2023

Accommodations Tax Funds Request Application

Organization Name: The Coastal Discovery Museum

Project/Event Name: Honey Horn Capital Improvements

Executive Summary

Honey Horn Capital Improvements 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 \$350000 from Hilton Head ATAX in 2021. We now have complete architectural, structural, and mechanical plans for the building and funding to cover the majority of the total costs. We are seeking the final \$695,350 to complete the building so we can install the exhibition and open to tourists.

The total cost for the building will be \$1,795,350, 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 millenia, 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.

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 June 14, 2023 and an installation of exhibitions and opening by the summer of 2024.

2023

Accommodations Tax Funds Request Application

Date Received: 09/02/2022 Time Received: 12:35 PM By: Online Submittal

Applications will not be accepted if submitted after 4 pm on September 2, 2022

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

Event Date:

January-December 2023

Total Budget: \$1,795,350.00

Contact Phone: 843-415-8500

Event Location: 70 Honey

Horn Drive

Grant Requested:

\$695,350.00

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

Renovating the museum's Hay Barn to create a 7,200 sq. ft. of exhibition and collection storage space will create a center for learning about America's earliest colonial history on the East Coast. The exhibition will use real artifacts to tell the story of the First People who lived here and the exploration and settlement by the French and Spanish. The building will meet standards required by the Marine Corps and Smithsonian for artifact

loans and curation of archaeological materials. Costs have escalated from approximately \$900,000 to \$1,795,350 due to specific HVAC, resilience and security requirements, and COVID-related supply chain issues.

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 the building per tourist is still very 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 year, and we believe our telling of this history will become a national attraction like Plymoth Rock or Jamestown.

- A. Total Number of Physical Tourists Served: 116,104

 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: 4147

 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: 5403

 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): 125654

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

In FY2022 we analyzed 41,642 zip codes from our tours and check-ins. Overall, entry to the Discovery House averaged 92.4% 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 annuall 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 92.3 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 fifteen years, the Museum has enhanced and expanded its offerings of Cultural and Eco-Tourism programs: Lowcountry Critters, walks, talks, tours, workshops, temporary exhibitions, 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 and beach walks. 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 has limited space to develop new exhibitions and would like to fully renovate our Hay Barn to create two stories of climate-controlled space for exhibits and collection storage. This project would create 7,200 square feet of interior space including a first floor dedicated to telling the story of Santa Elena and a second floor dedicated to collections storage. This capital project will more than double the amount of exhibition space that the museum has and will make us the primary location for properly storing and preserving collections on Hilton Head Island.

The museum has \$1.1m on hand, and is anticipating a total construction cost of \$1,855,815. For this grant we are requesting

reimbursement of 92% of \$755,815 in construction-related expenses. In addition to the museum's match, the board has allocated an additional \$600,000 for exhibition development and fabrication so that we will have a world class exhibiton when we open to the public.

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 funding of \$695,350, we can reallocate some of our funding which is currently reserved for exhibition development and apply that to building construction. We feel it is critical to move forward with construction and do not want to create any delays that may increase costs further. If necessary we would reallocate funds and delay part of the exhibition fabrication until we can find other sources of fundinding.

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 building will solidify the island's committment to tell a compelling story about our shared past, alongside the Gullah Museum, Heritage Library and Mitchelville, and help create an authentic understanding of the diversity of our country.

The museum believes that this centerpiece for heritage tourism will dramatically grow our 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 Reveiw Committee annual reporting requirements, please classify your current grant request into the following authorized categories:

1 - Destination Advertising/Promotion Advertising and promotion of tourism so as to develop and increase tourist attendence through the generation of publicity.	0	%
2 - Tourism-Related Events Promotion of the arts and cultural events.	0	%
3 - Tourism-Related Facilities 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.	100	%
4 - Tourism-Related Public Services 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.	0	%
5 - Tourist Public Transportation Tourist shuttle transportation.	0	%
6 - Waterfront Erosion/Control/Repair Control and repair of waterfront erosion.	0	%
7 - Operation of Visitor Information Centers Operating visitor information centers.	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 vistors 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. /	7. Additional comments. <i>(250 words or less)</i>							

C. FUNDING:

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

The total budget for this project is \$2,893,815.00.

The direct building expenses which are the focus of this grant include construction-related expenses (\$1,795,349.65), relocation, storage, of building contents (\$56,117.) and exterior landscaping (\$92,347.99). Of this \$1,943,815, the museum has been awarded \$750,000 from Beaufort County 3% ATAX and \$350,000 from Hilton

Head Island 2% ATAX (2021). Combined with the museum's 8% match this covers 1,188,000 of the direct building expense, leaving a funding gap of \$755,815. Of this remaining amount the museum is requesting an ATAX grant matching 92% for an award of \$695,350.

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

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

2021 Beaufort County 3% ATAX

\$750,000.00

2021 Hilton Head Island 2% ATAX

\$350,000.00

D. FINANCIAL INFORMATION:

Fiscal Year Disclosure: Start Month: <u>July</u> End Month: <u>June</u>

Financial Statement Requirements:

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

Budget Years Provided:

FY 2023

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

Profit and Loss Years Provided:

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July 2021 - June 2022
July 2020 - June 2021
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3. The previous two years and current year **balance sheets**.

Balance Sheet Years Provided:

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July 2020 - June 2021
July 2021 - June 2022
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4. The previous two years and current year IRS Form 990 or 990T.

IRS Form 990 or 990T Years Provided:

FY 2020

FY 2019

FY 2021

FY18

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 expenditue 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 2021 or 2022 HHI ATAX funds

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

2019	\$285,000.00	Cultural and Eco-Tourism Programs
2019	\$33,500.00	Hilton Head Invitational Disc Golf Tournament
2020	\$297,500.00	Cultural and Eco-tourism Programs
2020	\$5,000.00	Lowcountry Fair
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

2. How were the ATAX fundsused? 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 design and start construction preparation on the Hay Barn Conversion using Capital Improvement ATAX funds from 2021. This funding has allowed us to make deposits on long lead-time components (HVAC, Elevator, etc) and lock in prices. Hilton Head's commitment to this project significantly helped the museum receive a grant of \$750,000 from Beaufort County's 3% ATAX. This project is now completely ready to move forward with all town permits, architectural design, structural engineering, mechanical plans, etc.

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

Hilton Head's commitment to this project significantly helped the museum receive a grant of \$750,000 from Beaufort County's 3% ATAX. This project is now completely ready to move forward with all town permits, architectural design, structural engineering, mechanical plans, etc. in place. The Hay Barn Conversion Project will be a game-changer for the museum in terms of what we can do and our impact on tourism. It is also being designed and built as a resilient concrete and steel-framed structure that will withstand a category 4 hurricane, and a solid concrete first floor envelope which will withstand a category 5 hurricane. This will allow for long-term security of our exhibited artifacts and all the collections which we hold as the repository of Hilton Head's history.

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.

Signature: Rex Garniewicz

Title/Position:

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

Email Address: rgarniewicz@coastaldiscovery.org

Office Phone Number: 843-425-8500

Home Phone Number: 843-425-8500



Experience The Lowcountry Up Close

August 18, 2022

Board Resolution for ATAX Funding

The Board of Directors of the Coastal Discovery Museum hereby resolves and approves the *Honey Horn Capital Improvement Projects* that has been submitted for the 2023 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 9/1/22



Visitor's Log:

NAME	Zip Code/ Country	Date	# in your group	How Did You Hear About Us (brochure, timeshare, concierge, etc)	Comments or your email for our mailings
Joe + Nancy Rudin	85629	8/24/22	2	Driveby	
Anne + Maryanne End		8/24	2	Google Maps	
Courtney Haydon	10013	8 24	3	Drive by	
Rebecca - Banks	29650 -	8124	4	Gosche	
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Andr Schtafel	11530	8/24	5	Local Advice	
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Daniel Arias	02905	8/24		visited	AF!
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Visitor's Log:

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NAME	Zip Code/ Country	Date	# in your group	How Did You Hear About Us (brochure, timeshare, concierge, etc)	Comments or your email for our mailings
Novakova Famly	44011	8/22/22	3	On-line	
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Robollo Baker	47501	8/23/22	4	Online	
Paul Tonkin	26330	4-33-33	5	Online	'#
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Jonathan Henry	19128	08/23/20	4	ONLINE	. 29
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Visitors Log:

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NAME	Zip Code/ Country	Date	# in your group	How Did You Hear About Us (brochure, timeshare, concierge, etc)	Comments or your email for our mailings
Anne Chabries	29910	8/22/02	10	brochure	ajchabrier Egmail. com
Donal & Burton	37321	15/22/22	3	online.	
STEPHEN + MUSSA SMOTH	43015	8/20/22	3	ONLINE .	*
Noah Ross	55113 -	8/22/22	2	Locals	
Abby-Poss	55129	8/22/22		locals"	
Stephanie	07733	8/22/22	4	on line	X X
Mark	07733	8/22/22	4		•
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Poni Bolser	-	ーレ	3	Local	
Christine Platz-Hainly	11725	8/22/22	4	Travel Gude Book	

COASTAL DISCOVERY MUSEUM

Annual Operating Budget July 1, 2022-June 30, 2023 showing four prior years

	Budget FY 19	Budget FY20	Budget FY21	Budget FY22	Budget FY23
Ordinary Income/Expense	1113	1120	IIZI	1122	1123
Income:					
Restricted - Grants:					
Accommodations Tax	\$279,000	\$283,000	\$250,000	\$325,000	\$325,000
Beaufort ATAX	\$20,000	\$20,000	\$15,000	\$15,000	\$22,000
Other grants	\$100,000	\$80,000	\$124,500	\$175,000	\$200,000
Property Rental	\$95,000	\$120,000	\$100,000	\$110,000	\$110,000
Onsite Donations	\$55,000	\$60,000	\$30,000	\$35,000	\$70,000
Miscellaneous	\$500	\$3,000	\$5,000	\$5,000	\$1,000
Management Fee	\$75,000	\$75,000	\$75,000	\$75,000	\$92,775
Temporary Exhibit Displays	\$10,000	\$30,000	\$10,000	\$20,000	\$10,000
Museum Store	\$205,000	\$210,000	\$150,000	\$200,000	\$250,000
Museum Programs	\$200,000	\$210,000	\$150,000	\$175,000	\$165,000
Special Events/Benefits	\$40,000	\$70,000	\$70,000	\$70,000	\$60,000
Membership	\$45,000	\$60,000	\$55,000	\$60,000	\$55,000
Unrestricted	\$280,000	\$375,000	\$225,000	\$300,000	\$250,000
Total Income	\$1,404,500	\$1,596,000	\$1,334,500	\$1,640,000	\$1,610,775
Expenses:					
Personnel	\$744,500	\$748,500	\$763,000	\$763,000	\$900,000
Miscellaneous Operating	\$140,000	\$130,000	\$100,000	\$180,000	\$120,000
Property Rental	\$15,000	\$20,000	\$20,000	\$20,000	\$11,000
Miscellaneous Expenses	\$5,000	\$2,500	\$2,500	\$5,000	\$1,000
Temporary Exhibit Displays	\$30,000	\$25,000	\$15,000	\$80,000	\$40,000
Permanent Exhibits/Panels	\$15,000	\$15,000	\$7,000	\$15,000	\$5,000
Animal and Plant supplies	\$15,000	\$15,000	\$15,000	\$20,000	\$20,000
Museum Store	\$115,000	\$110,000	\$85,000	\$105,000	\$145,000
Museum Programs	\$100,000	\$110,000	\$60,000	\$60,000	\$77,000
Special Events/Benefits	\$15,000	\$50,000	\$35,000	\$35,000	\$17,000
Marketing	\$60,000	\$60,000	\$40,000	\$70,000	\$70,000
Honey Horn	\$80,000	\$80,000	\$70,000	\$145,000	\$106,075
Membership	\$15,000	\$10,000	\$2,000	\$2,000	\$2,000
Unrestricted (Development)	\$10,000	\$20,000	\$10,000	\$10,000	\$8,000
Restricted Grants		\$80,000	\$50,000	\$50,000	\$88,700
Total Expenses	\$1,424,500	\$1,596,000	\$1,274,500	\$1,560,000	\$1,610,775

Coastal Discovey Museum Balance Sheet As of June 30, 2022

As of June 30, 2022		
	FY2021	
	June 30, 2021	FY2022
	Audited	Unaudited
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
inventory	34,130.13	34,130.13
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	27,723.00	21,123.00
Discovery Lab	306,648.18	306,648.18
Construction in Progress	7,845.00	300,046.16
Construction in Progress	7,015.00	
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 Discovey Museum Balance Sheet As of June 30, 2022

AS 01 0 une 50, 2022	FY2021	
	June 30, 2021	FY2022
	Audited	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)



BALANCE SHEET FOR 2022 12

				NET CHANGE	ACCOUNT
FUND: 777	COASTAL	DISCOVERY MUS	SEUM	FOR PERIOD	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
	777 777	10019 10021	MERRILL LYNCH-CD	176.44	206,236.28
	777	10021	MERRILL LYNCH CASH COASTAL STATES BANK CASH	.00 86.72	211,094.27 201,064.45
	777	10022	FIDELITY INVEST ACCT-BOYS ARNL		1,605,417.85
	777	10031	FIDELITY RESTRICTED-BOYS ARNLD		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
	777 777	16300 16310	COMPUTERS	.00	1,729.91
	777	16400	ACC.DEPR-COMPUTERS EOUIPMENT	.00 .00	-1,729.91 231,733.57
	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
	777 777	21606 21630	ACCRUED VACATION	.00 -778.12	-54,323.15 -1,883.95
	111		DUE TO S.C.COM-REG SALES TAX		
EUNID DAI 444		TOTAL LIABILI	.TIES	874.31	-66,737.59
FUND BALANG	CE 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 BA	LANCE	83,326.18	-6,746,012.84
т	OTAL LAT	ABILITIES + FUN		84,200.49	-6,812,750.43
				01,200113	<u> </u>

