality of our presentation.

In our research we have identified key artifacts, such as a 16th century anchor from Port Royal Sound, and prehistoric dugout canoes from Beaufort County that will require conservation, and the museum is committed to funding these projects in addition to the remaining \$440,400 of the exhibition design and fabrication. These funds will come from the musuem's reserve fund.

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)*

If we are unable to secure the full grant request of \$300,000, we can reallocate some of our other funds to move the project forward, as it is mission critical for the museum. With reduced funding we will likely have to cut the number of cases we have planned, along

with the number of artifacts and custom mounts. The most expensive component of this exhibition is the casework which is key to using real artifacts and is intended to have a 30+ year lifespan.

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

Heritage tourism is one of the fastest-growing segments of the tourism industry. This new exhibition will solidify the island's commitment to tell a compelling story about our shared past, alongside the Gullah Museum, Heritage Library and Mitchelville, and help create an authentic understanding of our nation's roots - which started here!

This centerpiece for heritage tourism will dramatically grow the museum's attendance. We can secure significant publicity in 2026 on the 500th anniversary of the discovery of Hilton Head Island and we want to be completely operational prior to that so we can market to a national audience.

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>	0 %
2 - Tourism-Related Events <i>Promotion of the arts and cultural events.</i>	0 %
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>	100 %
4 - Tourism-Related Public Services <i>The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.</i>	0 %
5 - Tourist Public Transportation <i>Tourist shuttle transportation.</i>	0 %
6 - Waterfront Erosion/Control/Repair <i>Control and repair of waterfront erosion.</i>	0 %
7 - Operation of Visitor Information Centers <i>Operating visitor information centers.</i>	0 %

Total: 100 %

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

The Coastal Discovery Museum is participating in a leadership group focused on promoting island history, and in particular historic properties. One of the ideas that has been generated by this collaboration is that the museum should place content in our exhibitions that redirects our visitors to explore other places such as the Gullah Museum, Heritage Library, and Mitchelville. We anticipate that this project will have great potential to direct our visitors to explore a wide variety of sites across the island mentioned above, as well as some often overlooked town-owned properties such as Greens Shell Park.

This venue will also provide a new perspective on history for the state's Latino population. South Carolina has one of the fastest growing Latino populations in the US, and the majority of this growth is from children born here. Hilton Head elementary and middle schools now have over 40% of their student population identifying as Hispanic/Latino and Latinos now comprise over 11% of Beaufort County's total population.

By featuring their ancestral roles in the early settlement of what is now South Carolina, we provide a venue that is not otherwise available to them, yet will likely also appeal to a growing segment of tourists nationally.

7. Additional comments. *(250 words or less)*

C. FUNDING:

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

The construction cost of the physical building (\$1.8m) is completely funded, with the help of two large grants (Beaufort 3% ATAX \$750k and last year's Hilton Head Capital ATAX grant of \$695,350).

The total project budget for the Santa Elena Exhibition is \$740,400, with a request of \$300,000 to ATAX and the remaining \$440,400 to come from museum reserve funds. These funds reflect the museum's careful stewardship of donations over the years and the board has committed to use them to support this project.

The museum's operational funding is discussed in our Cultural and Ecotourism application and is not repeated here.

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

<u>30</u>	Government Sources	<u>33</u>	Private Contributions, Donations and Grants
4	Corporate Support, Sponsors	<u>3</u>	Membership, Dues, Subscriptions
<u>10</u>	Ticket Sales, or Sales and Services	<u>20</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.

D. FINANCIAL INFORMATION:

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

Financial Statement Requirements:

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

Budget Provided: **Yes**

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

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

Previous fiscal year Profit Loss Reports Provided:

FY 2022- Previous FY 1

FY 2023- Previous FY 2

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

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

Previous fiscal year Balance Sheets Provided:

July 2021 - June 2022 - Previous FY 1

July 2022 - June 2023 - Previous FY 2

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

Current year IRS Form 990 or 990T Provided: **Yes**

Previous IRS Form 990 or 990T Years Provided:

FY 2021 - Previous FY 1

FY 2020 - Previous FY 2

E. FINANCIAL GUARANTEES AND PROCEDURES:

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

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

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

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

F. MEASURING EFFECTIVENESS:

If you received 2022 or 2023 HHI ATAX funds

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

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

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)

The museum has been able to bring renovations to our Hay Barn into the Santa Elena Museum space to near completion at the time of this grant writing, with anticipated full

completion close to the scheduling of ATAX presentations. The project has been garnering a lot of attention and we are looking forward to the next stage of opening the space to the public with a world-class exhibition installed.

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

The museum has been able to bring the construction phase to near completion and is ready to develop and install the exhibitions. As the construction was retrofitting an existing building, there were a number of changes in the layout of structural elements, but the space for the exhibition is now fully defined and we are ready to move forward.

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

The museum measures the effectiveness of this project as we do all of our programs and events by tracking attendance, analyzing reviews and rankings. Ultimately we believe that this project can make a major impact on tourism on Hilton Head Island. Over the past ten years cultural travel has been on the rise across America with the latest data showing that one of five U.S. travelers took a trip to explore historic sites, museums, cultural spaces, and art galleries. An analysis of current numbers suggests more than half a million of our island visitors could be served by this space annually although our financial projections are based on much smaller numbers.

We have noted an absence of related history content outside of the State of Florida, both online and in-person, so we think there is a niche that we can fill for South Carolina and other parts of the US with a full exploration of this story. In addition to visitation, we will track online contacts as we think this story may attract specific tourists to Hilton Head Island, just as Florida markets Spanish Heritage on Florida's Historic Coast, The Spanish Colonial Heritage Trail, and Sites Highlighting Florida's Spanish Colonial Heritage.

G. EXECUTIVE SUMMARY

Provide an executive summary using the "ATAX Effectiveness Measurement" form provided via the link on the left, or by utilizing the text area provided below to report uses of the organization's prior ATAX grant, if applicable. If creating your own format, please refer to the "ATAX Effectiveness Measurement"

form and use the criteria as a guideline in developing your executive summary below. (1300 words or less)

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Signature: Rexford C Garniewicz

Title/Position: President and CEO

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

Email Address: rgarniewicz@gmail.com

Office Phone Number: 843-415-8500

Home Phone Number: 843-415-8500

Coastal Discovery Museum FY 2024 Capital Budget
Santa Elena Exhibition Budget - based on June 2023 proposal costs

Phase

Design - Planning and Concept Phase	\$25,000
Design - Schematic and Design Development Phase	\$30,000
Design - FinalDesign Phase - Shop Drawings	\$32,500
Lighting Design	\$10,000
Scenography	\$25,000
Design - Bidding & Negotiation Phase	\$12,500
Design - Construction Administration Phase	\$25,000
Mountmakers	\$50,000
Installers	\$24,000
Hands-on Interactives	\$45,000
Casework	\$255,000
Graphics Production	\$30,000
Walls	\$25,000
Plynths	\$25,000
Painting	\$3,000
Contingency	\$123,400
Total	\$740,400