^{**} END OF REPORT - Generated by Ben Netzinger **

Coastal Discovey Museum Balance Sheet As of June 30, 2021

Current Assets Cash - Operating 317,367.09 281,553.11 Petty Cash 1,647.95 4,122.67 Coastal States Bank-Cash 207,080.87 211,094.27 Sub-Total Cash - Operating 526,095.91 696,770.05 Other Current Assets 20,956.39 16,277.16.87 Accounts Receivable 114.00 294.96 Prepaid Expenses 20,956.39 16,277.16.87 Grant Receivable-Unrestricted 176,881.14 207,766.87 Inventory 50,957.00 50,957.00 Total Current Assets 775,004.44 972,066.01 Non-Current Assets 775,004.44 972,066.01 Total Current Assets 775,004.44 972,066.01 Total Current Assets 775,004.44 972,066.01 Non-Current Assets 775,004.44 972,066.01 Total Current Assets 775,004.44 972,066.01 Total Current Assets 775,004.44 972,066.01 Non-Current Assets 775,004.44 972,066.01 Total Current Assets 775,004.44 972,066.01 Non-Current Assets 775,004.44 972,066.01 Non-Current Assets 775,004.44 972,066.01 Total Current Assets 775,004.44 972,066.01 Non-Current Assets 786,034.77 80,922.84 Sub-Total Campaign Money Market 68,080.40 72,268.47 Sub-Total Campaign Money Market 68,080.40 72,268.47 Sub-Total Investments 1,636,476.38 2,154,493.47 Property and Equipment 1,636,476.38 2,154,493.47 Property and Equipment 1,729.91 1,729.91 Equipment 256,797.77 256,797.77 256,797.77 Furniture 27,292.82 27,292.82 Exhibits 27,725.00 27,725.00 27,725.00 Website 40,179.67 40,179.67 Discovery Lab 306,648.18 306,648.18 Construction in Progress 1,729.91 (1,729.91) Acc Depr-Impriv Infrastructure (1,656,152.62) (1,656,152.62) Acc Depr-Imprive Infrastructure (1,656,152.62) (1,656,152.62) Acc Depr-Exhibits (13,510,75) (3,510,75) Acc Depr-Exhibits (13,510,75) (3,510,75) Acc Depr-Exhibits (13,510,75) (40,179,67) Acc Depr-Exhibits (13,510,75) (40,179,67) Acc Depr-Exhibits (13,510,75) (40,179,67)		June 30, 2020 Audited	FY2021 Unaudited
Current Assets Cash - Operating Wells Fargo-Operating Wells Fargo-Operating Alt	ASSETS		
Wells Pargo-Operating 317,367.09 281,553.11 Petty Cash 1,647.95 4,122.67 Coastal States Bank-Cash - 200,000.00 Merrill Lynch-Cash 207,080.87 211,094.27 Sub-Total Cash - Operating 526,095.91 696,770.05 Other Current Assets Accounts Receivable 114.00 294.96 Prepaid Expenses 20,956.39 16,277.13 Grant Receivable-Unrestricted 176,881.14 207,766.87 Inventory 50,957.00 50,957.00 Total Current Assets Cash - Board Reserve Fund Total Curpent Assets Cash - Board Reserve Fund TD Bank-Capital Campaign Checking 8,654.37 8,654.37 TD Bank-Capital Campaign Money Market 68,080.40 72,268.47 Sub-Total Cash - Board Reserve Fund 76,734.77 80,922.84 Investments Merrill Lynch-CD 208,437.64 205,043.00 Boys, Arnold & Co 1,228,038.74 1,948,038.74 </td <td></td> <td></td> <td></td>			
Wells Pargo-Operating 317,367.09 281,553.11 Petty Cash 1,647.95 4,122.67 Coastal States Bank-Cash - 200,000.00 Merrill Lynch-Cash 207,080.87 211,094.27 Sub-Total Cash - Operating 526,095.91 696,770.05 Other Current Assets Accounts Receivable 114.00 294.96 Prepaid Expenses 20,956.39 16,277.13 Grant Receivable-Unrestricted 176,881.14 207,766.87 Inventory 50,957.00 50,957.00 Total Current Assets Cash - Board Reserve Fund Total Curpent Assets Cash - Board Reserve Fund TD Bank-Capital Campaign Checking 8,654.37 8,654.37 TD Bank-Capital Campaign Money Market 68,080.40 72,268.47 Sub-Total Cash - Board Reserve Fund 76,734.77 80,922.84 Investments Merrill Lynch-CD 208,437.64 205,043.00 Boys, Arnold & Co 1,228,038.74 1,948,038.74 </td <td>Cash - Operating</td> <td></td> <td></td>	Cash - Operating		
Petry Cash 1,647.95 4,122.67 Coastal States Bank-Cash 200,000.00 Merrill Lynch-Cash 200,000.00 526,095.91 696,770.05		317,367.09	281,553.11
Merrill Lynch-Cash 207,080.87 211,094.27 Sub-Total Cash - Operating 526,095.91 696,770.05 Other Current Assets 3 40,000 294,96 Prepaid Expenses 20,956.39 16,277.13 Grant Receivable-Unrestricted 176,881.14 207,766.87 Inventory 50,957.00 50,957.00 50,957.00 Total Current Assets Cash - Board Reserve Fund TD Bank-Capital Campaign Checking 8,654.37 8,654.37 TD Bank-Capital Campaign Money Market 68,080.40 72,268.47 Sub-Total Cash - Board Reserve Fund 76,734.77 80,922.84 Investments Merrill Lynch-CD 208,437.64 205,043.00 Boys, Arnold & Co 1,428,038.74 1,949,450.47 Sub-Total Investments 1,636,476.38 2,154,493.47 Property and Equipment Improvement-Infrastructure 5,261,136.59 5,261,136.59 Computers 1,729.91 1,729.91 1,729.91 1,729.91 Exhibits 27,250.00 27,		1,647.95	4,122.67
Sub-Total Cash - Operating 526,095,91 696,770.05 Other Current Assets 20,956.39 16,277.13 Accounts Receivable 114,00 294,96 Prepaid Expenses 20,956.39 16,277.13 Grant Receivable-Unrestricted 176,881.14 207,766.87 Inventory 50,957.00 50,957.00 Total Current Assets Cash - Board Reserve Fund 775,004.44 972,066.01 Non-Current Assets Cash - Board Reserve Fund 8,654.37 8,654.37 TD Bank-Capital Campaign Money Market 68,080.40 72,268.47 Sub-Total Cash - Board Reserve Fund 76,734.77 80,922.84 Investments Merrill Lynch-CD 208,437.64 205,043.00 Boys, Arnold & Co 1,428,038.74 1,949,450.47 Sub-Total Investments 1,636,476.38 2,154,493.47 Property and Equipment Improvement-Infrastructure 5,261,136.59 5,261,136.59 Computers 1,729.91 1,729.91 Equipment 27,292.82 27,292.82 <td>Coastal States Bank-Cash</td> <td>-</td> <td></td>	Coastal States Bank-Cash	-	
Sub-Total Cash - Operating 526,095,91 696,770.05 Other Current Assets 30,956.39 16,277.13 Accounts Receivable Prepaid Expenses 20,956.39 16,277.13 Grant Receivable-Unrestricted Inventory 176,881.14 207,766.87 Inventory 50,957.00 50,957.00 Total Current Assets Cash - Board Reserve Fund 775,004.44 972,066.01 Non-Current Assets Cash - Board Reserve Fund 8,654.37 8,654.37 TD Bank-Capital Campaign Checking 8,654.37 80,922.84 Investments Merrill Lynch-CD 208,437.64 205,043.00 Boys, Arnold & Co 1,428,038.74 1,949,450.47 Sub-Total Investments 1,636,476.38 2,154,493.47 Property and Equipment Improvement-Infrastructure 5,261,136.59 5,261,136.59 Computers 1,729.91 1,729.91 Equipment 27,292.82 27,292.82 Exhibits 27,725.00 27,725.00 Website 40,179.67	Merrill Lynch-Cash	207,080.87	211,094.27
Accounts Receivable	Sub-Total Cash - Operating		
Prepaid Expenses 20,956.39 16,277.13 Grant Receivable-Unrestricted 176,881.14 207,766.87 Inventory 50,957.00 50,957.00 Total Current Assets Cash - Board Reserve Fund TD Bank-Capital Campaign Checking 8,654.37 8,654.37 TD Bank-Capital Campaign Money Market 68,080.40 72,268.47 Sub-Total Cash - Board Reserve Fund 76,734.77 80,922.84 Investments Merrill Lynch-CD 208,437.64 205,043.00 Boys, Arnold & Co 1,428,038.74 1,949,450.47 Sub-Total Investments 1,636,476.38 2,154,493.47 Property and Equipment Improvement-Infrastructure 5,261,136.59 5,261,136.59 Computers 1,729.91 1,729.91 Equipment 256,797.77 256,797.77 Furniture 27,292.82 27,292.82 Exhibits 27,725.00 27,725.00 Website 40,179.67 40,179.67 Discovery Lab 306,648.18 306,648.18 <td></td> <td></td> <td></td>			
Grant Receivable-Unrestricted Inventory 176,881.14 50,957.00 207,766.87 50,957.00 Total Current Assets 775,004.44 972,066.01 Non-Current Assets Cash - Board Reserve Fund 8,654.37 7 8,654.37 8,654.37 7 7 22,68.47 TD Bank-Capital Campaign Money Market Sub-Total Cash - Board Reserve Fund 68,080.40 72,268.47 7 80,922.84 Investments Merrill Lynch-CD Boys, Arnold & Co 1,428,038.74 1,949,450.47 1,636,476.38 2,154,493.47 Property and Equipment Improvement-Infrastructure 5,261,136.59 5,261,136.59 5,261,136.59 5,261,136.59 5,261,136.59 1,729.91 1,729.91 1,729.91 1,729.91 1,729.91 1,729.91 1,729.91 1,729.91 1,729.91 1,729.91 1,729.91 1,729.91 1,729.91 1,729.91 1,729.91 1,729.91 1,729.91 1,729.92.82 27,725.00 27,725	Accounts Receivable	114.00	294.96
Grant Receivable-Unrestricted Inventory 176,881.14 50,957.00 207,766.87 50,957.00 Total Current Assets 775,004.44 972,066.01 Non-Current Assets Cash - Board Reserve Fund 8,654.37 7 8,654.37 8,654.37 7 7 22,68.47 TD Bank-Capital Campaign Money Market Sub-Total Cash - Board Reserve Fund 68,080.40 72,268.47 7 80,922.84 Investments Merrill Lynch-CD Boys, Arnold & Co 1,428,038.74 1,949,450.47 1,636,476.38 2,154,493.47 Property and Equipment Improvement-Infrastructure 5,261,136.59 5,261,136.59 5,261,136.59 5,261,136.59 5,261,136.59 1,729.91 1,729.91 1,729.91 1,729.91 1,729.91 1,729.91 1,729.91 1,729.91 1,729.91 1,729.91 1,729.91 1,729.91 1,729.91 1,729.91 1,729.91 1,729.91 1,729.91 1,729.92.82 27,725.00 27,725	Prepaid Expenses	20,956.39	16,277.13
Non-Current Assets		176,881.14	207,766.87
Non-Current Assets Cash - Board Reserve Fund TD Bank-Capital Campaign Money Market 68,080.40 72,268.47 Sub-Total Cash - Board Reserve Fund 76,734.77 80,922.84 Investments	Inventory	50,957.00	50,957.00
Cash - Board Reserve Fund 8,654.37 8,654.37 TD Bank-Capital Campaign Money Market Sub-Total Cash - Board Reserve Fund 68,080.40 72,268.47 Sub-Total Cash - Board Reserve Fund 76,734.77 80,922.84 Investments Merrill Lynch-CD 208,437.64 205,043.00 Boys, Arnold & Co 1,428,038.74 1,949,450.47 Sub-Total Investments Property and Equipment Improvement-Infrastructure 5,261,136.59 5,261,136.59 Computers 1,729.91 1,729.91 Equipment 256,797.77 256,797.77 Furniture 27,292.82 27,292.82 Exhibits 27,725.00 27,725.00 Website 40,179.67 40,179.67 Discovery Lab 306,648.18 306,648.18 Construction in Progress - 7,845.00 Acc Depr-Imprv Infrastructure (1,656,152.62) (1,656,152.62) Acc Depr-Computers (1,729.91) (1,729.91) Acc Depr-Euriniture (24,934.72) (24,934.	Total Current Assets	775,004.44	972,066.01
TD Bank-Capital Campaign Money Market 8,654.37 8,654.37 TD Bank-Capital Campaign Money Market 68,080.40 72,268.47 Sub-Total Cash - Board Reserve Fund 76,734.77 80,922.84 Investments 208,437.64 205,043.00 Boys, Arnold & Co 1,428,038.74 1,949,450.47 Sub-Total Investments 5,261,136.59 5,261,136.59 Improvement-Infrastructure 5,261,136.59 5,261,136.59 Computers 1,729.91 1,729.91 Equipment 256,797.77 256,797.77 Furniture 27,292.82 27,292.82 Exhibits 27,725.00 27,725.00 Website 40,179.67 40,179.67 Discovery Lab 306,648.18 306,648.18 Construction in Progress - 7,845.00 Acc Depr-Imprv Infrastructure (1,656,152.62) (1,729.91) (1,729.91) Acc Depr-Equipment (221,932.36) (221,932.36) (221,932.36) Acc Depr-Exhibits (13,510.75) (13,510.75) (40,179.67) Acc. Depr-Website	Non-Current Assets		
TD Bank-Capital Campaign Money Market Sub-Total Cash - Board Reserve Fund 76,734.77 80,922.84			
Sub-Total Cash - Board Reserve Fund 76,734.77 80,922.84		,	,
Investments 208,437.64 205,043.00 Boys, Arnold & Co 1,428,038.74 1,949,450.47 Sub-Total Investments 1,636,476.38 2,154,493.47 Property and Equipment Improvement-Infrastructure 5,261,136.59 5,261,136.59 Computers 1,729.91 1,729.91 Equipment 256,797.77 256,797.77 Furniture 27,292.82 27,292.82 Exhibits 27,725.00 27,725.00 Website 40,179.67 40,179.67 Discovery Lab 306,648.18 306,648.18 Construction in Progress - 7,845.00 Acc Depr-Imprv Infrastructure (1,656,152.62) (1,656,152.62) Acc Depr Equipment (221,932.36) (221,932.36) Acc Depr Equipment (221,932.36) (221,932.36) Acc Depr-Exhibits (13,510.75) (13,510.75) Acc Depr-Website (40,179.67) (40,179.67) Sub-Total Property & Equipment, Net 3,963,069.91 3,970,914.91 Total Non-Current Assets 5,676,281.06 <			
Merrill Lynch-CD 208,437.64 205,043.00 Boys, Arnold & Co 1,428,038.74 1,949,450.47 Sub-Total Investments 1,636,476.38 2,154,493.47 Property and Equipment Improvement-Infrastructure 5,261,136.59 5,261,136.59 Computers 1,729.91 1,729.91 Equipment 256,797.77 256,797.77 Furniture 27,292.82 27,292.82 Exhibits 27,725.00 27,725.00 Website 40,179.67 40,179.67 Discovery Lab 306,648.18 306,648.18 Construction in Progress - 7,845.00 Acc Depr-Imprv Infrastructure (1,656,152.62) (1,656,152.62) Acc Depr-Computers (1,729.91) (1,729.91) Acc Depr Equipment (221,932.36) (221,932.36) Acc Depr-Exhibits (13,510.75) (13,510.75) Acc Depr-Website (40,179.67) (40,179.67) Sub-Total Property & Equipment, Net 3,963,069.91 3,970,914.91 Total Non-Current Assets 5,676,281.06	Sub-Total Cash - Board Reserve Fund	76,734.77	80,922.84
Boys, Arnold & Co 1,428,038.74 1,949,450.47 Sub-Total Investments 1,636,476.38 2,154,493.47 Property and Equipment Improvement-Infrastructure 5,261,136.59 5,261,136.59 Computers 1,729.91 1,729.91 Equipment 256,797.77 256,797.77 Furniture 27,292.82 27,292.82 Exhibits 27,725.00 27,725.00 Website 40,179.67 40,179.67 Discovery Lab 306,648.18 306,648.18 Construction in Progress - 7,845.00 Acc Depr-Imprv Infrastructure (1,656,152.62) (1,656,152.62) Acc Depr-Computers (1,729.91) (1,729.91) Acc Depr Equipment (221,932.36) (221,932.36) Acc Depr-Exhibits (13,510.75) (13,510.75) Acc Depr-Website (40,179.67) (40,179.67) Sub-Total Property & Equipment, Net 3,963,069.91 3,970,914.91 Total Non-Current Assets 5,676,281.06 6,206,331.22			
Sub-Total Investments 1,636,476.38 2,154,493.47 Property and Equipment Improvement-Infrastructure 5,261,136.59 5,261,136.59 Computers 1,729.91 1,729.91 Equipment 256,797.77 256,797.77 Furniture 27,292.82 27,292.82 Exhibits 27,725.00 27,725.00 Website 40,179.67 40,179.67 Discovery Lab 306,648.18 306,648.18 Construction in Progress - 7,845.00 Acc Depr-Imprv Infrastructure (1,656,152.62) (1,656,152.62) Acc Depr-Computers (1,729.91) (1,729.91) Acc Depr-Furniture (221,932.36) (221,932.36) Acc Depr-Exhibits (32,10.75) (13,510.75) Acc Depr-Exhibits (13,510.75) (13,510.75) Acc Depr-Website (40,179.67) (40,179.67) Sub-Total Property & Equipment, Net 3,963,069.91 3,970,914.91 Total Non-Current Assets 5,676,281.06 6,206,331.22		· ·	,
Property and Equipment Improvement-Infrastructure 5,261,136.59 5,261,136.59 Computers 1,729.91 1,729.91 Equipment 256,797.77 256,797.77 Furniture 27,292.82 27,292.82 Exhibits 27,725.00 27,725.00 Website 40,179.67 40,179.67 Discovery Lab 306,648.18 306,648.18 Construction in Progress - 7,845.00 Acc Depr-Imprv Infrastructure (1,656,152.62) (1,656,152.62) Acc Depr-Computers (1,729.91) (1,729.91) Acc Depr-Equipment (221,932.36) (221,932.36) Acc Depr-Exhibits (13,510.75) (13,510.75) Acc Depr-Website (40,179.67) (40,179.67) Sub-Total Property & Equipment, Net 3,963,069.91 3,970,914.91 Total Non-Current Assets 5,676,281.06 6,206,331.22			
Improvement-Infrastructure 5,261,136.59 5,261,136.59 Computers 1,729.91 1,729.91 Equipment 256,797.77 256,797.77 Furniture 27,292.82 27,292.82 Exhibits 27,725.00 27,725.00 Website 40,179.67 40,179.67 Discovery Lab 306,648.18 306,648.18 Construction in Progress - 7,845.00 Acc Depr-Imprv Infrastructure (1,656,152.62) (1,656,152.62) Acc Depr-Computers (1,729.91) (1,729.91) Acc Depr Equipment (221,932.36) (221,932.36) Acc Depr-Furniture (24,934.72) (24,934.72) Acc Depr-Exhibits (13,510.75) (13,510.75) Acc Depr-Website (40,179.67) (40,179.67) Sub-Total Property & Equipment, Net 3,963,069.91 3,970,914.91 Total Non-Current Assets 5,676,281.06 6,206,331.22	Sub-Total Investments	1,636,476.38	2,154,493.47
Computers 1,729.91 1,729.91 Equipment 256,797.77 256,797.77 Furniture 27,292.82 27,292.82 Exhibits 27,725.00 27,725.00 Website 40,179.67 40,179.67 Discovery Lab 306,648.18 306,648.18 Construction in Progress - 7,845.00 Acc Depr-Imprv Infrastructure (1,656,152.62) (1,656,152.62) Acc Depr-Computers (1,729.91) (1,729.91) Acc Depr Equipment (221,932.36) (221,932.36) Acc Depr-Furniture (24,934.72) (24,934.72) Acc Depr-Exhibits (13,510.75) (13,510.75) Acc. Depr-Website (40,179.67) (40,179.67) Sub-Total Property & Equipment, Net 3,963,069.91 3,970,914.91 Total Non-Current Assets 5,676,281.06 6,206,331.22			
Equipment 256,797.77 256,797.77 Furniture 27,292.82 27,292.82 Exhibits 27,725.00 27,725.00 Website 40,179.67 40,179.67 Discovery Lab 306,648.18 306,648.18 Construction in Progress - 7,845.00 Acc Depr-Imprv Infrastructure (1,656,152.62) (1,656,152.62) Acc Depr-Computers (1,729.91) (1,729.91) Acc Depr Equipment (221,932.36) (221,932.36) Acc Depr-Furniture (24,934.72) (24,934.72) Acc Depr-Exhibits (13,510.75) (13,510.75) Acc. Depr-Website (40,179.67) (40,179.67) Sub-Total Property & Equipment, Net 3,963,069.91 3,970,914.91 Total Non-Current Assets 5,676,281.06 6,206,331.22	Improvement-Infrastructure	5,261,136.59	5,261,136.59
Furniture 27,292.82 27,292.82 Exhibits 27,725.00 27,725.00 Website 40,179.67 40,179.67 Discovery Lab 306,648.18 306,648.18 Construction in Progress - 7,845.00 Acc Depr-Imprv Infrastructure (1,656,152.62) (1,656,152.62) Acc Depr-Computers (1,729.91) (1,729.91) Acc Depr Equipment (221,932.36) (221,932.36) Acc Depr-Furniture (24,934.72) (24,934.72) Acc Depr-Exhibits (13,510.75) (13,510.75) Acc. Depr-Website (40,179.67) (40,179.67) Sub-Total Property & Equipment, Net 3,963,069.91 3,970,914.91 Total Non-Current Assets 5,676,281.06 6,206,331.22	Computers	1,729.91	1,729.91
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Acc Depr Equipment (221,932.36) (221,932.36) Acc Depr-Furniture (24,934.72) (24,934.72) Acc Depr-Exhibits (13,510.75) (13,510.75) Acc. Depr-Website (40,179.67) (40,179.67) Sub-Total Property & Equipment, Net 3,963,069.91 3,970,914.91 Total Non-Current Assets 5,676,281.06 6,206,331.22			
Acc Depr-Furniture (24,934.72) (24,934.72) Acc Depr-Exhibits (13,510.75) (13,510.75) Acc. Depr-Website (40,179.67) (40,179.67) Sub-Total Property & Equipment, Net 3,963,069.91 3,970,914.91 Total Non-Current Assets 5,676,281.06 6,206,331.22	Acc Depr-Computers	(1,729.91)	(1,729.91)
Acc Depr-Exhibits (13,510.75) (13,510.75) Acc. Depr-Website (40,179.67) (40,179.67) Sub-Total Property & Equipment, Net 3,963,069.91 3,970,914.91 Total Non-Current Assets 5,676,281.06 6,206,331.22		(221,932.36)	(221,932.36)
Acc. Depr-Website (40,179.67) (40,179.67) Sub-Total Property & Equipment, Net 3,963,069.91 3,970,914.91 Total Non-Current Assets 5,676,281.06 6,206,331.22			* '
Sub-Total Property & Equipment, Net 3,963,069.91 3,970,914.91 Total Non-Current Assets 5,676,281.06 6,206,331.22			
Total Non-Current Assets 5,676,281.06 6,206,331.22			
	Sub-Total Property & Equipment, Net	3,963,069.91	3,970,914.91
TOTAL ASSETS 6,451,285.50 7,178,397.23	Total Non-Current Assets	5,676,281.06	6,206,331.22
	TOTAL ASSETS	6,451,285.50	7,178,397.23

FY2020

Coastal Discovey Museum Balance Sheet As of June 30, 2021

A3 01 June 30, 2021	FY2020 June 30, 2020 <u>Audited</u>	FY2021 Unaudited
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable	(15,651.21)	(32,133.12)
Accured Salary	-	(50,000.00)
Accrued Vacation	(42,797.15)	(42,797.15)
Due to SC Commission-Sales Taxes	(738.09)	(2,527.82)
PPP Loan	-	(143,600.00)
Total Current Liabilities	(59,186.45)	(271,058.09)
Fund Balance		
Fund Balance	(1,207,980.24)	(1,207,980.24)
Fund Balance-Bldg	(25,688.00)	(25,688.00)
Fund Balance-Unreserved	(5,098,693.75)	(5,158,430.81)
Revenue Control	(1,633,054.94)	(1,923,407.48)
Expenditure Control	1,573,317.88	1,408,167.39
Total Fund Balance	(6,392,099.05)	(6,907,339.14)
TOTAL LIABILITIES & EQUITY	(6,451,285.50)	(7,178,397.23)

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

	YTD Budget FY2022	YTD Actual FY2022	YTD Variance	% of Budget
Ordinary Income/Expense	112022	112022	Variance	Duuget
Income:				
Restricted - Grants:				
Accommodations Tax	325,000.00	327,889.54	2,889.54	100.89%
Beaufort ATAX	15,000.00	22,200.00	7,200.00	148.00%
Santa Elena Donations	75,000.00	-	(75,000.00)	0.00%
Other grants	175,000.00	131,521.50	(43,478.50)	75.16%
Property Rental	110,000.00	123,980.00	13,980.00	112.71%
Onsite Donations	35,000.00	72,070.24	37,070.24	205.91%
Miscellaneous	5,000.00	1,650.92	(3,349.08)	33.02%
Management Fee	75,000.00	75,000.00	-	100.00%
Temporary Exhibit Displays	20,000.00	15,559.99	(4,440.01)	77.80%
Museum Store	200,000.00	270,331.64	70,331.64	135.17%
Museum Programs	175,000.00	190,213.50	15,213.50	108.69%
Special Events/Benefits	70,000.00	62,672.94	(7,327.06)	89.53%
Membership	60,000.00	58,033.00	(1,967.00)	96.72%
Unrestricted	300,000.00	255,459.45	(44,540.55)	85.15%
Total Income	1,640,000.00	1,606,582.72	(33,417.28)	97.96%
Expenses:				
Personnel	763,000.00	779,144.93	16,144.93	102.12%
Santa Elena	60,000.00	-	(60,000.00)	0.00%
Miscellaneous Operating	180,000.00	109,066.99	(70,933.01)	60.59%
Property Rental	20,000.00	19,050.00	(950.00)	95.25%
Miscellaneous Expenses	5,000.00	1,547.47	(3,452.53)	30.95%
Temporary Exhibit Displays	80,000.00	36,909.06	(43,090.94)	46.14%
Permanent Exhibits/Panels	15,000.00	13,208.94	(1,791.06)	88.06%
Animal and Plant supplies	20,000.00	19,970.17	(29.83)	99.85%
Museum Store	105,000.00	155,691.57	50,691.57	148.28%
Museum Programs	60,000.00	58,757.43	(1,242.57)	97.93%
Special Events/Benefits	35,000.00	17,091.96	(17,908.04)	48.83%
Marketing	70,000.00	83,001.06	13,001.06	118.57%
Fundraising	20,000.00	-	(20,000.00)	0.00%
Honey Horn	145,000.00	77,828.17	(67,171.83)	53.67%
Membership	2,000.00	1,986.32	(13.68)	99.32%
Unrestricted (Development)	10,000.00	6,662.05	(3,337.95)	66.62%
Restricted Grants	50,000.00	-	(50,000.00)	0.00%
ATAX	-	62,460.31	62,460.31	0.00%

Total Expenses	1,640,000.00	1,442,376.43	(197,623.57)	87.95%
Net Ordinary Income (Loss)	-	164,206.29	164,206.29	

	Budget	Actual	Ytd	% of
0.1 1 /5	FY2022	FY2022	Variance	Budget
Other Income/Expense				
Income:				
Capital Campaign Income	-	11,500.00	11,500.00	0.00%
Int-Cap Camp	-	1,097.63	1,097.63	0.00%
Int-Sale of Bldg Proceeds	-	-	-	0.00%
Dividend Income-Boys, Arnold & Co	-	22,910.37	22,910.37	0.00%
Unrealized Gains(Losses)-Boys, Arnold & Co	-	(85,157.15)	(85,157.15)	0.00%
Realized Gains(Losses)-Boys, Arnold & Co	-	(97,909.55)	(97,909.55)	0.00%
ATAX Grant-Hay Barn	-	345,178.02	345,178.02	0.00%
Maintenance Grant	-	17,600.00	17,600.00	0.00%
Total Other Income	FY2022 FY2022 Variance Budget			
Expenses:				
Capital Campaign Expenses	_	(6 652 62)	(6 652 62)	0.00%
Professional Fees	_	• • • • • •	• • • • •	
Sale of Bldg Exps	_	-	-	
Expense transfer-Op Acct	_	_	_	
Transaction Costs/Mgmt Fees-Boys, Arnold & Co	_	14 903 74	14 903 74	
ATAX-Honey Horn (Hay Barn)	_	·	·	
Infrastructure Grant Expenses	_	•	· · · · · · · · · · · · · · · · · · ·	
Total Other Expenses	_			0.0070
		. 10, 100120	. 10, 100120	
Net Other Income/Expense	-	(231,235.78)	(231,235.78)	
Restricted Revenue-Donations				
Income:				
Donation-Butterfly Enclosure	_	_	-	
Total Restricted Revenue-Donations	-	-	-	
Expenses:				
Butterfly Enclosure	-	_	_	
Total Restricted Expenses-Donations	_	_		
Net Restricted Revenue-Donations/Restricted Expenses				
The treatment of the bolistic structure by the structure				
Net Income (Loss)	-	(67,029.49)	(67,029.49)	

COASTAL DISCOVERY MUSEUM INCOME & EXPENSE STATEMENT FOR THE PERIOD ENDING JUNE 2021

	YTD Budget FY2021	YTD Actual FY2021	YTD Variance	% of Budget
Ordinary Income/Expense				
Income:				
Restricted - Grants:				
Accommodations Tax	250,000.00	337,961.52	87,961.52	135.18%
Beaufort ATAX	15,000.00	15,000.00	-	100.00%
Mitchelville grant	-	21,059.54	21,059.54	0.00%
Santa Elena Donations	75,000.00	49,389.71	(25,610.29)	65.85%
Other grants	124,500.00	178,163.94	53,663.94	143.10%
Property Rental	100,000.00	103,020.00	3,020.00	103.02%
Onsite Donations	30,000.00	39,288.98	9,288.98	130.96%
Miscellaneous	5,000.00	2,735.41	(2,264.59)	54.71%
Management Fee	75,000.00	75,000.00	-	100.00%
Temporary Exhibit Displays	10,000.00	21,977.00	11,977.00	219.77%
Museum Store	150,000.00	166,551.46	16,551.46	111.03%
Museum Programs	150,000.00	101,731.62	(48,268.38)	67.82%
Special Events/Benefits	70,000.00	46,892.00	(23,108.00)	66.99%
Membership	55,000.00	50,930.00	(4,070.00)	92.60%
Unrestricted	225,000.00	272,264.74	47,264.74	121.01%
Total Income	1,334,500.00	1,481,965.92	147,465.92	111.05%
Expenses:				
Personnel	763,000.00	809,530.20	46,530.20	106.10%
Santa Elena	60,000.00	-	(60,000.00)	0.00%
Mitchelville ED	-	_	(00,000.00)	0.00%
Miscellaneous Operating	100,000.00	103,558.78	3,558.78	103.56%
Property Rental	20,000.00	20,615.00	615.00	103.08%
Miscellaneous Expenses	2,500.00	35.78	(2,464.22)	1.43%
Temporary Exhibit Displays	15,000.00	19,492.44	4,492.44	129.95%
Permanent Exhibits/Panels	7,000.00	7,380.04	380.04	105.43%
Animal and Plant supplies	15,000.00	18,760.67	3,760.67	125.07%
Museum Store	85,000.00	74,029.45	(10,970.55)	87.09%
Museum Programs	60,000.00	37,906.43	(22,093.57)	63.18%
Special Events/Benefits	35,000.00	35,729.32	729.32	102.08%
Marketing	40,000.00	77,917.29	37,917.29	194.79%
Honey Horn	70,000.00	77,743.04	7,743.04	111.06%
Membership	2,000.00	1,574.99	(425.01)	78.75%
Unrestricted (Development)	10,000.00	7,063.35	(2,936.65)	70.63%
Restricted Grants		7,003.33		0.00%
	50,000.00	-	(50,000.00)	
ATAX Hanay Harn	-	-	-	0.00%
ATAX-Honey Horn Total Expenses	1,334,500.00	1,291,336.78	(43,163.22)	0.00% 96.77%
·				
Net Ordinary Income (Loss)	-	190,629.14	190,629.14	