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

	Budget	Actual	YTD Budget	YTD Actual	YTD	% of	Check Totals	Check Totals	Check Totals	Check Totals
	July	July					FY2024	FY2024	Variance	YTD Actual
	2023	2023	FY2024	FY2024	Variance	Budget	FY2024	FY2024	FY2024	FY2024
Ordinary Income/Expense										
Income:										
Restricted - Grants:										
Accommodations Tax	27,200.00	-	27,200.00	-	(27,200.00)	0.00%	-	340,000		
Beaufort ATAX	-	-	-	-	-	0.00%	-	34,000		
Other grants	10,375.00	-	10,375.00	-	(10,375.00)	0.00%	-	125,000		
Property Rental	6,000.00	27,290.00	6,000.00	27,290.00	21,290.00	454.83%	27,290.00	120,000		
Onsite Donations	5,200.00	4,733.04	5,200.00	4,733.04	(466.96)	91.02%	4,733.04	65,000		
Miscellaneous	1,411.00	2,663.93	1,411.00	2,663.93	1,252.93	188.80%	2,663.93	17,000		
Management Fee	-	-	-	-	-	0.00%	-	102,000		
Temporary Exhibit Displays	750.00	-	750.00	-	(750.00)	0.00%	-	15,000		
Museum Store	22,500.00	22,841.83	22,500.00	22,841.83	341.83	101.52%	22,841.83	250,000		
Museum Programs	27,300.00	29,121.71	27,300.00	29,121.71	1,821.71	106.67%	29,121.71	195,000		
Special Events/Benefits	-	1,045.00	-	1,045.00	1,045.00	0.00%	1,045.00	60,000		
Membership	3,780.00	3,250.00	3,780.00	3,250.00	(530.00)	85.99%	3,250.00	45,000		
Unrestricted	12,000.00	30,365.08	12,000.00	30,365.08	18,365.08	253.04%	30,365.08	240,000		
Total Income	116,516.00	121,310.59	116,516.00	121,310.59	4,794.59	104.11%	121,310.59	1,608,000		
Expenses:										
Personnel	77,056.00	87,645.29	77,056.00	87,645.29	10,589.29	113.74%	87,645.29	896,000		
Miscellaneous Operating	6,400.00	4,889.95	6,400.00	4,889.95	(1,510.05)	76.41%	4,889.95	160,000		
Property Rental	670.00	1,000.00	670.00	1,000.00	330.00	149.25%	1,000.00	8,000		
Miscellaneous Expenses	175.00	59.14	175.00	59.14	(115.86)	33.79%	59.14	3,500		
Temporary Exhibit Displays	500.00	2,085.65	500.00	2,085.65	1,585.65	417.13%	2,085.65	50,000		
Permanent Exhibits/Panels	1,256.00	149.00	1,256.00	149.00	(1,107.00)	11.86%	149.00	15,001		
Animal and Plant supplies	1,674.00	3,037.67	1,674.00	3,037.67	1,363.67	181.46%	3,037.67	20,000		
Museum Store	10,150.00	10,544.33	10,150.00	10,544.33	394.33	103.89%	10,544.33	145,000		
Museum Programs	9,800.00	6,898.79	9,800.00	6,898.79	(2,901.21)	70.40%	6,898.79	70,000		
Special Events/Benefits	-	-	-	-	-	0.00%	-	10,000		
Marketing	6,570.00	7,329.92	6,570.00	7,329.92	759.92	111.57%	7,329.92	90,000		
Honey Horn	10,044.00	8,052.95	10,044.00	8,052.95	(1,991.05)	80.18%	8,052.95	120,000		
Membership	209.00	224.00	209.00	224.00	15.00	107.18%	224.00	2,500		
Unrestricted (Development)	670.00	-	670.00	-	(670.00)	0.00%	-	8,000		
Restricted Grants	837.00	-	837.00	-	(837.00)	0.00%	-	10,000		
Total Expenses	126,011.00	131,916.69	126,011.00	131,916.69	5,905.69	104.69%	131,916.69	1,608,001		
Net Ordinary Income (Loss)	(9,495.00)	(10,606.10)	(9,495.00)	(10,606.10)	(1,111.10)		(10,606.10)	(1.05)		
	Budget	Actual	Budget	Actual	Ytd	% of	Actual			
	July	July	FY2024	FY2024	Variance	Budget	FY2024			
	2023	2023	FY2024	FY2024	Variance	Budget	FY2024			
Other Income/Expense										
Income:										
Capital Campaign Income	-	-	-	-	-	0.00%	-			
Int.-Cap Camp	-	225.11	-	225.11	225.11	0.00%	225.11			
Int.-Sale of Bldg Proceeds	-	-	-	-	-	0.00%	-			
Dividend Income-Boys, Arnold & Co	-	4,520.24	-	4,520.24	4,520.24	0.00%	4,520.24			
Unrealized Gains(Losses)-Boys, Arnold & Co	-	41,896.04	-	41,896.04	41,896.04	0.00%	41,896.04			
Realized Gains(Losses)-Boys, Arnold & Co	-	-	-	-	-	0.00%	-			
ATAX Grant-Hay Barn	-	432,263.55	-	432,263.55	432,263.55	0.00%	432,263.55			
Maintenance Grant	-	8,400.00	-	8,400.00	8,400.00	0.00%	8,400.00			
Total Other Income	-	487,304.94	-	487,304.94	487,304.94	0.00%	487,304.94			
Expenses:										
Capital Campaign Expenses	-	-	-	-	-	0.00%	-			
Professional Fees	-	-	-	-	-	0.00%	-			
Sale of Bldg Exps	-	-	-	-	-	0.00%	-			
Expense transfer-Op Acct	-	-	-	-	-	0.00%	-			
Transaction Costs/Mgmt Fees-Boys, Arnold & Co	-	3,787.00	-	3,787.00	3,787.00	0.00%	3,787.00			
ATAX-Honey Horn (Hay Barn)	-	-	-	-	-	0.00%	-			
Infrastructure Grant Expenses	-	-	-	-	-	0.00%	-			
Total Other Expenses	-	3,787.00	-	3,787.00	3,787.00	0.00%	3,787.00			
Net Other Income/Expense	-	483,517.94	-	483,517.94	483,517.94		483,517.94			
Restricted Revenue-Donations										
Income:										
Donation-Butterfly Enclosure	-	-	-	-	-		-			
Total Restricted Revenue-Donations	-	-	-	-	-		-			
Expenses:										
Butterfly Enclosure	-	-	-	-	-		-			
Total Restricted Expenses-Donations	-	-	-	-	-		-			
Net Restricted Revenue-Donations/Restricted Exp	-	-	-	-	-		-			
Net Income (Loss)	(9,495.00)	472,911.84	(9,495.00)	472,911.84	482,406.84		472,911.84			
			(9,495.00)	472,911.84	482,406.84					

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

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

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

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

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

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

**COASTAL DISCOVERY MUSEUM
INCOME & EXPENSE STATEMENT
FOR THE PERIOD ENDING JUNE 2022**

	Budget July 2021	Actual July 2021	Budget August 2021	Actual August 2021	Budget September 2021	Actual September 2021	Budget October 2021	Actual October 2021	Budget November 2021	Actual November 2021	Budget December 2021	Actual December 2021	Budget January 2022	Actual January 2022	Budget February 2022	Actual February 2022	Budget March 2022	Actual March 2022	Budget April 2022	Actual April 2022	Budget May 2022	Actual May 2022	Budget June 2022	Actual June 2022	YTD Budget FY2022	YTD Actual FY2022	YTD Variance	% of Budget	
Ordinary Income/Expense																													
Income:																													
Restricted - Grants:																													
Accommodations Tax	26,000.00	-	29,250.00	28,386.47	39,000.00	40,101.96	32,500.00	-	19,500.00	-	13,000.00	123,405.86	29,250.00	-	35,750.00	2,414.85	29,250.00	72,149.72	26,000.00	-	22,750.00	61,430.68	22,750.00	-	325,000.00	327,889.54	2,889.54	100.89%	
Beaufort ATAX	-	-	-	-	-	-	-	-	-	-	-	-	15,000.00	-	-	-	-	-	-	22,200.00	-	-	-	-	15,000.00	22,200.00	7,200.00	148.00%	
Santa Elena Donations	3,750.00	-	3,750.00	-	3,750.00	-	15,000.00	-	7,500.00	-	15,000.00	-	7,500.00	-	3,750.00	-	3,750.00	-	3,750.00	-	3,750.00	-	3,750.00	-	75,000.00	-	(75,000.00)	0.00%	
Other grants	14,525.00	-	14,525.00	-	14,700.00	60,000.00	14,525.00	-	14,525.00	-	14,700.00	-	14,525.00	-	14,525.00	-	14,525.00	13,321.50	14,525.00	-	3,750.00	3,000.00	14,700.00	55,000.00	175,000.00	131,521.50	(43,478.50)	75.16%	
Property Rental	5,500.00	4,360.00	15,400.00	21,080.00	11,000.00	10,560.00	11,000.00	12,620.00	11,000.00	5,500.00	1,100.00	2,060.00	8,800.00	4,100.00	5,500.00	12,500.00	6,600.00	16,385.00	13,200.00	14,775.00	15,400.00	12,120.00	5,500.00	8,120.00	110,000.00	123,980.00	13,980.00	112.71%	
Onsite Donations	2,800.00	6,656.21	2,800.00	6,351.77	2,450.00	5,276.73	3,150.00	6,233.37	2,800.00	5,773.36	2,100.00	4,260.94	2,800.00	4,492.74	3,150.00	6,251.23	3,500.00	7,726.20	3,500.00	5,184.12	3,150.00	6,520.36	2,800.00	7,343.21	35,000.00	72,076.24	37,076.24	205.91%	
Miscellaneous	50	107.98	50.00	85.86	50.00	192.99	100.00	291.20	1,500.00	(65.85)	1,500.00	27.84	50.00	213.12	50.00	(20.94)	1,500.00	426.48	50.00	(19.57)	50.00	41.39	50.00	370.42	5,000.00	1,650.92	(3,349.08)	33.02%	
Management Fee	-	-	-	-	18,750.00	18,750.00	-	-	-	-	18,750.00	18,750.00	-	-	-	-	18,750.00	18,750.00	-	-	-	-	-	18,750.00	18,750.00	75,000.00	75,000.00	-	100.00%
Temporary Exhibit Displays	1,000.00	-	4,200.00	1,365.00	3,200.00	1,585.00	1,000.00	860.00	4,000.00	-	2,000.00	-	2,600.00	2,165.00	2,000.00	8,350.00	-	1,115.00	-	-	-	-	-	18,750.00	18,750.00	20,000.00	15,559.99	(4,440.01)	77.80%
Museum Store	18,000.00	24,264.57	18,000.00	20,616.88	14,000.00	25,022.46	16,000.00	18,740.14	18,000.00	31,658.21	16,000.00	15,381.57	10,000.00	10,798.13	14,000.00	17,589.60	22,000.00	36,805.46	20,000.00	20,179.38	18,000.00	20,031.03	16,000.00	29,244.21	200,000.00	270,331.64	70,331.64	135.17%	
Museum Programs	24,500.00	20,970.83	21,000.00	18,777.43	10,500.00	11,137.70	12,250.00	12,969.48	8,750.00	10,951.02	10,500.00	10,235.29	8,750.00	8,674.20	8,750.00	11,300.00	12,250.00	16,769.01	17,500.00	14,085.07	23,875.19	28,000.00	30,468.28	175,000.00	190,213.50	15,213.50	108.69%		
Special Events/Benefits	-	850.00	1,400.00	1,535.00	-	1,275.00	700.00	1,150.00	-	1,690.00	1,400.00	890.00	4,200.00	3,700.00	31,500.00	11,295.00	4,200.00	10,475.00	25,900.00	22,504.94	700.00	6,248.00	-	1,060.00	70,000.00	62,672.94	(7,327.06)	89.53%	
Membership	5,040.00	4,695.00	4,980.00	2,800.00	4,980.00	2,050.00	5,040.00	2,600.00	4,980.00	4,900.00	4,980.00	13,200.00	5,040.00	6,600.00	4,980.00	4,250.00	4,980.00	3,400.00	4,980.00	2,245.00	4,980.00	4,900.00	5,040.00	60,000.00	58,033.00	(1,967.00)	96.72%		
Unrestricted	15,000.00	8,344.57	15,000.00	9,501.32	15,000.00	1,760.00	60,000.00	30,700.00	30,000.00	47,997.31	60,000.00	50,753.26	30,000.00	40,368.50	15,000.00	4,271.52	15,000.00	12,674.72	15,000.00	4,686.00	15,000.00	24,146.60	15,000.00	20,256.25	300,000.00	255,459.45	(44,540.55)	85.15%	
Total Income	116,165.00	70,249.16	130,355.00	110,499.73	137,380.00	177,711.84	171,265.00	86,164.19	122,555.00	108,404.05	161,030.00	238,964.76	138,515.00	81,111.69	138,955.00	78,201.26	136,905.00	209,798.09	144,405.00	107,376.18	110,730.00	160,976.41	132,340.00	177,125.36	1,640,000.00	1,606,582.72	(33,417.28)	97.96%	
Expenses:																													
Personnel	65,618.00	72,494.95	65,618.00	64,362.28	65,618.00	64,252.75	61,040.00	61,028.25	61,040.00	60,477.41	61,040.00	64,435.39	61,040.00	63,847.51	61,040.00	63,477.67	61,040.00	70,127.96	65,618.00	63,857.71	65,618.00	64,687.54	68,670.00	66,095.51	763,000.00	779,144.93	16,144.93	102.12%	
Santa Elena	5,160.00	-	5,160.00	-	5,160.00	-	4,800.00	-	4,800.00	-	4,800.00	-	4,800.00	-	4,800.00	-	4,800.00	-	5,160.00	-	5,160.00	-	5,400.00	-	60,000.00	-	(60,000.00)	0.00%	
Miscellaneous Operating	7,200.00	8,519.32	12,600.00	18,415.93	12,600.00	15,892.23	12,600.00	11,673.22	12,600.00	11,775.35	19,800.00	8,639.51	25,200.00	5,449.52	27,000.00	6,117.61	12,600.00	4,908.29	12,600.00	5,249.45	12,600.00	5,154.49	12,600.00	7,272.07	180,000.00	109,066.99	(70,933.01)	60.59%	
Property Rental	1,674.00	-	1,666.00	-	1,666.00	3,750.00	1,666.00	1,000.00	1,666.00	1,000.00	1,666.00	2,050.00	1,666.00	-	1,666.00	-	1,666.00	500.00	1,666.00	1,000.00	1,666.00	500.00	1,666.00	3,250.00	20,000.00	19,050.00	(950.00)	95.25%	
Miscellaneous Expenses	250.00	-	250.00	170.32	250.00	(5.55)	750.00	-	750.00	46.30	250.00	161.98	250.00	138.37	750.00	-	750.00	61.84	250.00	-	250.00	182.21	250.00	792.00	5,000.00	1,547.47	(3,452.53)	30.95%	
Temporary Exhibit Displays	800.00	-	4,000.00	4,365.84	24,000.00	-	3,200.00	3,788.82	3,200.00	750.00	8,000.00	1,100.00	800.00	909.35	32,000.00	-	800.00	2,739.30	800.00	18,637.47	800.00	1,884.51	1,600.00	2,733.77	80,000.00	36,909.06	(43,090.94)	46.14%	
Permanent Exhibits/Panels	1,255.50	-	1,249.50	2,292.19	1,249.50	-	1,249.50	-	1,249.50	-	1,249.50	-	1,249.50	-	1,249.50	-	1,249.50	-	1,249.50	-	1,249.50	9,200.00	1,249.50	1,716.75	15,000.00	15,208.94	(1,791.06)	88.06%	
Animal and Plant supplies	1,674.00	1,003.22	1,666.00	979.82	1,666.00	718.09	1,666.00	1,090.04	1,666.00	3,463.55	1,666.00	1,375.89	1,666.00	2,454.25	1,666.00	751.44	1,666.00	1,623.44	1,666.00	1,584.91	1,666.00	2,337.11	1,666.00	2,588.41	20,000.00	19,970.17	(29.83)	99.85%	
Museum Store	7,350.00	8,045.32	10,500.00	13,052.87	7,350.00	13,836.25	7,350.00	8,210.58	7,350.00	22,917.91	11,550.00	7,890.15	6,300.00	11,583.63	10,500.00	10,408.22	7,350.00	13,203.50	10,500.00	19,206.47	9,450.00	12,833.66	9,450.00	14,503.01	105,000.00	155,691.57	50,691.57	148.28%	
Museum Programs	8,400.00	1,254.00	7,200.00	8,915.78	3,600.00	5,061.89	4,200.00	4,205.61	3,000.00	4,490.95	3,600.00	3,721.96	3,000.00	2,995.34	3,000.00	1,903.81	4,200.00	8,205.48	6,000.00	6,666.19	4,200.00	5,217.90	9,600.00	6,118.52	60,000.00	58,757.43	(1,242.57)	97.93%	
Special Events/Benefits	-	192.60	-	734.10	-	734.10	14,000.00	-	350.00	445.00	350.00	-	700.00	-	5,250.00	-	8,750.00	2,408.12	-	10,134.44	-	2,768.20	5,600.00	-	35,000.00	17,091.96	(17,908.04)	48.83%	
Marketing	21,000.00	2,283.48	7,000.00	4,114.92	7,000.00	3,045.31	-	5,405.69	-	5,736.18	-	35,128.98	7,000.00	4,697.68	-	7,395.24	-	2,607.38	-	1,500.00	10,500.00	1,843.92	17,500.00	9,242.28	70,000.00	83,001.06	13,001.06	118.57%	
Fundraising	-	-	-	-	-	-	-	-	-	-	-	-	20,000.00	-	-	-	-	-	-	-	-	-	-	20,000.00	-	(20,000.00)	0.00%		
Honey Horn	12,136.50	4,221.50	12,078.50	8,595.30	12,078.50	2,793.50	12,078.50	6,320.83	12,078.50	8,473.20	4,488.53	12,078.50	12,078.50	7,564.08	12,078.50	2,536.78	12,078.50	13,626.42	12,078.50	5,083.80	12,078.50	5,198.34	12,078.50	8,925.89	145,000.00	77,828.17	(67,171.83)	53.67%	
Membership	167.40	-	166.60	534.32	166.60	72.00	166.60	-	166.60	-	166.60	144.00	166.60	-	166.60	-	166.60	756.00	166.60	60.00	166.60	166.60	166.60	420.00	2,000.00	1,986.32	(13.68)	99.32%	
Unrestricted (Development)	837.00	-	833.00	-	833.00	-	833.00	2,849.14	833.00	89.88	833.00	-	833.00	-	833.00	1,204.64	833.00	-	833.00	719.81	833.00								