	Budget	Actual	Ytd	% of
	FY2021	FY2021	Variance	Budget
Other Income/Expense				
ncome:				
Capital Campaign Income	-	-	-	0.00%
nt-Cap Camp	-	116.71	116.71	0.00%
nt-Sale of Bldg Proceeds	-	-	-	0.00%
Dividend Income-Boys, Arnold & Co	-	21,983.65	21,983.65	0.00%
Inrealized Gains(Losses)-Boys, Arnold & Co	-	331,875.53	331,875.53	0.00%
ealized Gains(Losses)-Boys, Arnold & Co	-	(9,232.25)	(9,232.25)	0.00%
Naintenance Grant	-	96,697.92	96,697.92	0.00%
Total Other Income	-	441,441.56	441,441.56	
xpenses:				
Capital Campaign Expenses	-	-	-	0.00%
Professional Fees	-	-	-	0.00%
ale of Bldg Exps	-	-	-	0.00%
xpense transfer-Op Acct	-	-	-	0.00%
ransaction Costs/Mgmt Fees-Boys, Arnold & Co	-	12,916.40	12,916.40	0.00%
nfrastructure Grant Expenses	-	92,539.21	92,539.21	0.00%
Total Other Expenses	-	105,455.61	105,455.61	
let Other Income/Expense	-	335,985.95	335,985.95	
Restricted Revenue-Donations				
ncome:				
Donation-Butterfly Enclosure	_	_	_	
Total Restricted Revenue-Donations	<u> </u>	-	-	
Expenses:		44	/44:	
Butterfly Enclosure	-	11,375.00	(11,375.00)	
Total Restricted Expenses-Donations	-	11,375.00	(11,375.00)	
Net Restricted Revenue-Donations/Restricted Expense		(11,375.00)	(11,375.00)	
		(==,0.0.00)	(,0,0.00)	
_				

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 attourney 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
	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
n e	4. Program service revenue	4.	217,482	193	3,433	-24,049
_	5. Investment income	5.	41,440	18	3,281	-23,159
>	6. Proceeds from tax exempt bonds	6.				
S B	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	3,981	9,833
	9. Net income or (loss) from gaming	9.				
	10. Net gain or (loss) on sales of inventory	10.	86,234	65	5,254	-20,980
	11. Other revenue	11.	104,422	103	3,835	-587
	12. Total revenue. Add lines 1 through 11	12.	1,559,348	1,562	2,651	3,303
	13. Grants and similar amounts paid	13.				
	14. Benefits paid to or for members	14.				
S	15. Compensation of officers, directors, trustees, etc.	15.	227,754	208	3,951	-18,803
S	16. Salaries, other compensation, and employee benefits	16.	575,613	612	2,107	36,494
e	17. Professional fundraising fees	17.				
α	18. Other professional fees	18.	21,765	31	L , 849	10,084
ш	19. Occupancy, rent, utilities, and maintenance	19.	149,991	227	7,050	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	2,854	-898
	24. Total exempt revenue	24.	1,559,348	1,562	2,651	3,303
	25. Total unrelated revenue	25.				
ö	26. Total excludable revenue	26.	452,457		803,	-71,654
mat	27. Total assets	27.	6,451,285			509,148
Į	28. Total liabilities	28.	59,186		7,390	88,204
드	29. Retained earnings	29.	6,392,099	6,813	3,043	420,944
the	30. Number of voting members of governing body	30.	15	13		
ō	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
Name	Coastal Discovery Museum	Employer Id	dentification Number *1415

_	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	742,602	888,483	893,988	1,044,018	1,111,937	
Membership dues	29,800	57 , 475	54,600	53,725	50,930	
Program service revenue _	318,326	303,036	304,389	217,482	193,433	
Capital gain or loss			20,522	2,879		
Investment income	25,246	51,861	43,647	41,440	18,281	
Fundraising revenue (income/loss)	29,198	22,563	27,690	9,148	18,981	
Gaming revenue (income/loss)						
Other revenue	154,771	230,319	296,882	190,656	169,089	
Total revenue	1,299,943	1,553,737	1,641,718	1,559,348	1,562,651	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.		223,947	221,515	227,754	208,951	
Other compensation		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		181,674	180,838	160,313	159,252	
Other expenses		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

/01		6/30 20	21
/ U T	2020 and ending	0/30 20	4 1

For calendar year 2020, or fiscal year beginning

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

u Do not send to the IRS. Keep for your records. u Go to $\textit{www.irs.gov/Form8879EO}\$ for the latest information.

Name of exempt organization or person subject to tax	Taxpayer identification number
Coastal Discovery Museum	**-***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	-
blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entere	
return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.	
1a Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 1,562,651
2a Form 990-EZ check here ▶ ☐ b Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here b Balance due (Form 8868, line 3c)	
6a Form 990-T check here ▶ b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here ▶	
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax	
Under penalties of perjury, I declare that X I am an officer of the above organization or I am a person subject to	
(name of organization) , (EIN)	
of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and bel	•
true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the	
I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to receive from the IRS (a) an askinguladament of receive from the IRS (b) the received from the IRS (c) and askinguladament of received from the IRS (c) and a	
to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its des	
Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the ta	•
software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account institution to the entry to	• •
a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to	
(settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxe	
confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a pe	
identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds	
PIN: check one box only	
X I authorize Carey & Company P.A. to enter my PIN	82317 as my signature
	ter 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	3
state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementione	ed 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	he tay year 2020
electronically filed return. If I have indicated within this return that a copy of the return is being filed with a stat	e agency(ies)
regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure conser	nt screen.
Signature of officer or person subject to tax } Date }	10/21/21
Part III Certification and Authentication	10, 21, 21
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	
IRS e-file Providers for Business Returns.	
ERO's signature } Patrick P. Carey, Jr., CPA Date } _	10/21/21
Lico signature Late	·
ERO Must Retain This Form — See Instructions	
Do Not Submit This Form to the IRS Unless Requested To Do	So

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2020 Open to Public

Department of the Treasury Internal Revenue Service

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

u Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21D Employer identification number C Name of organization Check if applicable: Address change Coastal Discovery Museum **-***1415 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone numbe 843-689-6767 Initial return 70 Honey Horn Drive Final return/ City or town, state or province, country, and ZIP or foreign postal code Hilton Head Island SC 29926 1,697,134 **G** Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Rex Garniewicz 70 Honey Horn Drive H(b) Are all subordinates included? If "No," attach a list. See instructions Hilton Head Island SC 29926 **X** 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or Tax-exempt status: coastaldiscovery.org Website: U H(c) Group exemption number U Year of formation: 1985 X Corporation Trust Association Form of organization: Other **u** M State of legal domicile: Summary 1 Briefly describe the organization's mission or most significant activities: To communicate to its members and to the general public the significance of Governance 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 u 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) Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 12 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 17 5 6 Total number of volunteers (estimate if necessary) 150 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year 8 Contributions and grants (Part VIII, line 1h) 1,097,743 1,162,867 Revenue 9 Program service revenue (Part VIII, line 2g) 193,433 217,482 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 44,319 18,281 199,804 188,070 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,559,348 1,562,651 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ... 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 803,367 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 821,058 16a Professional fundraising fees (Part IX, column (A), line 11e) \boldsymbol{b} Total fundraising expenses (Part IX, column (D), line 25) \boldsymbol{u} 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 662,229 648,739 1,465,596 1,469,797 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 93,752 92,854 19 Revenue less expenses. Subtract line 18 from line 12 End of Year 5 Beginning of Current Year 6,451,285 6,960,433 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 147,390 59,186 22 Net assets or fund balances. Subtract line 21 from line 20 6,392,099 6,813,043 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. Sian Signature of officer President and CEO Here Rex Garniewicz Type or print name and title Print/Type preparer's name Preparer's signature Check Paid Patrick P. Carey, Jr., CPA Patrick P. Carey, Jr., CPA self-employed **-***7046 **Preparer** Carey & Company P.A. Firm's name Firm's EIN } **Use Only** 70 Main Street, Suite 100 29926 843-681-4430 Hilton Head Island, SC May the IRS discuss this return with the preparer shown above? See instructions X Yes No

(Expenses \$

including grants of \$

1,000,113

) (Revenue \$

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	. 1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	. 2	Λ	
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	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	. -		
7	alestics in effect during the tourner? If IIVes II complete Calculula C. Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	. 8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	. 9		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	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	. 11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	. 11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		x
٨	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	. 11c		
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	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11a	х	
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	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>			
	Schedule D, Parts XI and XII	12a	х	
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	12b		Х
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?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			l
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	. 15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	. 16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			_ v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	. 17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1,0	v	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	. 18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		x
20a	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		 ^
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	. 200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21		x
	Control of the contro			

	art IV Checklist of Required Schedules (continued)			age -
-	The state of the s		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
55	201 7701 2 and 201 7701 22 If "Van" complete School In D. Dart I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III.			
J-T	an NV and Dark V Stra 4	34		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	33a		1
b	and the land the withing the angular of another FAO(1)/(40)0 K (6/4) It amounts to Only a land D. Dord V. Proc O	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			+
30	related exercises of "Vee" complete Cabadula D. Dart V. line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			1
30		38	х	
D	19? Note: All Form 990 filers are required to complete Schedule O. art V Statements Regarding Other IRS Filings and Tax Compliance	36	77	
г	Check if Schedule O contains a response or note to any line in this Part V			
	Chock is conceded a content of recoporate of note to any line in the fact v	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		- 33	<u> </u>
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with hackup withholding rules for reportable navments to vendors and			

reportable gaming (gambling) winnings to prize winners?

Form 990 (2020) Coastal Discovery Museum Page 5 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 **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? Х 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X ${f b}$ If "Yes," enter the name of the foreign country ${f u}$ 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? X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Х and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Х required to file Form 8282? Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? а 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? Х If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15

excess parachute payment(s) during the year?

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

X

X

-*1415 Form 990 (2020) Coastal Discovery Museum Page 6 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 No 13 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. Enter the number of voting members included on line 1a, above, who are independent 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? X 2 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? 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 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 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? 10a Х 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? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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 Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? X 14 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? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed **u** SC 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 X Upon request Other (explain on Schedule O)
- 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.
- State the name, address, and telephone number of the person who possesses the organization's books and records ${f u}$

Jennifer Stupica Hilton Head

70 Honey Horn

843-689-6767

SC 29926

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any	box	x, unle icer a	ss pe	ition more rson i	than one s both ar or/trustee	n	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations	
(1) Porter Morgan											
	1.00								_	_	
Chair	0.00	X		х				0	0	0	
(2) Diane Bartlett	1 00										
	1.00	x		x				0	^	0	
Secretary (3) Fred Manske, Jr.	0.00	A		<u> </u>			_	0	0	0	
(3) Fred Manske, Ur.	1.00										
Vice Chair	0.00	x		х				0	0	0	
(4) Dave Howitt	0.00							•			
(1,2410 1101120	1.00										
Treasurer	0.00	\mathbf{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											
<u> </u>	1.00										
Member	0.00	X						0	0	0	
(8) Margaret McManus											
Member	1.00	\mathbf{x}						0	0	0	
	llars	_						0	0	0	
(9) Idalia Graves Se.	1.00										
Member	0.00	x						0	0	0	
	Vilson	<u></u>									
(13)====================================	1.00										
Member	0.00	X						0	0	0	
(11) John Batson											
	1.00										
Member	0.00	X						0	0	0 Earm 990 (2020)	

Part VII Section A. Officers	s, Directors, Tru	IStee	s, n	ey E	:mpi	oyee	s, a	ing Highest Compensated	Employees (continuea)				
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson i	than of the state	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) stimated of oth compens from	amount ner sation	
	nours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		rganizatio ted orga		s
(12) Lenore Gleas	n 1.00												
Member	0.00	x						0	0				0
(13) Lindsay Bunt:	ing 1.00												
Member	0.00	x						0	0				C
1b Subtotal							u u	208,951		<u> </u>		26 , !	591
d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	ncluding but not I	imite	 d_to				u	208,951 e) who received more than	\$100,000 of			26,	591
3 Did the organization list any fo	ormer officer, dir	ecto	r, tru	stee	, key	/ em	ploye	ee, or highest compensate	d	ĺ		Yes	No
employee on line 1a? If "Yes," 4 For any individual listed on line	" complete Sche	dule	J for	suc	h ind	dividi	ıal .				3		X
organization and related organ	nizations greater	thar	\$15	50,00	00? /	f "Ye	s," c	complete Schedule J for su	ch		4	x	
individual5 Did any person listed on line	1a receive or ac	crue	com	pens	ation	n fror	n ar	ny unrelated organization oi	r individual			21	37
for services rendered to the o		res,"	com	plete	e Sci	hedu	le J	tor such person		<u></u>	5		X
Complete this table for your fi compensation from the organi										ear.			
	(A) I business address	<u>р с</u>	,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		<u> </u>	.0 00			(B) tion of services		Cc	(C) mpensat	ion
		_	_	_	_								
2 Total number of independent received more than \$100,000								se listed above) who					

Form 990 (2020) Coastal Discovery Museum

Part VIII Statement of Revenue

		Check if	Sched	dule O conta	ains a	respons	se or note	to any line in this	s Part VIII		
						•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts s	1a	Federated camp	paigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership due			1b		50,930				
۾ ۾ ڪ	c	Fundraising eve	nts		1c						
ar /	d	Related organization	otiono		1d						
בּייה פּייּ	e	Government grants (co			1e		621,919				
ons Sign	f	All other contributions,									
호호	·	and similar amounts no			1f		490,018				
Ĕδ	g	Noncash contributions	included in	lines 1a-1f	1g						
aga	9 h	Total. Add lines					u	1,162,867			
		Totali 7 da iii loo	14 11				Business Code	_,,			
a >	2a	Management	fee				Duoineoo Code	75,000	75,000		
<u> </u>	b							39,157	39,157		
Program Service Revenue	c	Marine/dolp		istory cru				27,777	27,777		
am	d			· · · · · · · · · · · · · · · · · · ·				16,702	16,702		
9	e	Other Prog		venue				13,832	13,832		
Ā	f	All other program						20,965	20,965		
		Total. Add lines					u	193,433			
		Investment incor									
		other similar am					u	18,281	-9,110		27,391
	4	Income from inv	estment	of tax-exemp	bond	proceeds	u				, , ,
	5	Royalties		•		•					
				(i) Real			ersonal				
	6a	Gross rents	6a			()					
	b	Less: rental expenses	6b								
	C	Rental inc. or (loss)	6c								
	d	Net rental incom		99)			u				
	7a Gross amount from (i) Securities			Other							
		sales of assets	7a	()		\ /					
Ð	h	other than inventory Less: cost or other	74								
Revenue	_	basis and sales exps.	7b								
ě	c	Gain or (loss)	7c								
		Net gain or (loss)				I	u				
Other		Gross income from					u				
O	Ju	(not including \$	ranaras	ing overlie							
		of contributions rep	orted on	line 1c)							
		See Part IV, line 18	1		8a		30,190				
	h	Less: direct exp			8b		11,209				
	C	Net income or (I			$\overline{}$			18,981			
		Gross income from		_			u				
	Ju	See Part IV, line 19	,		9a						
	h	Less: direct exp			9b						
				 m. gaming acti	$\overline{}$		u				
		Gross sales of in			VILICS .		u				
	IVa	returns and allow	•		10a		188,528				
	h	Less: cost of go			10a		123,274				
		Net income or (I			$\overline{}$			65,254	65,254		
		Net income or (i	033) 1101	in sales of line	Sillory .		Business Code	03/231	037231		
Snc	11a	Weddings					531390	74,085	74,085		
ne Te	b		genti-				531390	28,935	28,935		
ella Ver	C	Private re Book royal					531390	601	601		
Miscellaneous Revenue	٦ ر	All other revenue					232370	214	214		
≥		Total. Add lines					u	103,835	2.1		
		Total revenue					u	1.562.651	353.412	0	27 - 391

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respons			olete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations		0.75.000	g	
	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,	200 051	105 271	E2 220	21 242
_	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				
7	persons described in section 4958(c)(3)(B)	424,297	254,578	106,074	63,645
7 8	Other salaries and wages Pension plan accruals and contributions (include	121,27	254,570	100,074	05,045
Ü	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):				.,
а	Management				
b					
С		18,933	1,893	17,040	
d	Lobbying				
е	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	4 000	
13	Office expenses	7,476	5,478	1,998	
14	Information technology				
15	Royalties	227 050	227 050		
16	Occupancy	227,050 600	227,050 420	180	
17 18	Travel Payments of travel or entertainment expenses	800	120	100	
10	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.)				
а	Web and Email	55,722	55,722		
b	Other Program services	32,901	32,901		20 541
C	Fundraising expense	30,741	7 120	7 745	30,741
d	Other Operating	14,883	7,138	7,745	1 617
	All other expenses	27,573 1,469,797	14,966	10,960 314,137	1,647
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1,1UJ,/J/	1,000,113	317,13/	155,547
-0	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here u if				
	fundraising solicitation. Check here u if following SOP 98-2 (ASC 958-720)if				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year			
1	Cash—non-interest-bearing			526,096	1	696,776			
2				76,734	2	80,923			
			·····	176,881	3	165,977			
3	Pledges and grants receivable, net			114	4	295			
4	Accounts receivable, net Loans and other receivables from any current or forme		rantar		4	<u> </u>			
5									
	trustee, key employee, creator or founder, substantial of				5				
	controlled entity or family member of any of these pers				3				
6					6				
7		nder section 4958(f)(1)), and persons described in section 4958(c)(3)(B) otes and loans receivable, net							
7	Notes and loans receivable, net			50,957	7	34,156			
` °				20,956	8				
9	Prepaid expenses and deferred charges			20,930	9	16,277			
108	a Land, buildings, and equipment: cost or other	1.0	E 040 613						
Ι.	basis. Complete Part VI of Schedule D	10a	2,040,013	2 062 071	40	2 011 526			
	Less: accumulated depreciation	10b	2,037,077	3,963,071	10c	3,811,536			
11				1,636,476	11	2,154,493			
12					12				
13				13					
14	9			14					
15	,			6 454 005	15	5 050 405			
16				6,451,285	16	6,960,433			
17			16,389	17	43,067				
18				18					
19	Deferred revenue				19				
20	Tax-exempt bond liabilities				20				
21	Escrow or custodial account liability. Complete Part IV	of Schedule	e D		21				
22	Loans and other payables to any current or former office	er, director	·,						
22	trustee, key employee, creator or founder, substantial of								
	controlled entity or family member of any of these pers	ons			22				
23	Secured mortgages and notes payable to unrelated thin	d parties			23				
24	Unsecured notes and loans payable to unrelated third	oarties			24				
25	3 , , , , , , , , , , , , , , , , ,								
	parties, and other liabilities not included on lines 17-24	. Complete	Part X						
	of Schedule D			42,797	25	104,323			
26	8			59,186	26	147,390			
	Organizations that follow FASB ASC 958, check he	e u X							
27 28	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, ch	и 🗌 —							
:	and complete lines 29 through 33.	_							
29	Capital stock or trust principal, or current funds			29					
30					30				
31	Retained earnings, endowment, accumulated income,				31				
29 30 31 32	Total net assets or fund balances			6,392,099	32	6,813,043			
33				6,451,285	33	6,960,433			

Form **990** (2020)

Pa	art XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,56	52,6					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,46						
3	Revenue less expenses. Subtract line 2 from line 1	3		92,8					
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	32	328,090					
6	Donated services and use of facilities	6							
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	6,81	L3,0	043				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in								
	Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or								
	reviewed on a separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a								
	separate basis, consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	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?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on								
	Schedule O.								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Single Audit Act and OMB Circular A-133?		3a		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	· · · · · · · · · · · · · · · · · · ·	3b						

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

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

2020

Open to Public Inspection

Name of the organization

Coastal Discovery Museum

The	orga	nization is not	a private foundation because	e it is: (For lines 1 through 12, c	check only	one box	(.)				
1	Ш	A church, cor	nvention of churches, or ass	ociation of churches described i	in sectio i	170(b)(1)(A)(i).				
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 9	990-EZ).)					
3		A hospital or	a cooperative hospital service	ce organization described in sec	ction 170	(b)(1)(A)	(iii).				
4	П	A medical res	search organization operated	I in conjunction with a hospital of	described	in section	on 170(b)(1)(A)(iii). Enter the h	nospital's name.			
	ш	city, and state	a:					, , , , , , , , , , , , , , , , , , , ,			
_		•		of a college or university owned							
5	ш	_		of a college or university owned	or operac	eu by a g	governmentar unit described in				
•	\Box		(b)(1)(A)(iv). (Complete Part	·	4! 4!	70/1-\/4\/#					
6	Н			overnmental unit described in s			* * *				
7	Ш		on that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support fro omplete Part II.)	om a gove	ernmental	unit or from the general public				
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete Part	II.)						
9	П	An agricultura	al research organization des	cribed in section 170(b)(1)(A)(i	x) operat	ed in con	junction with a land-grant colle	ge			
	_	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or									
		university:	0 0	,		•	3				
10	X		on that normally receives: (1) more than 33 1/3% of its supp	port from	contributi	ons, membership fees, and gr	oss			
				pt functions, subject to certain e							
		•		nd unrelated business taxable in		. ,					
		acquired by the	he organization after June 3	0, 1975. See section 509(a)(2).	. (Comple	te Part III	l.)				
11		An organization	on organized and operated	exclusively to test for public safe	ety. See s	section 5	09(a)(4).				
12	П	•		exclusively for the benefit of, to	•			oses			
	ш	-		zations described in section 509							
				nat describes the type of suppor							
	а		<u>-</u>	erated, supervised, or controlled			•	•			
	_			er to regularly appoint or elect	•		., ., .	9			
			3 () (omplete Part IV, Sections A ar	, ,	00					
	b	_ `` `		pervised or controlled in connect		its sunno	orted organization(s) by having				
	~			ting organization vested in the s							
			ion(s). You must complete	• •	anio por		common or manage are cappen	-			
	С		•	supporting organization operated	l in conne	ection with	and functionally integrated w	vith.			
	•			structions). You must complete				,			
	d	Type III	non-functionally integrated	I. A supporting organization ope	rated in o	connection	n with its supported organization	on(s)			
			•	e organization generally must sa				• •			
		requireme	ent (see instructions). You n	nust complete Part IV, Section	s A and	D, and P	art V.				
	е	Check thi	s box if the organization rec	eived a written determination fro	m the IRS	S that it is	s a Type I, Type II, Type III				
		functional	ly integrated, or Type III no	n-functionally integrated support	ting orgar	nization.					
	f	Enter the nur	mber of supported organizati	ons							
	g	Provide the fo	ollowing information about th	ne supported organization(s).							
(i)	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of			
	org	ganization		(described on lines 1-10	listed in you	ur governing	support (see	other support (see			
				above (see instructions))	docur	ment?	instructions)	instructions)			
					Yes	No					
(A)											
(B)											
(C)											
,											
(D)											
(-)											
(E)											
(-)											
Tate											
Tota	I										

Schedule A (Form 990 or 990-EZ) 2020

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.)

tion A. Public Support							
dar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	0	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
The value of services or facilities furnished by a governmental unit to the organization without charge							
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount							
Public support. Subtract line 5 from line 4							
				,			
	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	0	(f) Total
Amounts from line 4							
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
Net income from unrelated business activities, whether or not the business is regularly carried on							
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
Total support. Add lines 7 through 10							
Gross receipts from related activities, etc.	(see instructions)					12	
First 5 years. If the Form 990 is for the or	ganization's first,	second, third, fourt	h, or fifth tax year	as a section 501(c	(3)		
							▶
Public support percentage for 2020 (line 6	, column (f) divide	d by line 11, colun	nn (f))			14	%_
Public support percentage from 2019 Sche	edule A, Part II, lin	e 14				15	%_
33 1/3% support test—2020. If the organ	ization did not che						
box and stop here. The organization qual	ifies as a publicly	supported organiz	ation				
33 1/3% support test—2019. If the organ	ization did not che	ck a box on line 1	3 or 16a, and line	15 is 33 1/3% or m	ore, check		
this box and stop here. The organization	qualifies as a pub	licly supported org	anization				▶ ∟
10%-facts-and-circumstances test—202	20. If the organizat	on did not check a	a box on line 13, 16	6a, or 16b, and line	14 is		
10% or more, and if the organization mee	ts the "facts-and-c	ircumstances" test	, check this box ar	nd stop here. Expl	ain in		
Part VI how the organization meets the "fa	acts-and-circumsta	nces" test. The or	ganization qualifies	s as a publicly sup	ported		
organization							
10%-facts-and-circumstances test—201	9. If the organizat	ion did not check a	a box on line 13, 16	6a, 16b, or 17a, an	id line		
15 is 10% or more, and if the organization	meets the "facts-	and-circumstances	s" test, check this b	oox and stop here	. Explain		
in Part VI how the organization meets the	"facts-and-circum	stances" test. The	organization qualif	ies as a publicly s	upported		
organization							▶ ∟
							> 🗌
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the organization, check this box and stop here. The organization quali 33 1/3% support test—2020. If the organization, check this box and stop here. The organization quali 33 1/3% support test—2019. If the organ box and stop here. The organization quali 33 1/3% support test—2019. If the organ this box and stop here. The organization quali 33 1/3% support test—2019. If the organ box and stop here. The organization quali 33 1/3% support test—2019. If the organ box and stop here. The organization quali 31 1/3% support test—2019. If the organ box and stop here. The organization quali 31 1/3% support test—2019. If the organ box and stop here. The organization meet test—2021. If the organization meet test—2021. If the organization meet stop organization. If the organization meets the organization. Private foundation. If the organization did organization.	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 tion B. Total Support dar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, sorganization, check this box and stop here tion C. Computation of Public Support Percen Public support percentage for 2020 (line 6, column (f) dividen public support percentage for 2020 (line 6, column (f) dividen public support percentage from 2019 Schedule A, Part II, in and stop here. The organization qualifies as a publicly 33 1/3% support test—2020. If the organization did not che this box and stop here. The organization qualifies as a publicly or or more, and if the organization meets the "facts-and-circumstances test—2020. If the organization 10%-facts-and-circumstances test—2019. If the organization	dar year (or fiscal year beginning in) u (a) 2016 (b) 2017 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 tion B. Total Support dar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourt organization, check this box and stop here Public support percentage from 2019 Schedule A, Part II, line 14 33 1/3% support test—2020. If the organization did not check the box on line box and stop here. The organization qualifies as a publicly supported organization 31 1/3% support test—2019. If the organization did not check a box on line 1 this box and stop here. The organization qualifies as a publicly supported organization or more, and if the organization meets the "facts-and-circumstances" test Part VI how the organization meets the "facts-and-circumstances" test Part VI how the organization meets the "facts-and-circumstances" test. The organization 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization 10% or more, and if the organization meets the "facts-and-circumstances" test. The	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First 5 years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year organization, check this box and stop here tion C. Computation of Public Support Percentage Public support percentage from 2019 Schedule A, Part II, line 14 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, and line 14 is box and stop here. The organization meets the "facts-and-circumstances" test, check this box and 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check thi	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization benefit and either paid to or expended on its behalf in the organization benefit and either paid to or expended on its behalf in the organization benefit and either paid to or expended on its behalf in the organization without charge in the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. In Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. In Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Part VI how the organ	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') Tax revenues levide for the organization deliver paid to or expended on its behalf The value of savives or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person of the 11 column (I) Public support all support developed for the source of the support of grants and income from interest, dividends, payments of grants and income from sources of sources and income from sources of sources o	Gifts, grants, contributions, and memberahip fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization without charge organization without charge organizations benefit and either paid to or expended on its behalf in the organization without charge organization without organization included on line 11 column (f) public support organization organ

Page 3

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.

Sac	tion A. Public Support	quality under the	e lesis listed b	elow, piease co	implete Fait II.,		
	ndar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2010	(6) 2011	(6) 2010	(u) 2013	(6) 2020	(i) Total
•	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 Add lines 7a and 7b	61,157 61,157	58,155 72,605	57,324 97,374	58,358 192,708	59,605	294,599 661,613
с 8	Public support. (Subtract line 7c from	61,15/	72,605	97,374	192,708	237,769	661,613
Ŭ	line 6.)						7,189,654
Sec	tion B. Total Support		•	<u>'</u>	<u>'</u>		, ,
Cale	ndar year (or fiscal year beginning in) u	(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						
С	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 or			-			
500	organization, check this box and stop here						P L
15	Public support percentage for 2020 (line 8			n (f))		15	89.42 %
16	Public support percentage from 2019 Sche						91.77 %
	ction D. Computation of Investme						91.77 70
17	Investment income percentage for 2020 (I			. column (f))		17	2%
18	Investment income percentage from 2019 S		Page 47			40	2 %
19a	33 1/3% support tests—2020. If the orga						
b	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2019. If the orga	ox and stop here. 3	Γhe organization q	ualifies as a public	ly supported organ	nization	> X
	line 18 is not more than 33 1/3%, check th						▶ □
20	Private foundation. If the organization did		=			-	▶ □

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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b supported organization? 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.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	- Ou		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	۵h		
	9b		
	9с		
	33		
	10a		
	·Ju		
A (Fo	10b orm 99	0 or 990-	EZ) 2020

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
	<u> </u>	\Box	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
	on or type in eappering organizations	$\overline{}$	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
OCCL	on B. All Type in Supporting Organizations	\neg	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
•	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	4		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Socti	supported organizations played in this regard.	3		
	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	1		
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ctions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sect	ion 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		
Sect	ion 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		
k	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

(see instructions).