	Budget July 2021	Actual July 2021	Budget August 2021	Actual August 2021	Budget September 2021	Actual September 2021	Budget October 2021	Actual October 2021	Budget November 2021	Actual November 2021	Budget December 2021	Actual December 2021	Budget January 2022	Actual January 2022	Budget February 2022	Actual February 2022	Budget March 2022	Actual March 2022	Budget April 2022	Actual April 2022	Budget May 2022	Actual May 2022	Budget June 2022	Actual June 2022	Budget FY2022	Actual FY2022	Ytd Variance	% of Budget	
Other Income/Expense																													
Income:																													
Capital Campaign Income	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11,500.00	-	-	-	-	-	-	11,500.00	11,500.00	0.00%	
Int-Cap Camp	-	167.49	-	178.64	-	167.75	-	58.97	-	64.68	-	62.91	-	62.95	-	56.89	-	63.02	-	59.09	-	65.46	-	89.78	-	1,097.63	1,097.63	0.00%	
Int-Sale of Bldg Proceeds	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%	
Dividend Income-Boys, Arnold & Co	-	394.47	-	698.89	-	3,933.97	-	395.44	-	715.97	-	5,346.01	-	259.00	-	500.88	-	3,905.96	-	406.42	-	961.80	-	5,391.56	-	22,910.37	22,910.37	0.00%	
Unrealized Gains(Losses)-Boys, Arnold &	-	9,502.11	-	24,487.70	-	(53,961.09)	-	48,355.11	-	(35,447.37)	-	42,045.81	-	(48,385.98)	-	(14,077.30)	-	10,097.09	-	-	-	23,457.93	-	(91,231.16)	-	(85,157.15)	(85,157.15)	0.00%	
Realized Gains(Losses)-Boys, Arnold &	-	-	-	-	-	-	-	-	-	-	-	5,187.95	-	-	-	-	-	-	-	-	-	-	-	-	-	(97,909.55)	(97,909.55)	0.00%	
ATAX Grants-Hay Barn	-	-	-	-	-	-	-	-	-	-	-	342,591.87	-	-	-	-	-	-	-	-	-	-	-	-	-	345,178.02	345,178.02	0.00%	
Maintenance Grant	-	-	-	-	-	-	-	-	-	-	-	11,225.00	-	-	-	-	-	-	-	-	-	-	-	-	-	2,586.15	2,586.15	0.00%	
Total Other Income	-	10,064.07	-	25,365.23	-	(49,859.37)	-	48,809.52	-	(23,441.72)	-	395,234.55	-	(48,064.03)	-	(13,519.53)	-	14,066.07	-	(84,756.99)	-	24,485.19	-	(83,163.67)	-	215,219.32	215,219.32		
Expenses:																													
Capital Campaign Expenses	-	-	-	934.38	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(7,587.00)	-	-	-	(6,652.62)	(6,652.62)	0.00%	
Professional Fees	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	110.00	-	-	-	110.00	110.00	0.00%	
Sale of Bldg Exps	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%	
Expense transfer-Op Acct	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%	
Transaction Costs/Mgmt Fees-Boys, /	-	3,852.00	-	-	-	1.20	-	3,820.00	-	-	-	1.92	-	3,384.00	-	-	-	2.35	-	-	-	-	-	-	-	-	14,903.74	14,903.74	0.00%
ATAX-Honey Horn (Hay Barn)	-	-	-	-	-	9,041.50	-	1,178.75	-	32,635.00	-	321,604.18	-	10,431.15	-	-	-	-	-	-	-	-	-	-	-	-	374,890.58	374,890.58	0.00%
Infrastructure Grant Expenses	-	-	-	-	-	-	-	11,225.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	63,203.40	63,203.40	0.00%
Total Other Expenses	-	3,852.00	-	934.38	-	9,042.70	-	16,223.75	-	32,635.00	-	321,606.10	-	13,815.15	-	-	-	2.35	-	3,840.00	-	(7,477.00)	-	51,980.67	-	446,455.10	446,455.10		
Net Other Income/Expense	-	6,212.07	-	24,430.85	-	(58,902.07)	-	32,585.77	-	(56,076.72)	-	73,628.45	-	(61,879.18)	-	(13,519.53)	-	14,063.72	-	(88,596.99)	-	31,962.19	-	(135,144.34)	-	(231,235.78)	(231,235.78)		
Restricted Revenue-Donations																													
Income:																													
Donation-Butterfly Enclosure	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total Restricted Revenue	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Expenses:																													
Butterfly Enclosure	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total Restricted Expenses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Net Restricted Revenue-Donations/I	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Net Income (Loss)	(21,507.40)	(21,553.16)	(3,782.60)	(42,238.17)	(10,057.60)	6,718.48	41,515.40	12,897.19	7,655.40	(75,843.42)	29,780.40	183,366.94	7,615.40	(81,091.64)	(27,194.60)	(29,113.68)	(5,794.60)	103,094.08	21,667.40	(114,921.06)	(19,707.60)	74,981.13	(20,189.60)	(83,326.18)	-	(67,029.49)	(67,029.49)		

**Coastal Discovery Museum
Balance Sheet
As of July 31, 2023**

	FY2023 June 30, 2023 Unaudited	FY2024 Unaudited
ASSETS		
Current Assets		
Cash - Operating		
Wells Fargo-Operating	366,608.61	248,002.78
Petty Cash	225.00	225.00
Coastal States Bank-Cash	203,406.70	203,631.28
Merrill Lynch-Cash	216,068.21	216,068.21
Sub-Total Cash - Operating	786,308.52	667,927.27
Other Current Assets		
Accounts Receivable	11,012.96	3,363.77
Prepaid Expenses	24,538.82	18,408.41
Grant Receivable-Unrestricted	248,642.24	248,642.24
Inventory	9,385.07	9,385.07
Total Current Assets	1,079,887.61	947,726.76
Non-Current Assets		
Cash - Board Reserve Fund		
TD Bank-Capital Campaign Checking	6,043.23	3,979.96
TD Bank-Capital Campaign Money Market	12,387.23	12,387.76
Sub-Total Cash - Board Reserve Fund	18,430.46	16,367.72
Investments		
Merrill Lynch-CD	513,029.84	515,070.46
Boys, Arnold & Co	1,911,032.52	1,953,661.80
Sub-Total Investments	2,424,062.36	2,468,732.26
Property and Equipment		
Improvement-Infrastructure	5,261,136.59	5,261,136.59
Computers	1,729.91	1,729.91
Equipment	254,096.57	254,096.57
Furniture	11,792.82	11,792.82
Exhibits	78,684.68	78,684.68
Discovery Lab	306,648.18	306,648.18
Construction in Progress	361,979.18	361,979.18
Acc Depr-Imprv Infrastructure	(1,941,646.31)	(1,941,646.31)
Acc Depr-Computers	(1,729.91)	(1,729.91)
Acc Depr Equipment	(218,032.91)	(218,032.91)
Acc Depr-Furniture	(11,792.82)	(11,792.82)
Acc Depr-Exhibits	(20,894.69)	(20,894.69)
Acc. Depr-Website	-	-
Sub-Total Property & Equipment, Net	4,081,971.29	4,081,971.29
Total Non-Current Assets	6,524,464.11	6,567,071.27
TOTAL ASSETS	7,604,351.72	7,514,798.03

**Coastal Discovery Museum
Balance Sheet
As of July 31, 2023**

	FY2023	FY2024
	June 30, 2023	Unaudited
	Unaudited	Unaudited
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable	(523,697.51)	(25,862.14)
Accrued Salary	(64,648.66)	-
Accrued Vacation	(60,950.68)	(60,950.68)
Due to SC Commission-Sales Taxes	(1,623.65)	(1,642.15)
Total Current Liabilities	<u>(650,920.50)</u>	<u>(88,454.97)</u>
Fund Balance		
Fund Balance	(1,207,980.24)	(1,207,980.24)
Fund Balance-Bldg	(25,688.00)	(25,688.00)
Fund Balance-Unreserved	(5,793,840.70)	(5,719,762.98)
Revenue Control	(2,210,663.45)	(608,615.53)
Expenditure Control	2,284,741.17	135,703.69
Total Fund Balance	<u>(6,953,431.22)</u>	<u>(7,426,343.06)</u>
TOTAL LIABILITIES & EQUITY	<u><u>(7,604,351.72)</u></u>	<u><u>(7,514,798.03)</u></u>

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

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

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

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

**Coastal Discovery Museum
Balance Sheet
As of June 30, 2022**

	FY2021 June 30, 2021 Audited	FY2022 Unaudited
<hr/>		
ASSETS		
Current Assets		
Cash - Operating		
Wells Fargo-Operating	281,553.11	368,363.52
Petty Cash	4,122.67	225.00
Coastal States Bank-Cash	200,005.48	201,064.45
Merrill Lynch-Cash	211,094.27	211,094.27
Sub-Total Cash - Operating	696,775.53	780,747.24
Other Current Assets		
Accounts Receivable	294.96	7,583.48
Prepaid Expenses	16,277.13	29,046.74
Grant Receivable-Unrestricted	165,976.75	135,091.02
Inventory	34,156.15	34,156.15
Total Current Assets	913,480.52	986,624.63
Non-Current Assets		
Cash - Board Reserve Fund		
TD Bank-Capital Campaign Checking	8,654.37	3,717.38
TD Bank-Capital Campaign Money Market	72,268.47	38,086.53
Sub-Total Cash - Board Reserve Fund	80,922.84	41,803.91
Investments		
Merrill Lynch-CD	205,043.00	206,236.28
Boys, Arnold & Co	1,949,450.47	1,774,392.85
Sub-Total Investments	2,154,493.47	1,980,629.13
Property and Equipment		
Improvement-Infrastructure	5,261,136.59	5,261,136.59
Computers	1,729.91	1,729.91
Equipment	231,733.57	231,733.57
Furniture	11,792.82	11,792.82
Exhibits	27,725.00	27,725.00
Website	-	-
Discovery Lab	306,648.18	306,648.18
Construction in Progress	7,845.00	-
Acc Depr-Imprv Infrastructure	(1,798,938.11)	(1,798,938.11)
Acc Depr-Computers	(1,729.91)	(1,729.91)
Acc Depr Equipment	(209,533.07)	(209,533.07)
Acc Depr-Furniture	(11,792.82)	(11,792.82)
Acc Depr-Exhibits	(15,079.40)	(15,079.40)
Acc. Depr-Website	-	-
Sub-Total Property & Equipment, Net	3,811,537.76	3,803,692.76
Total Non-Current Assets	6,046,954.07	5,826,125.80
TOTAL ASSETS	6,960,434.59	6,812,750.43

**Coastal Discovery Museum
Balance Sheet
As of June 30, 2022**

	FY2021 June 30, 2021 Audited	FY2022 Unaudited
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable	(40,385.05)	(10,530.49)
Accrued Salary	(50,000.00)	-
Accrued Vacation	(54,323.15)	(54,323.15)
Due to SC Commission-Sales Taxes	(2,684.06)	(1,883.95)
PPP Loan	-	-
Total Current Liabilities	(147,392.26)	(66,737.59)
Fund Balance		
Fund Balance	(1,207,980.24)	(1,207,980.24)
Fund Balance-Bldg	(25,688.00)	(25,688.00)
Fund Balance-Unreserved	(5,158,430.81)	(5,579,374.09)
Revenue Control	(2,025,222.84)	(1,821,802.04)
Expenditure Control	1,604,279.56	1,888,831.53
Total Fund Balance	(6,813,042.33)	(6,746,012.84)
TOTAL LIABILITIES & EQUITY	(6,960,434.59)	(6,812,750.43)

COASTAL DISCOVERY MUSEUM

BALANCE SHEET FOR 2022 12

FUND: 777 COASTAL DISCOVERY MUSEUM			NET CHANGE FOR PERIOD	ACCOUNT BALANCE
ASSETS				
777	10001	WELL FARGO OPERATING ACCT	52,983.22	368,363.52
777	10010	TD BANK CAP CAMPAIGN CHECKING	-1,053.00	3,717.38
777	10012	WELLS FARGO PETTY CASH CK	.00	225.00
777	10013	TD BANK CAP CAMPAIGN MM PLUS	-51,975.34	38,086.53
777	10019	MERRILL LYNCH-CD	176.44	206,236.28
777	10021	MERRILL LYNCH CASH	.00	211,094.27
777	10022	COASTAL STATES BANK CASH	86.72	201,064.45
777	10030	FIDELITY INVEST ACCT-BOYS ARNL	-85,841.02	1,605,417.85
777	10031	FIDELITY RESTRICTED-BOYS ARNL	.00	168,975.00
777	10034	ACCOUNTS RECEIVABLE	-3,884.96	7,583.48
777	10041	PREPAID EXPENSES	5,307.45	29,046.74
777	11000	GRANTS RECEIVABLE-UNRESTRICTED	.00	135,091.02
777	13000	INVENTORY	.00	34,156.15
777	16200	IMPROVEMENT-INFRASTRUCTURE	.00	5,261,136.59
777	16210	ACC.DEPR-IMPRV INFRASTRUCTURE	.00	-1,798,938.11
777	16300	COMPUTERS	.00	1,729.91
777	16310	ACC.DEPR-COMPUTERS	.00	-1,729.91
777	16400	EQUIPMENT	.00	231,733.57
777	16410	ACC.DEPR-EQUIPMENT	.00	-209,533.07
777	16500	FURNITURE	.00	11,792.82
777	16510	ACC.DEPR-FURNITURE	.00	-11,792.82
777	16600	EXHIBITS	.00	27,725.00
777	16610	ACC.DEPR-EXHIBITS	.00	-15,079.40
777	16800	DISCOVERY LAB	.00	306,648.18
	TOTAL ASSETS		-84,200.49	6,812,750.43
LIABILITIES				
777	21600	ACCOUNTS PAYABLE	1,652.43	-10,530.49
777	21606	ACCRUED VACATION	.00	-54,323.15
777	21630	DUE TO S.C.COM-REG SALES TAX	-778.12	-1,883.95
	TOTAL LIABILITIES		874.31	-66,737.59
FUND BALANCE				
777	30800	FUND BALANCE	.00	-1,207,980.24
777	30805	FUND BALANCE-BUILDING	.00	-25,688.00
777	32530	FUND BALANCE-UNRESERVED	.00	-5,579,374.09
777	34000	REVENUE CONTROL	-93,961.69	-1,821,802.04
777	35000	EXPENDITURE CONTROL	177,287.87	1,888,831.53
	TOTAL FUND BALANCE		83,326.18	-6,746,012.84
	TOTAL LIABILITIES + FUND BALANCE		84,200.49	-6,812,750.43

** END OF REPORT - Generated by Ben Netzinger **

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

November 3, 2022

CONFIDENTIAL

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

Dear Rex:

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

Return of Organization Exempt From Income Tax (Form 990)

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

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

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

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

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

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

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

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

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

Very truly yours,

Carey & Company P.A.