Schedule A (Form 990 or 990-EZ) 2020

-*1415 Coastal Discovery Museum Schedule A (Form 990 or 990-EZ) 2020 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 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 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2020 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2020 Amount for 2020 Distributable amount for 2020 from Section C, line 6 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2020 **a** From 2015 **b** From 2016 **c** From 2017_____ **d** From 2018 e From 2019 f Total of lines 3a through 3e **g** Applied to underdistributions of prior years h Applied to 2020 distributable amount i Carryover from 2015 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 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. Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2021. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2016 **b** Excess from 2017 c Excess from 2018

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019 e Excess from 2020

Schedule A (Forr	m 990 or 990-EZ) 2020	Coastal	Discovery	Museum	**-***1415	Page 8
Part VI	Supplemental Ir III, line 12; Part IV B, lines 1 and 2; 3a, and 3b; Part V	nformation. Provi /, Section A, lines Part IV, Section C /, line 1; Part V, S	de the explanati 1, 2, 3b, 3c, 4b 5, line 1; Part IV, Section B, line 1	ons required by Part , 4c, 5a, 6, 9a, 9b, 9 Section D, lines 2 a	t II, line 10; Part II, line 17a or 9c, 11a, 11b, and 11c; Part IV, and 3; Part IV, Section E, lines , lines 5, 6, and 8; and Part V, a. (See instructions.)	17b; Part Section 1c, 2a, 2b,
•						
•						
•						
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•						
•						
•						

Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

-*1415 Coastal Discovery Museum Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 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 X 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).

Name of organization

Coastal Discovery Museum

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1		\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ 25,700	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 6,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

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

Name of organization

Coastal Discovery Museum

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
. 8		\$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$ 18,750	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ 16,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c)	(d)
12	Name, address, and ZIP + 4	Fotal contributions \$ 50,590	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Coastal Discovery Museum

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$ 8,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (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 Employer identification number **-***1415 Coastal Discovery Museum Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year _____ | 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? 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. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ${f u}$ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 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 Assets included in Form 990, Part X

Pa	art III Organizations Maintaining	Collections of	Art, His	storical Tr	reasures, c	or Other	Simila	ar Asse	ts (co	ntinue	ed)	
3	Using the organization's acquisition, accession collection items (check all that apply):	, and other record	s, check a	iny of the fol	lowing that ma	ake signific	ant use	of its				
а	Public exhibition	d 🗌		exchange pro								
b	<u> </u>	е	Other									
С												
4	Provide a description of the organization's colle	ections and explair	n how they	further the	organization's	exempt pu	ırpose i	n Part				
-	XIII.		-f - w -:			-::						
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to		-		•				Г	Yes	X	Na
Pa	art IV Escrow and Custodial Arra		part of the	organization	15 COILECTION:					163		NO
	Complete if the organization a 990, Part X, line 21.	•	" on Fori	m 990, Pa	rt IV, line 9	, or repo	rted a	n amour	nt on F	orm		
1a	Is the organization an agent, trustee, custodian	n or other intermed	diary for co	ontributions o	or other assets	s not				_	_	
	included on Form 990, Part X?								L	Yes	Ш	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	ollowing ta	ble:			_					
							F	_	Am	nount		_
C	• • • • • • • • • • • • • • • • • • • •						· · · · ·	1c				_
d	Additions during the year											
f	Distributions during the year							1f				_
2a	Ending balance	m 990. Part X. line	e 21. for e	scrow or cus	stodial accoun	t liability?	L			Yes	П	— No
	If "Yes," explain the arrangement in Part XIII. (П	
	art V Endowment Funds.											
	Complete if the organization a	answered "Yes"	on For	m 990, Pa	rt IV, line 1	0.						
		(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) Thre	e years back	· (e) Four ye	ears ba	ack
	Beginning of year balance								+			
	Contributions								+			
С	Net investment earnings, gains, and											
	losses								+			
	Grants or scholarships								+			
е	•											
f	programs Administrative expenses								+			
q	End of year balance								\top			
2	Provide the estimated percentage of the currer	nt year end balanc	e (line 1g,	column (a))	held as:							
а	Board designated or quasi-endowment u	%	, ,	. , ,								
	Permanent endowment u%											
С	Term endowment u %											
	The percentages on lines 2a, 2b, and 2c shou											
3a	Are there endowment funds not in the possess	sion of the organiza	ation that	are held and	administered	for the						
	organization by:								[a		es	No
	(i) Unrelated organizations								10.	a(i)	+	
h	(ii) Related organizations									a(ii) 3b	+	
4	Describe in Part XIII the intended uses of the								🗀	JD		
Pa	art VI Land, Buildings, and Equip		OWITIOTIC TO									
	Complete if the organization a		on Forr	m 990, Pa	rt IV, line 1	1a. See l	Form 9	990, Pa	rt X, lir	ne 10.		
	Description of property	(a) Cost or other		(b) Cost or			cumulated			Book val		
		(investment)		(othe	er)	depr	eciation					
1a	Land											
b	Buildings											
	Leasehold improvements				OF 511			400				0.5
	I Equipment				25,711	2		426			1,2	
	Other		rt V colum		22,902	۷,	015,	92T		,807 811		36 36

Pag	e	3

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on	Form 990 Part IV lin	ne 11h See Form 990 P	art Y line 12
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)	(2) 2001. Taliao	Cost or end-of-yea	
(1) Financial	derivatives			
	eld equity interests			
(2) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
<u>(F)</u>				
(G)				
	(1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7			
	nn (b) must equal Form 990, Part X, col. (B) line 12.) u			
Part VIII	Investments – Program Related.	Form 000 Dort IV lin	o 11a Soo Form 000 D	art V lina 12
	Complete if the organization answered "Yes" on (a) Description of investment	(b) Book value	(c) Method of	
	(a) Description of investment	(b) Book value	Cost or end-of-yea	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.) u			
Part IX	Other Assets. Complete if the organization answered "Yes" on I	Form 990, Part IV, lir	ne 11d. See Form 990, P	art X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	nn (b) must equal Form 990, Part X, col. (B) line 15.)			
	in (b) must equal Form 990, Part X, col. (b) line 15.)		u	
Part X	Other Liabilities. Complete if the organization answered "Yes" on		ne 11e or 11f. See Form	990, Part X,
Part X	Other Liabilities.		ne 11e or 11f. See Form	990, Part X, (b) Book value
Part X 1.	Other Liabilities. Complete if the organization answered "Yes" on line 25.		ne 11e or 11f. See Form	(b) Book value
Part X 1. (1) Federal	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		ne 11e or 11f. See Form	(b) Book value
Part X 1. (1) Federal (2) Accru (3)	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes		ne 11e or 11f. See Form	(b) Book value
1. (1) Federal (2) Accru (3) (4)	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes		ne 11e or 11f. See Form	(b) Book value
1. (1) Federal (2) Accre (3) (4) (5)	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes		ne 11e or 11f. See Form	(b) Book value
1. (1) Federal (2) Accru (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes		ne 11e or 11f. See Form	(b) Book value
1. (1) Federal (2) Accru (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes		ne 11e or 11f. See Form	(b) Book value
1. (1) Federal (2) Accru (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes		ne 11e or 11f. See Form	(b) Book value
1. (1) Federal (2) Accru (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes		ne 11e or 11f. See Form	

ГС	Reconciliation of Revenue per Audited Financial St		100		
	Complete if the organization answered "Yes" on Form 9			1	2,025,223
1 2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	2,023,223
	Net unrealized gains (losses) on investments	2a	328,090		
a b			320,030		
C		2c			
d			145,690		
e				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		4a			
b					
	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
Pa	art XII Reconciliation of Expenses per Audited Financial S			Return	
	Complete if the organization answered "Yes" on Form				
1				1	1,615,487
2					-
а	Donated services and use of facilities	2a			
b		2b			
С	<u> </u>				
d			145,690		
е				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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b					
С	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
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information.				1,469,797
Pa		3.)		5	
P a	art XIII Supplemental Information.	3.) ; Part IV, lines 1b ar	nd 2b; Part V, line 4; Pa	5	
Prov 2; Pa	art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	3.) ; Part IV, lines 1b ar provide any addition	nd 2b; Part V, line 4; Part Information.	5 art X, lir	ne
Prov 2; Pa	art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to art XI, Line 2d - Revenue Amounts Inclu	3.) ; Part IV, lines 1b ar provide any addition	nd 2b; Part V, line 4; Panal information.	5 art X, lin	ne er
Prov 2; Pa	art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	3.) ; Part IV, lines 1b ar provide any addition	nd 2b; Part V, line 4; Part Information.	5 art X, lin	ne
Prov 2; Pa P	art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to art XI, Line 2d - Revenue Amounts Inclu undraising activity expense	3.) ; Part IV, lines 1b ar provide any addition	nd 2b; Part V, line 4; Panal information. nancials -	5 art X, lin	ne er 11,208
Prov 2; Pa P	art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to art XI, Line 2d - Revenue Amounts Inclu	3.) ; Part IV, lines 1b ar provide any addition	nd 2b; Part V, line 4; Panal information.	5 art X, lin	ne er
Prov 2; Pa P	art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to art XI, Line 2d - Revenue Amounts Inclu undraising activity expense	3.) ; Part IV, lines 1b ar provide any addition	nd 2b; Part V, line 4; Panal information. nancials -	5 art X, lin	ne er 11,208
Prov 2; Pa P	art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to art XI, Line 2d - Revenue Amounts Inclu undraising activity expense	3.) ; Part IV, lines 1b ar provide any addition	nd 2b; Part V, line 4; Panal information. nancials -	5 art X, lin	ne er 11,208
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Schedule D (F	orm 990) 2020	Coastal	Discovery	Museum	**-***1415	Page 5
Part XIII	Supplement	al Information	on (continued)			
	-		•			
• • • • • • • • • • • • • • • • • • • •						
•						

SCHEDULE G (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

u Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number **-***1415 Coastal Discovery Museum Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations b Phone solicitations Special fundraising events C In-person solicitations 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? 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. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) fundraiser listed in from activity organization control of contributions? col. (i) Yes No 1 3 6

Total		 			
	List all states in which the organization is registered or licensing.		or has been notified i	t is exempt from	

10

Schedule G (Form 990 or 990-EZ) 2020 Coastal Discovery Museum 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 Art Market None (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 30,190 30,190 1 Gross receipts 2 Less: Contributions **3** Gross income (line 1 minus 30,190 30,190 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 11,209 11,209 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11,209 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue. 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 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) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? Yes **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Sche	dule G (Form 990 or 990-EZ) 2020	Coastal	Discovery	Museum	**-***141!	5	Page 3
11	Does the organization conduct gaming					Ye	es No
12	Is the organization a grantor, beneficiar					_	_
	formed to administer charitable gaming	1?		•		☐ Ye	es No
13	Indicate the percentage of gaming active						
а	The organization's facility	•			13a		%
b	A				1 401 1		/ %
14	Enter the name and address of the pe			aaming/special events hook			70
•	records:	ioon who propare	o ino organization o	garriirig/opoolar ovorito boor	o and		
	loodids.						
	Name 11						
	Name u						
	Address 11						
	Address u						
15a	Does the organization have a contract	with a third party	from whom the orga	nization receives gaming			
iou			_			☐ Ye	es 🗌 No
h	If "Yes," enter the amount of gaming re	venue received b	v the organization	• • • • • • • • • • • • • • • • • • •	and the	□ ''	,s 140
D	amount of gaming revenue retained by						
_	If "Yes," enter name and address of the		Ψ				
C	ii fes, enter hame and address of the	e trilla party.					
	Nama II						
	Name u						
	Address 11						
	Address u						
16	Gaming manager information:						
	Carring manager information.						
	Name u						
	Gaming manager compensation ${f u}$ \$						
	Description of services provided \mathbf{u}_{\dots}						
	Director/officer Emp	oloyee	Independent co	ontractor			
17	Mandatory distributions:						
а	Is the organization required under state	e law to make cha	aritable distributions f	rom the gaming proceeds	0		
	retain the state gaming license?					☐ Ye	es No
b	Enter the amount of distributions requir	ed under state lav	w to be distributed to	other exempt organization	s or		_
	spent in the organization's own exempt						
Pa	rt IV Supplemental Informa	ation. Provide	the explanations	required by Part I, lin	e 2b, columns (iii) and (v); and	
	Part III, lines 9, 9b, 10b	, 15b, 15c, 16	, and 17b, as ap	plicable. Also provide	any additional information	۱.	
	See instructions.						

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Coastal Discovery Museum

Employer identification number Name of the organization **-***1415 Part I **Questions Regarding Compensation** No 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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account 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 1b 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 2 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. Compensation committee Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 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: X 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? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X **a** The organization? X **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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: X a The organization? X **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 X 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III X 8 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

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.

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990	
	(i) 203,951	5,000	O	7,828	18,763	235,542	0	
-	(ii) O			0	0		0	
	(i) (ii)							
-	(i)							
•	(ii) (i)							
	(ii) (i)							
5	(ii)							
	(i) (ii)							
	(i) (ii)							
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	(i) (ii)							
	(i) (ii)							
	(i) (ii)							
	(i) (ii)							

Schedule J (Form 990) 2020

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

u Attach to Form 990 or 990-EZ. u Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Employer identification number

-*1415 Coastal Discovery Museum 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 -134,482Round

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property) u Attach to your tax return.

Identifying number

Internal Revenue Service (99) Name(s) shown on return

u Go to $\textit{www.irs.gov/Form4562}\$ for instructions and the latest information.