Accepted By: _____

Date: _____

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

November 3, 2022

CONFIDENTIAL

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

Dear Rex:

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

Return of Organization Exempt From Income Tax (Form 990)

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

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

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

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

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

Sincerely,

Carey & Company P.A.

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

Name

Taxpayer Identification Number

Coastal Discovery Museum**57-0801415**

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

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

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

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

Filing Instructions

Coastal Discovery Museum

Exempt Organization Tax Return

Taxable Year Ended June 30, 2022

Date Due: November 15, 2022

Remittance: None is required. Your Form 990 for the tax year ended 6/30/22 shows no balance due.

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

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

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

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

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

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

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

2021

Department of the Treasury
Internal Revenue Service

Name of filer

Coastal Discovery Museum

EIN or SSN

57-0801415

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

President and CEO

Part I Type of Return and Return Information

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

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

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

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

PIN: check one box only

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

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

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

Signature of officer or person subject to tax }

Date }

Part III Certification and Authentication

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

57507812345

Do not enter all zeros

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

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

Date }

ERO Must Retain This Form — See Instructions

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

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

Form **8879-TE** (2021)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22

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

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To communicate to its members and to the general public the significance of the cultural and environmental heritage of the Lowcountry; to provide educational programming to residents of and visitors to Hilton Head, SC.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	18
	6 Total number of volunteers (estimate if necessary)	6	150
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,162,867	1,379,770
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	193,433	282,377
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,281	29,264
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,562,651	1,911,663
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	821,058	840,772
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>u</u> 136,319		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	648,739	668,704
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,469,797	1,509,476	
19 Revenue less expenses. Subtract line 18 from line 12	92,854	402,187	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	6,960,433	7,166,489
	22 Net assets or fund balances. Subtract line 21 from line 20	147,390	138,981
		6,813,043	7,027,508

Part II Signature Block

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

Sign Here	Signature of officer Rex Garniewicz	Date President and CEO			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Patrick P. Carey, Jr., CPA	Preparer's signature Patrick P. Carey, Jr., CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P00033247
	Firm's name } Carey & Company P.A.		Firm's EIN } 57-0927046		
	Firm's address } 70 Main Street, Suite 100 Hilton Head Island, SC 29926		Phone no. 843-681-4430		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code:) (Expenses \$ **1,050,288** including grants of \$) (Revenue \$)

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

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

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

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

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

4e Total program service expenses **u 1,050,288**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	18		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

Jennifer Stupica
Hilton Head

70 Honey Horn

SC 29926

843-689-6767

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

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

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

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

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

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

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

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

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

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	58,033				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	957,940				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	363,797				
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f	u	1,379,770				
Program Service Revenue	2a Management fee	Business Code	75,000	75,000			
	b Walks/tours		62,274	62,274			
	c Marine/dolphin history cruise		34,460	34,460			
	d Community programs		33,769	33,769			
	e Other Program Revenue		26,882	26,882			
	f All other program service revenue		49,992	49,992			
	g Total. Add lines 2a-2f	u	282,377				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	29,264			29,264
4 Income from investment of tax-exempt bond proceeds		u					
5 Royalties		u					
6a Gross rents		6a	(i) Real				
		b Less: rental expenses	6b				
		c Rental inc. or (loss)	6c				
d Net rental income or (loss)		u					
7a Gross amount from sales of assets other than inventory		7a	(i) Securities				
		b Less: cost or other basis and sales exps.	7b				
		c Gain or (loss)	7c				
d Net gain or (loss)		u					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a		45,510			
		b Less: direct expenses	8b	15,747			
		c Net income or (loss) from fundraising events	u	29,763			
9a Gross income from gaming activities. See Part IV, line 19		9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	10a		285,892				
	b Less: cost of goods sold	10b	220,434				
	c Net income or (loss) from sales of inventory	u	65,458	65,458			
Miscellaneous Revenue	11a Weddings	Business Code	531390	98,070	98,070		
	b Private receptions		531390	25,910	25,910		
	c Misc income		531390	1,051	1,051		
	d All other revenue						
	e Total. Add lines 11a-11d	u	125,031				
12 Total revenue. See instructions	u	1,911,663	472,866	0	29,264		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	234,820	140,892	58,705	35,223
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	438,783	263,270	109,696	65,817
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	75,348	45,173	18,882	11,293
9 Other employee benefits	46,836	28,137	11,664	7,035
10 Payroll taxes	44,985	26,991	11,246	6,748
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	10,700	1,070	9,630	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	14,903	1,490	13,413	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	49,207	49,207		
13 Office expenses	28,213	14,553	11,674	1,986
14 Information technology				
15 Royalties				
16 Occupancy	211,642	211,642		
17 Travel	7,172	5,020	2,152	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	157,020	109,913	47,107	
23 Insurance	38,967	27,277	11,690	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Other Program services	81,081	81,081		
b Miscellaneous	37,084	29,050	8,034	
c Bank and Credit Card fees	17,694	10,135	7,559	
d Fundraising expense	8,217			8,217
e All other expenses	6,804	5,387	1,417	
25 Total functional expenses. Add lines 1 through 24e	1,509,476	1,050,288	322,869	136,319
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	696,776	1	785,721
	2 Savings and temporary cash investments	80,923	2	41,804
	3 Pledges and grants receivable, net	165,977	3	248,642
	4 Accounts receivable, net	295	4	7,583
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	34,156	8	9,385
	9 Prepaid expenses and deferred charges	16,277	9	29,047
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,262,749		
	b Less: accumulated depreciation	10b 2,194,097	3,811,536	10c 4,068,652
	11 Investments—publicly traded securities	2,154,493	11	1,975,655
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		6,960,433	16	7,166,489
Liabilities	17 Accounts payable and accrued expenses	43,067	17	23,030
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	104,323	25	115,951
	26 Total liabilities. Add lines 17 through 25	147,390	26	138,981
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,347,457	27	6,483,793
	28 Net assets with donor restrictions	465,586	28	543,715
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	6,813,043	32	7,027,508	
33 Total liabilities and net assets/fund balances	6,960,433	33	7,166,489	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,911,663
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,509,476
3	Revenue less expenses. Subtract line 2 from line 1	3	402,187
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,813,043
5	Net unrealized gains (losses) on investments	5	-187,722
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,027,508

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

Coastal Discovery Museum

Employer identification number

57-0801415

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

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

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

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14 %
Row 15: Public support percentage from 2020 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	945,958	948,588	1,097,743	1,162,867	1,295,032	5,450,188
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	686,654	775,799	525,343	349,231	357,961	2,694,988
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,632,612	1,724,387	1,623,086	1,512,098	1,652,993	8,145,176
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	14,450	40,050	134,350	178,164	46,250	413,264
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	58,155	57,324	58,358	59,605	58,177	291,619
c Add lines 7a and 7b	72,605	97,374	192,708	237,769	104,427	704,883
8 Public support. (Subtract line 7c from line 6.)						7,440,293

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	1,632,612	1,724,387	1,623,086	1,512,098	1,652,993	8,145,176
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	51,861	43,216	41,105	27,391	29,264	192,837
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	51,861	43,216	41,105	27,391	29,264	192,837
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,684,473	1,767,603	1,664,191	1,539,489	1,682,257	8,338,013
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	2 %
18 Investment income percentage for 2020 Schedule A, Part III, line 17	18	2 %

- 19a 33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2021 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

Coastal Discovery Museum**57-0801415**

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

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

Form 990-PF

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

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

Name of organization

Coastal Discovery Museum

Employer identification number

57-0801415

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	\$ 105,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 60,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 89,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Coastal Discovery Museum

Employer identification number

57-0801415

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

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

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued vacation and salary	115,951
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u 115,951

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

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

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

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

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

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

1	Total expenses and losses per audited financial statements	1	1,720,886
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	211,410
e	Add lines 2a through 2d	2e	211,410
3	Subtract line 2e from line 1	3	1,509,476
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,509,476

Part XIII Supplemental Information.

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

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Fundraising activity expense	\$ 15,747
Cost of goods sold	\$ 195,663

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

Fundraising activities expense	\$ 15,747
Cost of goods sold	\$ 195,663

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Coastal Discovery Museum

Employer identification number

57-0801415

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

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

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

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

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

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

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

.....
.....
.....
.....
.....

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

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

Name **u**

Address **u**

- 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 **u** \$ and the amount of gaming revenue retained by the third party **u** \$
- c If "Yes," enter name and address of the third party:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u** \$

Description of services provided **u**

- 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 **u** \$

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

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

2021

Open to Public Inspection

Coastal Discovery Museum

Employer identification number
57-0801415

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Supplemental Information

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

Part III - Other Additional Information

Compensation is determined by the Board based on overall performance.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

Coastal Discovery Museum

Employer identification number

57-0801415

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

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

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

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

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

The Board Compensation Committee approves the executive compensation.

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

The documents are available upon request.

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

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

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

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

OMB No. 1545-0172

2021

Attachment Sequence No. **179**

Coastal Discovery Museum

Identifying number
57-0801415

Business or activity to which this form relates

Museum Store

Part I Election To Expense Certain Property Under Section 179

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

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

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

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

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

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

Section A

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

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

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

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

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

Part IV Summary (See instructions.)

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

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form 990	Event Income and Deduction Worksheet	2021
Description Museum Store		

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

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

Income & Expense Summary:

1. Gross receipts or sales	1. <u>285,892</u>
2. Advertising income	2. _____
3. Circulation income	3. _____
4. Other income	4. _____
5. Returns and allowances	5. _____
6. Contributions received	6. _____
7. Total revenue. Add lines 1 through 6	7. <u>285,892</u>
8. Cost of Goods Sold	8. <u>220,434</u>
9. Employment Expense	9. _____
10. Fees for services	10. _____
11. Indirect Expense	11. _____
12. Depreciation Expense	12. <u>157,020</u>
13. Exempt Activity Expense	13. _____
14. Fundraising Expense	14. _____
15. Total expenses. Add lines 8 through 14	15. <u>377,454</u>
16. Net Income/Loss. Line 7 minus Line 15	16. <u>-91,562</u>

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	<u>157,020</u>
Amortization	_____
Depletion	_____
Total Depreciation Expense	<u>157,020</u>

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

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

Expense Details - Cost of Goods Sold:

Beginning inventory	<u>34,156</u>
Purchases	<u>195,663</u>
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	<u>9,385</u>
Total Cost of Goods Sold	<u>220,434</u>

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

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

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	<u>157,020</u>

Form 990	Event Income and Deduction Worksheet	2021
Description Art Market		

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

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

Income & Expense Summary:

1. Gross receipts or sales	1.		45,510
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.		
7. Total revenue. Add lines 1 through 6	7.		45,510
8. Cost of Goods Sold	8.		15,747
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.		
15. Total expenses. Add lines 8 through 14	15.		15,747
16. Net Income/Loss. Line 7 minus Line 15	16.		29,763

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

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

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

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

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Federal Statements**Taxable Interest on Investments**

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

Taxable Dividends from Securities

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
Dividend income	\$ 22,910		14			
Total	\$ <u>22,910</u>					

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

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

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

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

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

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

Federal Statements

Art Market

Other Direct Fundraising or Gaming Expenses

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

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

CONFIDENTIAL

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

Dear Rex:

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

Return of Organization Exempt From Income Tax (Form 990)

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

We will prepare your 2020 federal exempt organization returns listed above from information which you will furnish to us. A copy of your federal return will be sent to the relevant state authority as required by state law. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Very truly yours,

Carey & Company P.A.

Accepted By: _____

Date: _____

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

October 21, 2021

CONFIDENTIAL

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

Dear Rex:

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

Return of Organization Exempt From Income Tax (Form 990)

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

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

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

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

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

Sincerely,

Carey & Company P.A.

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

Name

Taxpayer Identification Number

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

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

Form 990	Tax Return History	2020
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Name Coastal Discovery Museum	Employer Identification Number **_***1415
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	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	742,602	888,483	893,988	1,044,018	1,111,937	
Membership dues	29,800	57,475	54,600	53,725	50,930	
Program service revenue	318,326	303,036	304,389	217,482	193,433	
Capital gain or loss			20,522	2,879		
Investment income	25,246	51,861	43,647	41,440	18,281	
Fundraising revenue (income/loss)	29,198	22,563	27,690	9,148	18,981	
Gaming revenue (income/loss)						
Other revenue	154,771	230,319	296,882	190,656	169,089	
Total revenue	1,299,943	1,553,737	1,641,718	1,559,348	1,562,651	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.		223,947	221,515	227,754	208,951	
Other compensation	678,721	431,360	574,165	575,613	612,107	
Professional fees	21,583	23,611	27,933	21,765	31,849	
Occupancy costs	201,764	159,685	220,120	149,991	227,050	
Depreciation and depletion	178,813	181,674	180,838	160,313	159,252	
Other expenses	306,168	371,866	349,943	330,160	230,588	
Total expenses	1,387,049	1,392,143	1,574,514	1,465,596	1,469,797	
Excess or (Deficit)	-87,106	161,594	67,204	93,752	92,854	
Total exempt revenue	1,299,943	1,553,737	1,641,718	1,559,348	1,562,651	
Total unrelated revenue						
Total excludable revenue	498,343	585,216	665,440	452,457	380,803	
Total Assets	6,148,923	6,417,665	6,404,805	6,451,285	6,960,433	
Total Liabilities	81,927	164,301	72,443	59,186	147,390	
Net Fund Balances	6,066,996	6,253,364	6,332,362	6,392,099	6,813,043	

Filing Instructions

Coastal Discovery Museum

Exempt Organization Tax Return

Taxable Year Ended June 30, 2021

Date Due: November 15, 2021

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

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

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

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

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

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

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

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

2020

Department of the Treasury
Internal Revenue Service

Name of exempt organization or person subject to tax

Coastal Discovery Museum

Taxpayer identification number

**** - ***1415**

Name and title of officer or person subject to tax

**Rex Garniewicz
President and CEO**

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

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

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

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

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

PIN: check one box only

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

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

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

Signature of officer or person subject to tax }

Date } 10/21/21

Part III Certification and Authentication

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

Do not enter all zeros

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

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

ERO Must Retain This Form — See Instructions

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">Coastal Discovery Museum</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">70 Honey Horn Drive</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">Hilton Head Island SC 29926</p>	D Employer identification number <p style="text-align: center;">** - ***1415</p> E Telephone number <p style="text-align: center;">843-689-6767</p> G Gross receipts \$ 1,697,134
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F Name and address of principal officer: <p style="text-align: center;">Rex Garniewicz 70 Honey Horn Drive Hilton Head Island SC 29926</p>	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
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I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: u coastaldiscovery.org	H(c) Group exemption number u
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u	L Year of formation: 1985	M State of legal domicile: SC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">To communicate to its members and to the general public the significance of the cultural and environmental heritage of the Lowcountry; to provide educational programming to residents of and visitors to Hilton Head, SC.</p>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3		13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		12
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5		17
	6 Total number of volunteers (estimate if necessary)	6		150
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		0
Revenue		Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)	1,097,743	1,162,867	
	9 Program service revenue (Part VIII, line 2g)	217,482	193,433	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	44,319	18,281	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	199,804	188,070	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,559,348	1,562,651	
Expenses				
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	803,367	821,058	
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	b Total fundraising expenses (Part IX, column (D), line 25) u 155,547			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	662,229	648,739	
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,465,596	1,469,797	
	19 Revenue less expenses. Subtract line 18 from line 12	93,752	92,854	
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	6,451,285	6,960,433	
	21 Total liabilities (Part X, line 26)	59,186	147,390	
	22 Net assets or fund balances. Subtract line 21 from line 20	6,392,099	6,813,043	

Part II Signature Block

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

Sign Here	Signature of officer <p style="text-align: center;">Rex Garniewicz</p> Type or print name and title	Date <p style="text-align: center;">President and CEO</p>
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Paid Preparer Use Only	Print/Type preparer's name Patrick P. Carey, Jr., CPA	Preparer's signature Patrick P. Carey, Jr., CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN *****
	Firm's name } Carey & Company P.A. Firm's address } 70 Main Street, Suite 100 Hilton Head Island, SC 29926	Firm's EIN } ** - ***7046 Phone no. } 843-681-4430			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
To communicate to its members and to the general public the significance of the cultural and environmental heritage of the Lowcountry; to provide educational programming to residents of and visitors to Hilton Head, SC.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **1,000,113** including grants of \$) (Revenue \$)
To communicate to its members and to the general public the significance of the cultural and environmental heritage of the Lowcountry; to provide educational programming to residents of and visitors to Hilton Head Island, South Carolina.

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

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

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u 1,000,113**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	17		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b			X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	13	
1b	Enter the number of voting members included on line 1a, above, who are independent	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

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

Jennifer Stupica
Hilton Head

70 Honey Horn

SC 29926

843-689-6767

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Porter Morgan	1.00									
Chair	0.00	X		X			0	0	0	
(2) Diane Bartlett	1.00									
Secretary	0.00	X		X			0	0	0	
(3) Fred Manske, Jr.	1.00									
Vice Chair	0.00	X		X			0	0	0	
(4) Dave Howitt	1.00									
Treasurer	0.00	X		X			0	0	0	
(5) Rex Garniewicz	40.00									
President and CEO	0.00	X		X			208,951	0	26,591	
(6) Frederick Hack	1.00									
Member	0.00	X					0	0	0	
(7) Albert George	1.00									
Member	0.00	X					0	0	0	
(8) Margaret McManus	1.00									
Member	0.00	X					0	0	0	
(9) Luana Graves Sellars	1.00									
Member	0.00	X					0	0	0	
(10) Dr. Roselle L. Wilson	1.00									
Member	0.00	X					0	0	0	
(11) John Batson	1.00									
Member	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Lenore Gleason	1.00									
Member	0.00	X					0	0	0	
(13) Lindsay Bunting	1.00									
Member	0.00	X					0	0	0	
1b Subtotal							u	208,951	26,591	
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u	208,951	26,591	