OMB No. 1545-0172

		Coastal Discovery Museum **-**1415		1415					
	ess or activity to which		5						
	useum Store								
Pa		•	•	erty Under Sectio		l . (D .	. 1		
_				y, complete Part V I	before you c	omplete Pai	rt I.	Ι.	1 040 000
1	Maximum amount (1	1,040,000
2	Threshold section	179 property	placed in service (se	ee instructions)				3	2,590,000
3	Deduction in limitati	ection 179 pro	openy before reduction	n in limitation (see instru	uctions)			4	2,390,000
4	Dollar limitation for tax	on. Subtract li	ne 3 iioiii iine 2. ii 2e	ro or less, enter -0-	filing congratoly	coo instructions		5	
<u>5</u>	Dollar limitation for tax	(a) Description			Cost (business use		c) Elected cost	1 3	
		(a) Decemption	т от ргороку	(8)	Cost (Busiliess use	Silly) (b) Licoted coot		
7	Listed property Ent	er the amount	from line 29			7			
8	Total elected cost of	of section 179 i	property. Add amount	s in column (c), lines 6	and 7			8	
9			naller of line 5 or line	0				9	
10				8 2019 Form 4562				10	
11	Business income lin	nitation Enter	the smaller of busine	ss income (not less that	n zero) or line	5 See instruct	ions	11	
12				ut don't enter more than				12	
13				and 10, less line 12	_	13			
			for listed property. In:	· · · · · · · · · · · · · · · · · · ·					
Pa	rt II Special	Depreciati	ion Allowance a	nd Other Deprecia	ation (Don't	include liste	ed proper	tv. Se	e instructions.)
14		•		ther than listed property	•			ĺ	,
	during the tax year.							14	
15	Property subject to	section 168(f)						15	
16	Other depreciation	(including ACF	RS)					16	153,861
Pa	art III MACRS	Depreciat	tion (Don't includ	le listed property. S	See instruction	ns.)			
				Section A					
17	MACRS deductions	for assets pla	ced in service in tax	years beginning before	2020		<u></u>	17	5,391
18	If you are electing to group	p any assets place	d in service during the tax ye	ear into one or more general as	set accounts, check	here	u		
		Section B—A	Assets Placed in Ser	vice During 2020 Tax	Year Using th	e General Dep	reciation S	System	
	(a) Classification of p	property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
С	7-year property								
d	10-year property								
е	15-year property								
f	20-year property								
g	25-year property				25 yrs.		S/L		
h	Residential rental				27.5 yrs.	MM	S/L		
	property				27.5 yrs.	MM	S/L		
i	Nonresidential real				39 yrs.	MM	S/L	-	
	property					MM	S/L		
	S	Section C—As	sets Placed in Serv	ice During 2020 Tax Y	ear Using the	Alternative De	epreciation	Syste	m
20 a	Class life						S/L		
b	12-year				12 yrs.		S/L	-	
C	30-year				30 yrs.	MM	S/L		
d					40 yrs.	MM	S/L	-	
Pa		ary (See ins						, ,	
21	Listed property. Ent					<u></u>		21	
22			-	ines 19 and 20 in colum					159,252
23				erships and S corporation he current year, enter the current the current year, enter the content of the corrections and the corrections are content of the corrections are corrections are corrected as a correction of the corrections are corrected as a correction of the corrections are corrected as a correction of the corrections are corrected as a correction of the correction		CHOIS		22	133,232
23				current year, enter tr		23			
For			soo sonarato instri						Form 4562 (2020)

Form **990**

Event Income and Deduction Worksheet

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

Description Museum Store

Taxpayer Identification Number

2020

Name

Coastal Discovery Museum

Part IX, Advertising Income

-1415

Income & Expense Summary: Expense Details - Indirect Expense: Advertising and promotion ________ 1. Gross receipts or sales 1. 2. Advertising income 2. 3. Circulation income 3. Printing/publication/postage___ Info technology/Maintenance **4.** Other income **4.** ____ Royalties & License Fees____ 5. Returns and allowances 5. __ Occupancy/Real Estate Taxes **6.** Contributions received **6.** ___ 188,528 Travel & Repairs _______ 7. Total revenue. Add lines 1 through 6 7. Travel/entertainment (officials) 8. Cost of Goods Sold 8. Conferences/meetings ______ 9. Employment Expense 9. **10.** Fees for services _______**10.** _____ Interest ___ Insurance _______ 11. Indirect Expense 11. Total Indirect Expense___ 12. Depreciation Expense 12. 13. Exempt Activity Expense 13. **14.** Fundraising Expense **14.** _____ Expense Details - Depreciation Expense: 282,526 On investment property 15. Total expenses. Add lines 8 through 1415. -93,998 On non-investment property 16. Net Income/Loss. Line 7 minus Line 1516. Amortization ______ Depletion ______ 159,252 Total Depreciation Expense ______ Expense Details - Cost of Goods Sold: 50,957 Beginning inventory ______ Purchases _____ 83,810 Expense Details - Exempt Activity Expense: Repairs and Maintenance Section 263A costs Bad debts ______ 22,663 Taxes/licenses ______ Other costs 34,156 Charitable contributions Ending inventory Total Cost of Goods Sold 123,274 Dividend recd deductions ______ Readership costs Other expenses ______ **Expense Details - Employment Expense:** Total Exempt Activity Expense_ Compensation of officers Other salaries and wages Pension plan contributions Expense Details - Fundraising Expense: Other employee benefits Cash prizes Non-cash prizes _____ Payroll taxes _____ Total Employment Expense Rent and facility costs Food & beverages (Part II only) Expense Details - Fees for Services: Entertainment (Part II only) _______ Other direct expenses ______ Management _____ Total Fundraising Expense Accounting Professional fundraising Investment management Total Fees for Services Information is indicated for use on Form 990-T, Schedule A: Allocation of Expense to Program Service Accomplishments: Part V. Debt Financing First Part VI, Controlled Org Income Second ____ Part VII, Investments for C(7)(9)(17) Third _____ 159,252 Part VIII, Exploited Activities

All other

Form **990**

Name

Event Income and Deduction Worksheet

Description Art Market

Coastal Discovery Museum

Taxpayer Identification Number

2020

-*1415

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

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales 1.	30,190	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	30,190	Travel & Repairs
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 1415.		On investment property
16. Net Income/Loss. Line 7 minus Line 1516.		On non-investment property
	<u>-</u>	Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		
Purchases		Expense Details - Exempt Activity Expense:
Labor	_	Repairs and Maintenance
Section 263A costs	_	Bad debts
Other costs	11,209	Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold	11,209	Dividend recd deductions
		Readership costs
Expense Details - Employment Expense:		Readership costs
Compensation of officers		Other expenses Total Exempt Activity Expense
Other salaries and wages		Total Exempt Addrity Expende
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee henefits		
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
Expense Details - Fees for Services:		Food & beverages (Part II only)
Management		Entertainment (Part II only) Other direct expenses
Local		
Legal		Total Fundraising Expense
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Other		
Total Fees for Services		
Information is indicated for use on Form 990-T, S	chedule A:	Allocation of Expense to Program Service Accomplishments:
Part V, Debt Financing		First
Part VI, Controlled Org Income		Second
Part VII, Investments for C(7)(9)(17)		Third
Part VIII, Exploited Activities		All other
Part IX, Advertising Income		

0062 Coastal Discovery Museum

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Federal Statements

10/21/2021 3:44 PM

FYE: 6/30/2021

Taxable Interest of	n Investments
---------------------	---------------

Description	n						
	_	Amount	Unrelated Business		Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
Interest income							
	\$	5,407		14			
Interest - cap can	mpaign						
		122					
Total	\$	5,529					
	_						

Taxable Dividends from Securities

Description				
	 Amount		Acquired after 6/30/75	US Obs (\$ or %)
Dividend income				
	\$ 21,984	14		
Total	\$ 21,984			

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Federal Statements

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FYE: 6/30/2021

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

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

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Federal Statements

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FYE: 6/30/2021

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

Donor Name	20	016	2017		2018		2019		2020
	\$	\$	14,450	\$	40,050	\$	134,350	\$	178,164
Total	\$	0 \$_	14,450	\$	40,050	\$	134,350	\$_	178,164

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0062 Coastal Discovery Museum

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Federal Statements

FYE: 6/30/2021

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

Donor Name	<u></u>	Total		
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	\$	375,000	\$	294,599

0062 Coastal Discovery Museum **-***1415 FYE: 6/30/2021	Federal Statements	10/21/2021	3:44 PM
	irect Fundraising or Gaming Expenses		
Description	Amount		
Fundraising Total	\$\$ \$0		

Form (Rev. January 2020) Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) u Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2019 Open to Public Inspection

u Go to www.irs.gov/Form990 for instructions and the latest information. For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20D Employer identification number C Name of organization Check if applicable: Address change Coastal Discovery Museum Doing business as 57-0801415 Name change Number and street (or P.O. box if mail is not delivered to street address) 843-689-6767 Initial return 70 Honey Horn Drive Final return/ City or town, state or province, country, and ZIP or foreign postal code Hilton Head Island SC 29926 1,667,070 **G** Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Rex Garniewicz 70 Honey Horn Drive H(b) Are all subordinates included? Hilton Head Island SC 29926 If "No," attach a list. (see instructions) **X** 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or coastaldiscovery.org Website: U H(c) Group exemption number U X Corporation Trust Year of formation: 1985 Association Form of organization: Other **u** M State of legal domicile: Summary 1 Briefly describe the organization's mission or most significant activities: To communicate to its members and to the general public the significance of Governance 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 u 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) Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 14 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 17 5 6 Total number of volunteers (estimate if necessary) 150 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 39 Current Year 8 Contributions and grants (Part VIII, line 1h) 948,588 1,097,743 Revenue 9 Program service revenue (Part VIII, line 2g) 304,389 217,482 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 64,169 44,319 324,572 199,804 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,641,718 1,559,348 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 795**,**680 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 803,367 16a Professional fundraising fees (Part IX, column (A), line 11e) \boldsymbol{b} Total fundraising expenses (Part IX, column (D), line 25) \boldsymbol{u} 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 778**,**834 662,229 1,574,514 1,465,596 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 67,204 93,752 19 Revenue less expenses. Subtract line 18 from line 12. Beginning of Current Year End of Year 5 6,404,805 6,451,285 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 72,443 59,186 22 Net assets or fund balances. Subtract line 21 from line 20 6,332,362 6,392,099 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. Sian Signature of officer President and CEO Here Rex Garniewicz Type or print name and title Print/Type preparer's name Preparer's signature Check Paid Patrick P. Carey, Jr., CPA Patrick P. Carey, Jr., CPA self-employed P00033247 **Preparer** Carey & Company P.A. 57-0927046 Firm's name Firm's EIN } **Use Only** 70 Main Street, Suite 100 Hilton Head Island, SC 29926 843-681-4430 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

including grants of \$

1,045,920

) (Revenue \$

(Expenses \$

Total program service expenses u

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	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			3,5
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	1.0		.
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schodule D. Port VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11a		
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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	12b		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?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			l
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			l
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			7.
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		y
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		x
20a	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
zua 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.	21		x
	, , , , , , , , , , , , , , , , , , ,	, =-		

	art IV Checklist of Required Schedules (continued)			age -
	arti Gilochiet di Rodanda Comandod		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	White I accordate Oake data I. Dort W.	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>			
Ū	"Voo." complete Schodule I. Port IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30		x
21	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31 22	Did the organization required by the complete schedule in Part 1			 ^
32		22		x
22	complete Schedule N, Part II	32		 ^
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1 22		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		 ^
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			↓
25-	or IV, and Part V, line 1			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		 ^
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	051		
^^	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			١,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
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.	38	X	
Pa	art 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	<u></u>	 T.v	<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 35			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			

reportable gaming (gambling) winnings to prize winners?

Form 990 (2019) Coastal Discovery Museum Page 5 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? Х 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X ${f b}$ If "Yes," enter the name of the foreign country ${f u}$ 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? X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X required to file Form 8282? Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

	Closs receipts, included on Form 550, Fair VIII, line 12, for public use of club facilities	100			
11	Section 501(c)(12) organizations. Enter:				
а	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.				
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	
	Note: See the instructions for additional information the organization must report on Schedule O.				
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			

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

excess parachute payment(s) during the year?

Enter the amount of reserves on hand

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form **990** (2019)

14b

X

X

X

15

Form 990 (2019) Coastal Discovery Museum 57-0801415 Page 6 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 No 15 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. Enter the number of voting members included on line 1a, above, who are independent 14 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? X 2 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? 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 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 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? 10a Х 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? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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 Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 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? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed **u** SC 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 X Upon request Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records ${f u}$

Jennifer Stupica 70 Honey Horn

Hilton Head 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 (list any	box	x, unle icer a	Pos check ess pe	rson i	than ones both a	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(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									
<u>-</u>	1.00								•	•
Treasurer	0.00	X		X				0	0	0
(4) Elizabeth Birdwe										
	1.00			x					•	•
Secretary (5) Rex Garniewicz	0.00	X		A				0	0	0
(5) Rex Gailliewicz	40.00									
President and CEO	0.00	x		x				199,453	0	24,773
(6) Frederick Hack	0.00	- 22		22				133/133	•	21/113
(0) I I CUCI I CIT I I I I CIT	1.00									
Member	0.00	X						o	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	O Form 990 (2019)

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	nd Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any	bo	x, unle ficer a	Pos check ess pe ind a	erson	than of structures	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	co	of oth ompens from t	ation he	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		ganizatio	on and Inization	S
(12) Lenore Gleas	n 1.00												
Men	ber	0.00	x						0	0				0
(13) David Howitt	1.00												
	ber	0.00	X						0	0				0
(14) Alex Brown	1.00												
Men	ber	0.00	x						0	0				0
(15) Lindsay Bunt:													
Men	ber	1.00	x						0	o				0
	-													
1b	Subtotal		<u> </u>			<u> </u>	<u> </u>	u	199,453				24,	773
С	Total from continuation shee	ets to Part VII,	Secti	ion <i>i</i>	Α			u	100 453				24	7.7.
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	cluding but not I	imite	d to	thos	e lis	ted a	u above	e) who received more than	\$100,000 of		•	24,	173
3	Did the organization list any fo	ormer officer dir	ecto	r tru	ıstee	kev	/ em	nlove	ee or highest compensated	4	Γ		Yes	No
	employee on line 1a? If "Yes,"	" complete Sche	dule	J fo	r suc	h in	dividu	ual				3		Х
4	For any individual listed on lin- organization and related organization and related organization	nizations greater	thar	\$ 1	50,00	00?	f "Ye	es," c	complete Schedule J for su			4	x	
5	Did any person listed on line for services rendered to the o	1a receive or ac	crue	com	pens	satio	n fror	m ar	ny unrelated organization or	r individual		5		Х
Secti	ion B. Independent Contracto		103,	CON	ipicio	, 00	icaa	10 0	TOT SUCH PERSON			<u> </u>		
1	Complete this table for your fi compensation from the organi.										ear.			
		(A) I business address	<u>р с</u>	,,,oa		<u> </u>	.0 00			(B) tion of services		Co	(C) mpensat	ion
									·				•	
	Total number of independent	contractors (incl.	ıdina	but	not	limite	ed to	thos	se listed above) who					
_	received more than \$100,000									0				

Part VIII Statement of Revenue

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

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 (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 227,754 79,714 79,714 68,326 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 74,025 453,628 353,430 26,173 Pension plan accruals and contributions (include 13,090 9,760 2,510 820 section 401(k) and 403(b) employer contributions) 63,754 14,195 42,611Other employee benefits 6,948 Payroll taxes 45,141 27,085 11,285 6,771 Fees for services (nonemployees): a Management **b** Legal 9,582 958 8,624 c Accounting Professional fundraising services. See Part IV, line 17 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.) 20,886 20,886 12 Advertising and promotion 23,003 12,389 8,659 1,955 13 Office expenses Information technology 14 Royalties 149,991 149,991 16 Occupancy 5,289 3,702 1,587 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 112,21948,094 Depreciation, depletion, and amortization 160,313 22 37,912 11,074 26,838 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.) 115,616 115,616 Mitchelville Preservation Other Program services 56,099 56,099 23,129 23,129 Fundraising expense Bank and Credit Card fees 18,666 11,187 7,479 29,560 22,217 7,343 e All other expenses 285,554 1,465,596 1,045,920 134,122 Total functional expenses. Add lines 1 through 24e 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 **u** | if following SOP 98-2 (ASC 958-720) .