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

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

Section B. Independent Contractors

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

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

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

0

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b 50,930				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 621,919				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 490,018				
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f	u 1,162,867				
Program Service Revenue	2a Management fee	Business Code	75,000	75,000		
	b Walks/tours		39,157	39,157		
	c Marine/dolphin history cruise		27,777	27,777		
	d Farmers Market		16,702	16,702		
	e Other Program Revenue		13,832	13,832		
	f All other program service revenue		20,965	20,965		
	g Total. Add lines 2a-2f	u	193,433			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	18,281	-9,110	27,391
4 Income from investment of tax-exempt bond proceeds		u				
5 Royalties		u				
6a Gross rents		6a	(i) Real			
		b Less: rental expenses	6b	(ii) Personal		
		c Rental inc. or (loss)	6c			
d Net rental income or (loss)		u				
7a Gross amount from sales of assets other than inventory		7a	(i) Securities			
		b Less: cost or other basis and sales exps.	7b	(ii) Other		
		c Gain or (loss)	7c			
d Net gain or (loss)		u				
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a		30,190		
		b Less: direct expenses	8b	11,209		
		c Net income or (loss) from fundraising events	u	18,981		
9a Gross income from gaming activities. See Part IV, line 19		9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities	u				
10a Gross sales of inventory, less returns and allowances	10a		188,528			
	b Less: cost of goods sold	10b	123,274			
	c Net income or (loss) from sales of inventory	u	65,254	65,254		
Miscellaneous Revenue	11a Weddings	Business Code	531390 74,085	74,085		
	b Private receptions		531390 28,935	28,935		
	c Book royalties		531390 601	601		
	d All other revenue		214	214		
	e Total. Add lines 11a-11d	u	103,835			
12 Total revenue. See instructions	u	1,562,651	353,412	0	27,391	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	208,951	125,371	52,238	31,342
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	424,297	254,578	106,074	63,645
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	69,887	41,932	17,472	10,483
9 Other employee benefits	74,778	44,866	18,695	11,217
10 Payroll taxes	43,145	25,887	10,786	6,472
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	18,933	1,893	17,040	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	12,916	1,292	11,624	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	22,195	22,195		
13 Office expenses	7,476	5,478	1,998	
14 Information technology				
15 Royalties				
16 Occupancy	227,050	227,050		
17 Travel	600	420	180	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	159,252	111,476	47,776	
23 Insurance	38,497	26,948	11,549	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Web and Email	55,722	55,722		
b Other Program services	32,901	32,901		
c Fundraising expense	30,741			30,741
d Other Operating	14,883	7,138	7,745	
e All other expenses	27,573	14,966	10,960	1,647
25 Total functional expenses. Add lines 1 through 24e	1,469,797	1,000,113	314,137	155,547
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	526,096	1	696,776
	2 Savings and temporary cash investments	76,734	2	80,923
	3 Pledges and grants receivable, net	176,881	3	165,977
	4 Accounts receivable, net	114	4	295
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	50,957	8	34,156
	9 Prepaid expenses and deferred charges	20,956	9	16,277
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,848,613		
	b Less: accumulated depreciation	10b 2,037,077	3,963,071	10c 3,811,536
	11 Investments—publicly traded securities	1,636,476	11	2,154,493
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		6,451,285	16	6,960,433
Liabilities	17 Accounts payable and accrued expenses	16,389	17	43,067
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	42,797	25	104,323
	26 Total liabilities. Add lines 17 through 25	59,186	26	147,390
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	5,977,968	27	6,347,457
	28 Net assets with donor restrictions	414,131	28	465,586
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	6,392,099	32	6,813,043	
33 Total liabilities and net assets/fund balances	6,451,285	33	6,960,433	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,562,651
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,469,797
3	Revenue less expenses. Subtract line 2 from line 1	3	92,854
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,392,099
5	Net unrealized gains (losses) on investments	5	328,090
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,813,043

Part XII Financial Statements and Reporting

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

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

Public Charity Status and Public Support

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

Coastal Discovery Museum

Employer identification number

****-***1415**

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

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

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

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) 14 %
Row 15: Public support percentage from 2019 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	772,402	945,958	948,588	1,097,743	1,162,867	4,927,558
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	586,682	686,654	775,799	525,343	349,231	2,923,709
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,359,084	1,632,612	1,724,387	1,623,086	1,512,098	7,851,267
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		14,450	40,050	134,350	178,164	367,014
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	61,157	58,155	57,324	58,358	59,605	294,599
c Add lines 7a and 7b	61,157	72,605	97,374	192,708	237,769	661,613
8 Public support. (Subtract line 7c from line 6.)						7,189,654

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	1,359,084	1,632,612	1,724,387	1,623,086	1,512,098	7,851,267
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	25,246	51,861	43,216	41,105	27,391	188,819
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	25,246	51,861	43,216	41,105	27,391	188,819
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,384,330	1,684,473	1,767,603	1,664,191	1,539,489	8,040,086
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	89.42 %
16 Public support percentage for 2019 Schedule A, Part III, line 15	16	91.77 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	2 %
18 Investment income percentage for 2019 Schedule A, Part III, line 17	18	2 %

- 19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

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

OMB No. 1545-0047

2020

Name of the organization

Employer identification number

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

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

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

Form 990-PF

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

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

Special Rules

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Coastal Discovery Museum

Employer identification number

**** - ***1415**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 25,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Coastal Discovery Museum

Employer identification number

**** - ***1415**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 18,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 16,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 50,590	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Coastal Discovery Museum

Employer identification number

**** - ***1415**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Coastal Discovery Museum

Employer identification number

** - ***1415

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

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

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued vacation and salary	104,323
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u 104,323

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

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

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

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

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

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

1	Total expenses and losses per audited financial statements	1	1,615,487
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	145,690
e	Add lines 2a through 2d	2e	145,690
3	Subtract line 2e from line 1	3	1,469,797
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,469,797

Part XIII Supplemental Information.

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

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

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

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

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

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

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

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Coastal Discovery Museum

Employer identification number

****-***1415**

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

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

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

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

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

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

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

.....

.....

.....

.....

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

2020

Open to Public Inspection

Coastal Discovery Museum

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

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Supplemental Information

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

Part III - Other Additional Information

Compensation is determined by the Board based on overall performance.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

Coastal Discovery Museum

Employer identification number

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

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

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

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

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

The Board Compensation Committee approves the executive compensation.

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

The documents are available upon request.

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

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

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

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

OMB No. 1545-0172

2020

Attachment Sequence No. **179**

Coastal Discovery Museum

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

Business or activity to which this form relates

Museum Store

Part I Election To Expense Certain Property Under Section 179

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

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

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

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

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

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

Section A

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

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

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

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

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

Part IV Summary (See instructions.)

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

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2020)

DAA

There are no amounts for Page 2

Form 990	Event Income and Deduction Worksheet	2020
Description Museum Store		

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

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

Income & Expense Summary:

1. Gross receipts or sales	1. <u>188,528</u>
2. Advertising income	2. _____
3. Circulation income	3. _____
4. Other income	4. _____
5. Returns and allowances	5. _____
6. Contributions received	6. _____
7. Total revenue. Add lines 1 through 6	7. <u>188,528</u>
8. Cost of Goods Sold	8. <u>123,274</u>
9. Employment Expense	9. _____
10. Fees for services	10. _____
11. Indirect Expense	11. _____
12. Depreciation Expense	12. <u>159,252</u>
13. Exempt Activity Expense	13. _____
14. Fundraising Expense	14. _____
15. Total expenses. Add lines 8 through 14	15. <u>282,526</u>
16. Net Income/Loss. Line 7 minus Line 15	16. <u>-93,998</u>

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	<u>159,252</u>
Amortization	_____
Depletion	_____
Total Depreciation Expense	<u>159,252</u>

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

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

Expense Details - Cost of Goods Sold:

Beginning inventory	<u>50,957</u>
Purchases	<u>83,810</u>
Labor	_____
Section 263A costs	_____
Other costs	<u>22,663</u>
Ending inventory	<u>34,156</u>
Total Cost of Goods Sold	<u>123,274</u>

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

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

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	<u>159,252</u>

Form 990	Event Income and Deduction Worksheet	2020
Description Art Market		

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

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

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>30,190</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	<u>30,190</u>
8. Cost of Goods Sold	8.	<u>11,209</u>
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. Total expenses. Add lines 8 through 14	15.	<u>11,209</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>18,981</u>

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

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

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	<u>11,209</u>
Ending inventory	_____
Total Cost of Goods Sold	<u>11,209</u>

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

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

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

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Federal Statements

FYE: 6/30/2021

Taxable Interest on Investments

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

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Dividend income	\$ 21,984		14			
Total	<u>\$ 21,984</u>					

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Federal Statements

FYE: 6/30/2021

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

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

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

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

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

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

Federal Statements

Art Market

Other Direct Fundraising or Gaming Expenses

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

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

2019
Open to Public Inspection

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

A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Coastal Discovery Museum	D Employer identification number 57-0801415
	Doing business as	E Telephone number 843-689-6767
	Number and street (or P.O. box if mail is not delivered to street address) 70 Honey Horn Drive	Room/suite
	City or town, state or province, country, and ZIP or foreign postal code Hilton Head Island SC 29926	G Gross receipts \$ 1,667,070

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

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

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

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

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To communicate to its members and to the general public the significance of the cultural and environmental heritage of the Lowcountry; to provide educational programming to residents of and visitors to Hilton Head, SC.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	17
	6 Total number of volunteers (estimate if necessary)	6	150
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	948,588	1,097,743
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	304,389	217,482
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	64,169	44,319
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	324,572	199,804
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	795,680	803,367
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u 134,122		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	778,834	662,229
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,574,514	1,465,596
19 Revenue less expenses. Subtract line 18 from line 12	67,204	93,752	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	6,404,805	6,451,285
	22 Net assets or fund balances. Subtract line 21 from line 20	72,443	59,186
		6,332,362	6,392,099

Part II Signature Block

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

Sign Here

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

Paid Preparer Use Only

Print/Type preparer's name: **Patrick P. Carey, Jr., CPA** Preparer's signature: **Patrick P. Carey, Jr., CPA** Date: _____
Check if self-employed PTIN: **P00033247**

Firm's name: **Carey & Company P.A.** Firm's EIN: **57-0927046**
Firm's address: **70 Main Street, Suite 100**
Hilton Head Island, SC 29926 Phone no.: **843-681-4430**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code:) (Expenses \$ **1,045,920** including grants of \$) (Revenue \$)

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

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

N/A

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

N/A

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

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

4e Total program service expenses **u 1,045,920**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	17		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b			X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 15		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

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

Jennifer Stupica
Hilton Head

70 Honey Horn

SC 29926

843-689-6767

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Shirley Peterson	1.00									
Chair	0.00	X		X			0	0	0	
(2) Paul Stevens	1.00									
Vice Chair	0.00	X		X			0	0	0	
(3) Fred Manske, Jr.	1.00									
Treasurer	0.00	X		X			0	0	0	
(4) Elizabeth Birdwell	1.00									
Secretary	0.00	X		X			0	0	0	
(5) Rex Garniewicz	40.00									
President and CEO	0.00	X		X			199,453	0	24,773	
(6) Frederick Hack	1.00									
Member	0.00	X					0	0	0	
(7) Mark Baker	1.00									
Member	0.00	X					0	0	0	
(8) Tom Peeples	1.00									
Member	0.00	X					0	0	0	
(9) Porter Morgan	1.00									
Member	0.00	X					0	0	0	
(10) Diane Bartlett	1.00									
Member	0.00	X					0	0	0	
(11) John Batson	1.00									
Member	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Lenore Gleason Member	1.00 0.00	X						0	0	0
(13) David Howitt Member	1.00 0.00	X						0	0	0
(14) Alex Brown Member	1.00 0.00	X						0	0	0
(15) Lindsay Bunting Member	1.00 0.00	X						0	0	0
1b Subtotal							u	199,453		24,773
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u	199,453		24,773

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	53,725				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	589,564				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	454,454				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f	u	1,097,743				
Program Service Revenue	2a Management fee	Business Code	75,000	75,000			
	b Other Program Revenue		45,536	45,536			
	c Walks/tours		41,642	41,642			
	d Marine/dolphin history cruise		21,583	21,583			
	e Community programs-schools		19,083	19,083			
	f All other program service revenue		14,638	14,638			
	g Total. Add lines 2a-2f	u	217,482				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	41,440	335		41,105
4 Income from investment of tax-exempt bond proceeds		u					
5 Royalties		u					
6a Gross rents		6a	(i) Real (ii) Personal				
		b Less: rental expenses	6b				
		c Rental inc. or (loss)	6c				
d Net rental income or (loss)		u					
7a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
		b Less: cost or other basis and sales exps.	7b				
		c Gain or (loss)	7c				
d Net gain or (loss)		u	2,879	2,879			
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a		11,595			
		b Less: direct expenses	8b	2,447			
		c Net income or (loss) from fundraising events	u	9,148			
9a Gross income from gaming activities. See Part IV, line 19		9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	10a		191,509				
	b Less: cost of goods sold	10b	105,275				
	c Net income or (loss) from sales of inventory	u	86,234	86,234			
Miscellaneous Revenue	11a Weddings	Business Code	531390 78,475	78,475			
	b Private receptions		531390 18,975	18,975			
	c Concours		531390 5,000	5,000			
	d All other revenue			1,972	1,972		
	e Total. Add lines 11a-11d	u	104,422				
12 Total revenue. See instructions	u	1,559,348	411,352	0	41,105		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	227,754	79,714	79,714	68,326
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	453,628	353,430	74,025	26,173
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,090	9,760	2,510	820
9 Other employee benefits	63,754	42,611	14,195	6,948
10 Payroll taxes	45,141	27,085	11,285	6,771
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	9,582	958	8,624	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	12,183	1,218	10,965	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	20,886	20,886		
13 Office expenses	23,003	12,389	8,659	1,955
14 Information technology				
15 Royalties				
16 Occupancy	149,991	149,991		
17 Travel	5,289	3,702	1,587	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	160,313	112,219	48,094	
23 Insurance	37,912	26,838	11,074	
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 Mitchelville Preservation	115,616	115,616		
b Other Program services	56,099	56,099		
c Fundraising expense	23,129			23,129
d Bank and Credit Card fees	18,666	11,187	7,479	
e All other expenses	29,560	22,217	7,343	
25 Total functional expenses. Add lines 1 through 24e	1,465,596	1,045,920	285,554	134,122
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	500,847	1	526,096
	2	Savings and temporary cash investments	95,024	2	76,734
	3	Pledges and grants receivable, net	191,648	3	176,881
	4	Accounts receivable, net	11,181	4	114
	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	38,897	8	50,957
	9	Prepaid expenses and deferred charges	20,185	9	20,956
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,921,511		
	b	Less: accumulated depreciation	10b 1,958,440	10c	3,963,071
	11	Investments—publicly traded securities	1,445,440	11	1,636,476
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	6,404,805	16	6,451,285	
Liabilities	17	Accounts payable and accrued expenses	27,771	17	16,389
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	44,672	25	42,797
	26	Total liabilities. Add lines 17 through 25	72,443	26	59,186
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	5,959,059	27	5,977,968
	28	Net assets with donor restrictions	373,303	28	414,131
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	6,332,362	32	6,392,099	
33	Total liabilities and net assets/fund balances	6,404,805	33	6,451,285	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,559,348
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,465,596
3	Revenue less expenses. Subtract line 2 from line 1	3	93,752
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,332,362
5	Net unrealized gains (losses) on investments	5	-34,014
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,392,099

Part XII Financial Statements and Reporting

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

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

Public Charity Status and Public Support

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

Coastal Discovery Museum

Employer identification number

57-0801415

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

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

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

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

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

Table with 2 columns: Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 %; Public support percentage from 2018 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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.")	622,170	772,402	945,958	948,588	1,097,743	4,386,861
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	826,966	586,682	686,654	775,799	525,343	3,401,444
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,449,136	1,359,084	1,632,612	1,724,387	1,623,086	7,788,305
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			14,450	40,050	134,350	188,850
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	60,416	61,157	58,155	57,324	58,358	295,410
c Add lines 7a and 7b	60,416	61,157	72,605	97,374	192,708	484,260
8 Public support. (Subtract line 7c from line 6.)						7,304,045

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	1,449,136	1,359,084	1,632,612	1,724,387	1,623,086	7,788,305
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9,286	25,246	51,861	43,216	41,105	170,714
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	9,286	25,246	51,861	43,216	41,105	170,714
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,458,422	1,384,330	1,684,473	1,767,603	1,664,191	7,959,019
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	91.77 %
16 Public support percentage for 2018 Schedule A, Part III, line 15	16	94.26 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	2 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	2 %

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 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 Total of lines 3a through e			
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 Excess distributions carryover to 2020. 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 B
(Form 990, 990-EZ,
or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2019

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

Name of the organization

Employer identification number

Coastal Discovery Museum

57-0801415

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Coastal Discovery Museum

Employer identification number

57-0801415

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Marty and Lenore Gleason Gleason Family Foundation 15 Man O War Hilton Head Island SC 29928	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Lindsay A Bunting 9 Cedar Wax Wing Rd Hilton Head Island SC 29928	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Community Foundation of Lowcountry 4 Northridge Drive, Suite A Hilton Head Island SC 29925	\$ 27,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Bargain Box 546 William Hilton Parkway Hilton Head island SC 29928	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	The Heritage Classic Foundation 71 Lighthouse Road Hilton Head Island SC 29928	\$ 45,564	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Breedlove Foundation PO Box 785 Bluffton SC 29910	\$ 55,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Coastal Discovery Museum

Employer identification number

57-0801415

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	David Carmines Foundation PO Box 22519 Hilton Head Island SC 29925	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Palmetto Electric Trust 111 Mathews Drive Hilton Head Island SC 29926	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Coastal Community Foundation 2015 Boudry Street, 2nd Floor Beaufort SC 29938	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Coastal States Bank Community Commitee PO Box 4800 Hilton Head Island SC 29938	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	South Carolina Hummanities PO Box 5287 Columbia SC 29250	\$ 9,900	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	Nannelleyn Lloyd 55 Wood Duck Road Hilton Head Island SC 29928	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Coastal Discovery Museum

Employer identification number

57-0801415

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		5,567,785	1,656,153	3,911,632
d Equipment		353,726	302,287	51,439
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				u 3,963,071

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued vacation and salary	42,797
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u 42,797

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,633,056
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-34,014	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	107,722	
e	Add lines 2a through 2d	2e	73,708	
3	Subtract line 2e from line 1	3	1,559,348	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,559,348	

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

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

1	Total expenses and losses per audited financial statements		1	1,573,318
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	107,722	
e	Add lines 2a through 2d	2e	107,722	
3	Subtract line 2e from line 1	3	1,465,596	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,465,596	

Part XIII Supplemental Information.

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

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Fundraising activity expense \$ 2,447

Cost of goods sold \$ 105,275

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

Fundraising activities expense \$ 2,447

Cost of goods sold \$ 105,275

Part XII, Line 4b - Expense Amounts Included on Return - Other

Net retirement loss \$ -160,314

Book / Tax Depreciation Difference \$ 160,314

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

2019

Open to Public Inspection

Coastal Discovery Museum

Employer identification number
57-0801415

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Rex Garniewicz President and CEO	(i)	187,453	12,000	0	7,978	16,795	224,226	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

Part III - Other Additional Information

Compensation is determined by the Board based on overall performance.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

Coastal Discovery Museum

Employer identification number

57-0801415

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

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

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

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

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

The Board Compensation Committee approves the executive compensation.

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

The documents are available upon request.

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

Round \$ -1



COASTAL DISCOVERY MUSEUM

Experience The Lowcountry Up Close

August 24, 2023

Board Resolution for ATAX Funding

The Board of Directors of the Coastal Discovery Museum hereby resolves and approves the *Honey Horn Capital Improvement Projects* application that has been submitted for the 2024 Accommodations Tax Grant. The Board further resolves that it commits the Museum to the financial responsibility for carrying out these grants to the stage of completion so stated in the application, should funding be approved.

Dave Howitt,
Chair, Board of Directors
Signed electronically via email on 8/24/23

ATAX EFFECTIVENESS MEASUREMENT

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

TOPIC	THE PLAN	ATAX BUDGET	ATAX BUDGET YTD	ATAX Qualified YTD	ATAX Reimbursed YTD	RESULTS <i>When possible, provide planned results vs. actual results, and/or current year vs. prior year results .</i>
Facilities That Allow us to Serve Visitors to the Island						
3. Tourism Related Facilities	Nix Draw #4 Nix Draw #5	\$ 695,350.00	\$ 405,389.05	\$ 54,967.00 \$ 331,908.00	\$ 43,423.93 \$ 262,207.32	This draw included fire and water lines to the building, interior plumbing and interior electrical lines. This draw completed the new entrance to the building, insulating and drywalling of the entire interior envelope, installation of lightning protection, sprinklers, 3-phase electrical hookup and panel installation, doors, and a partial payment for the HVAC and elevator.
Total		\$ 695,350.00	\$ 405,389.05	\$ 386,875.00	\$ 321,106.25	

Internal Revenue Service

Department of the Treasury

Date: October 17, 2002

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

P. O. Box 2508
Cincinnati, OH 45201

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

Dear Sir or Madam:

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

Our records indicate that a determination letter issued in July 1986 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

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

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

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

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

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

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

Coastal Discovery Museum
57-0801415

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

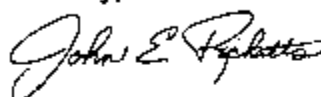
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public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

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

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

This letter affirms your organization's exempt status.

Sincerely,



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