Part X Balance Sheet

	Check if Schedule O contains a response or n	ote to ar	y line in this Part X			
				(A) Beginning of year		(B) End of year
Τ,	I Cash—non-interest-bearing			500,847	1	526,096
.				95,024	2	76,734
	3			191,648	3	176,881
		11,181	4	114		
;		mor offic	or director	11,101	4	
`	trustee, key employee, creator or founder, substantia					
					5	
	controlled entity or family member of any of these properties. Loans and other receivables from other disqualified.				3	
					6	
Assets	under section 4958(f)(1)), and persons described in				6	
Ass	Notes and loans receivable, net		38,897	7	50,957	
` °					8	
				20,185	9	20,956
10	Da Land, buildings, and equipment: cost or other		F 001 F11			
	basis. Complete Part VI of Schedule D	10	a 5,921,511	4 101 502		2 062 071
	b Less: accumulated depreciation	[10	b 1,958,440	4,101,583	10c	3,963,071
1				1,445,440	11	1,636,476
13					12	
13	, , ,				13	
14	9			14		
19	, , , , , , , , , , , , , , , , , , , ,			4 444 44	15	
10				6,404,805	16	6,451,285
17		27,771	17	16,389		
18	• • • • • • • • • • • • • • • • • • • •		18			
19					19	
20					20	
2	1 Escrow or custodial account liability. Complete Part	IV of Sc	nedule D		21	
ဖ္တ 2	2 Loans and other payables to any current or former of	officer, di	rector,			
Liabilities	trustee, key employee, creator or founder, substantia					
jab	controlled entity or family member of any of these pe	ersons			22	
<u>ا</u> 2	0 0 1 7	third par	ties		23	
24	4 Unsecured notes and loans payable to unrelated thin	rd partie	S		24	
2	5 Other liabilities (including federal income tax, payabl	les to rel	ated third			
	parties, and other liabilities not included on lines 17-	-24). Cor	nplete Part X			
	of Schedule D			44,672	25	42,797
20				72,443	26	59,186
	Organizations that follow FASB ASC 958, check	here u	X			
Ses	and complete lines 27, 28, 32, and 33.					
<u>E</u> 2	7 Net assets without donor restrictions			5,959,059	27	5,977,968
g 2	Net assets with donor restrictions			373,303	28	414,131
밀	Organizations that do not follow FASB ASC 958,					
교	and complete lines 29 through 33.					
٥ 2			29			
36 gts		d		30		
Ass 3		e, or oth		31		
Net Assets or Fund Balances				6,332,362	32	6,392,099
~ 3:		<u></u>		6,404,805	33	6,451,285

Form **990** (2019)

Pa	art XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,5	59,3	348		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,4				
3	Revenue less expenses. Subtract line 2 from line 1	3		93,			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,3				
5	Net unrealized gains (losses) on investments	5		34,0	014		
6	Donated services and use of facilities	6					
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	6,3	92,0	099		
Pa	art XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				\sqcup		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or						
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a						
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	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?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on						
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Single Audit Act and OMB Circular A-133?		3a		х		
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	<u></u>	3b				

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

2019

Open to Public Inspection

Name of the organization

Coastal Discovery Museum

Employer identification number 57-0801415

			COGBCGI DIBC	Overy Masean			37 000			
Pa	art I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this part.) See instructio	ns.		
The	orga	nization is not	a private foundation becaus	e it is: (For lines 1 through 12, o	check only	one box	.)			
1	\bigcap	A church, coi	nvention of churches, or ass	ociation of churches described i	in sectio i	170(b)(1)(A)(i).			
2	П	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 9	990-EZ).)				
3	П			ce organization described in se			iii).			
4	П	•		in conjunction with a hospital of				ospital's name.		
•	ш	city, and state	,	an conjunction man a neophan		000		oopiiai o riairio,		
5		•		of a college or university owned	or operat	ed by a c	novernmental unit described in			
Ŭ	ш	_	(b)(1)(A)(iv). (Complete Part		or operat	ou by u g	povernmental anni described in			
6	П			overnmental unit described in s	ection 1	70(b)(1)(A	.)(v).			
7	H	•		substantial part of its support from			~ ,			
·	ш	•	section 170(b)(1)(A)(vi). (C		a gor		and or norman gorneral passes			
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
9	П	•		cribed in section 170(b)(1)(A)(i	,	ed in con	junction with a land-grant colle	ge		
		-	_	of agriculture (see instructions).				~		
10	X		on that normally receives: (1) more than 33 1/3% of its supp	port from	contributi	ons, membership fees, and gro	OSS		
	ш	•	- ,	pt functions—subject to certain	•					
			•	nd unrelated business taxable in	,		,			
			•	0, 1975. See section 509(a)(2).	•					
11	Н	•	•	exclusively to test for public safe	•					
12	Ш	-	•	exclusively for the benefit of, to						
				zations described in section 50 9 hat describes the type of suppor				•		
	а		-	erated, supervised, or controlled			•	•		
	а			erated, supervised, or controlled er to regularly appoint or elect a	•			iig		
			• ,, ,	omplete Part IV, Sections A ar		00				
	b	Type II.	A supporting organization su	pervised or controlled in connec	tion with	its suppo	rted organization(s), by having			
		control or	r management of the suppor	ting organization vested in the s	same pers	ons that	control or manage the support	ed		
		organizati	ion(s). You must complete	Part IV, Sections A and C.						
	С			supporting organization operated structions). You must complete				ith,		
	d	Type III	non-functionally integrated	I. A supporting organization ope	rated in o	connection	n with its supported organization	on(s)		
			, •	e organization generally must sa	-		· ·	ess		
		_ ·	,	nust complete Part IV, Section						
	е			eived a written determination fro n-functionally integrated support			s a Type I, Type II, Type III			
	f		mber of supported organization		ung organ	iizatiori.				
	g		0	ne supported organization(s).						
(i		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of		
ν.		anization	(-,	(described on lines 1–10		ur governing	support (see	other support (se	е	
				above (see instructions))	docur	nent?	instructions)	instructions)		
					Yes	No				
(A)										
(D)										
(B)										
(C)										
(D)										
(E)										
Tota	ı									
. ota							i	1		

Schedule A (Form 990 or 990-EZ) 2019

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 test	s listed below, p	please complet	e Part III.)	andor
Sec	tion A. Public Support	•		•	•	,	
Caler	dar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support dar year (or fiscal year beginning in) u	(a) 201E	(b) 2016	(a) 2017	(4) 2019	(a) 2010	(f) Total
		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First five years. If the Form 990 is for the	-		·			. —
	organization, check this box and stop her	e	4				
	tion C. Computation of Public St	• •				T T	
14	Public support percentage for 2019 (line 6			nn (f))			<u>%</u>
15	Public support percentage from 2018 Sche			40 and line 44 in 1			<u>%</u>
16a	33 1/3% support test—2019. If the organi box and stop here. The organization qual			-4:			▶ [
b	33 1/3% support test—2018. If the organ					ore check	🟲 🗀
	this box and stop here. The organization						▶ □
17a	10%-facts-and-circumstances test—201					 e 14 is	
	10% or more, and if the organization mee Part VI how the organization meets the "fr	ts the "facts-and-c	ircumstances" test	, check this box an	nd stop here. Expl	ain in	
	organization						▶ □
b	10%-facts-and-circumstances test—201	-					
	15 is 10% or more, and if the organization Explain in Part VI how the organization m	eets the "facts-and	d-circumstances" to	est. The organization	on qualifies as a p	ublicly	. —
40							▶ ∟
18	Private foundation. If the organization did 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.

Sec	tion A. Public Support	quality under the	e tests listed bi	elow, please co	implete Fait II.,)	
	ndar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			,			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	622,170 826,966	772,402 586,682	945,958 686,654	948,588 775,799	1,097,743	4,386,861 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
С	Add lines 7a and 7b	60,416	61,157	72,605	97,374	192,708	484,260
8	Public support. (Subtract line 7c from	33,123	02/207	,	3.75.1	222,7700	101,100
	line 6.)						7,304,045
	tion B. Total Support						
	ndar year (or fiscal year beginning in) u	(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						
С	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,	$\overline{}$			T		
	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						, \Box
500	organization, check this box and stop heretion C. Computation of Public St	Innort Percent	300				P L
15	Public support percentage for 2019 (line 8			n (f))		15	01 77 %
16	Public support percentage from 2018 Sche						91.77 % 94.26 %
	tion D. Computation of Investme						94.20 /0
17	Investment income percentage for 2019 (I			. column (f))		17	2 %
18	Investment income percentage from 2018		U. C 47			40	2%
19a	33 1/3% support tests—2019. If the orga						
b	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2018. If the orga	ox and stop here. 3	The organization q	ualifies as a public	ly supported organ	nization	> X
	line 18 is not more than 33 1/3%, check th						▶ □
20	Private foundation. If the organization did						▶□

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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b supported organization? 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.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	Tu		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	,		
	9a		
	9b		
	9с		
	10a		
A (Fo	10b orm 99	0 or 990-	EZ) 2019

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
	yhte sahha a ga ga an a		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1.0
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	_		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Socti	supervised, or controlled the supporting organization. on C. Type II Supporting Organizations	2		
3 c ci	on 6. Type ii Supporting Organizations			N1 -
	Mineral and the consideration of the second of the form of the first of the first of		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Casti	the supported organization(s).	1		
3 e cti	on D. All Type III Supporting Organizations			NI-
	Did the considering model to each of the consecuted considering by the last deviat the fifth weath of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
• 4	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction)	ions).		
2	Notivities Test Answer (a) and (b) helew	1	Vac	Nic
	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	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? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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	~ 1		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019 COASCAT DISCOVETY FIGSECHI		37-0801	Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No			
instructions. All other Type III non-functionally integrated supporting organizations mus	t comp	lete 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 Check here if the current year is the organization's first as a non-functionally integrated	Type II	I supporting organization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)										
Sect	ion D - Distributions			Current Year						
1	Amounts paid to supported organizations to accomplish exempt purpos	ses								
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported								
	organizations, in excess of income from activity									
3_	Administrative expenses paid to accomplish exempt purposes of supp	orted 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.									
	Total annual distributions. Add lines 1 through 6.									
8	Distributions to attentive supported organizations to which the organization	ation 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	1								
	Section E - Distribution Allocations (see instructions) (i) Excess Distributions Underdistributions Pre-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									
	From 2014									
b	From 2015									
	From 2016									
	From 2017									
е	From 2018									
f	Total of lines 3a through e									
<u>g</u>	Applied to underdistributions of prior years									
	Applied to 2019 distributable amount									
<u>i</u>	Carryover from 2014 not applied (see instructions)									
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.									
4	Distributions for 2019 from									
	Section D, line 7: \$									
	Applied to underdistributions of prior years									
	Applied to 2019 distributable amount									
	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. Breakdown of line 7:									
8_	Excess from 2015									
	Excess from 2016									
	Excess from 2017									
	Fuence from 2040									
	Excess from 2019									

Schedule A (Form 990 or 990-EZ) 2019

	m 990 or 990-EZ) 2019		Discovery		57-0801415	
Part VI	Supplemental Infe	ormation. Provide Section A, lines	de the explanati 1, 2, 3b, 3c, 4b	ons required by Pa , 4c, 5a, 6, 9a, 9b,	art II, line 10; Part II, line 17a 9c, 11a, 11b, and 11c; Part and 3; Part IV, Section E, lin	or 17b; Part IV, Section
	3a, and 3b; Part V,	line 1; Part V, S	ection B, line 1	e; Part V, Section I	D, lines 5, 6, and 8; and Part on. (See instructions.)	

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number

2019

57-0801415 Coastal Discovery Museum Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 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 X 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

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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year
* '

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the

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)

age 2

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) Name, address, and ZIP + 4 Type of contribution **Total contributions** No. Marty and Lenore Gleason 1.... Gleason Family Foundation Person 15 Man O War **Payroll** 100,000 Noncash Hilton Head Island SC 29928 (Complete Part II for noncash contributions.) (c) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2.... Lindsay A Bunting Person 9 Cedar Wax Wing Rd Payroll 10,000 Noncash Hilton Head Island SC 29928 (Complete Part II for noncash contributions.) (b) (c) (d) (a) Total contributions Name, address, and ZIP + 4 Type of contribution No. 3 Community Foundation of Lowcountry Person 4 Northridge Drive, Suite A **Payroll** 27,500 Noncash Hilton Head Island SC 29925 (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 4.... Bargain Box Person X 546 William Hilton Pakway **Payroll** 25,000 Noncash Hilton Head island SC 29928 (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. Type of contribution Total contributions 5.... The Heritage Classic Foundation Person 71 Lighthouse Road **Payroll** 45,564 Noncash SC 29928 Hilton Head Island (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 Breedlove Foundation Person PO Box 785 **Payroll** 55,000 Noncash SC 29910 Bluffton (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 X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8	Palmetto Electric Trust 111 Mathews Drive Hilton Head Island SC 29926	\$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
9	Name, address, and ZIP + 4 Coastal Community Foundation 2015 Boundry Street, 2nd Floor Beaufort SC 29938	Fotal contributions \$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No. 10	Name, address, and ZIP + 4 Coastal States Bank Community Commitee PO Box 4800 Hilton Head Island SC 29938	Total contributions \$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
.11	South Carolina Hummanities PO Box 5287 Columbia SC 29250	\$ 9,900	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
12	Nannelleyn Lloyd 55 Wood Duck Road Hilton Head Island SC 29928	\$ 25,000	Person X Payroll Noncash (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 Open to Public

Inspection Name of the organization Employer identification number Coastal Discovery Museum 57-0801415 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year _____ | 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? 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. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ${f u}$ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 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

Assets included in Form 990, Part X

Part III	Organizations Maintaining	g Collections of	Art, Historical	Treasures, or	Other Simi	lar Assets	(continue	ed)
	e organization's acquisition, access n items (check all that apply):	ion, and other records	s, check any of the	following that mal	ke significant us	e of its		
a Pub	lic exhibition		Loan or exchange					
<u> </u>	olarly research	e	Other					
	servation for future generations							
	a description of the organization's of	collections and explain	n how they further the	he organization's e	exempt purpose	in Part		
XIII.	harrian all dath a consideration and last	an analysis dans the sa	of and blade dead too.					
J	he year, did the organization solicit		•	•			Yes	X No
Part IV	be sold to raise funds rather than Escrow and Custodial A		part or the organiza	tion's collection?			res	21 NO
I alt IV	Complete if the organization	_	on Form 990,	Part IV, line 9,	or reported a	an amount	on Form	
	990, Part X, line 21.							
	ganization an agent, trustee, custoo		•					
included	on Form 990, Part X?						Yes	No
b If "Yes,"	explain the arrangement in Part XI	I and complete the fo	ollowing table:				Amount	
• Poginnin	ug halanaa					1c	Amount	
c Beginnin	g balance					 		
	s during the yearions during the year							
	balance							
2a Did the	organization include an amount on	Form 990, Part X, line	e 21, for escrow or	custodial account	liability?		Yes	No
	explain the arrangement in Part XII							П
Part V	Endowment Funds.							
	Complete if the organization	n answered "Yes"	on Form 990,	Part IV, line 10).			
		(a) Current year	(b) Prior year	(c) Two years	back (d) Th	ree years back	(e) Four y	ears back
	ng of year balance							
	tions							
	estment earnings, gains, and							
losses	and a dead and the							
	or scholarships							
	kpenditures for facilities and							
f Administ	rative expenses							
	rear balance							
	the estimated percentage of the cu		e (line 1a. column (a)) held as:	l		-	
	esignated or quasi-endowment u		(),	,,				
	ent endowment u %							
	ndowment u %							
	centages on lines 2a, 2b, and 2c sh							
3a Are there	e endowment funds not in the poss	ession of the organiza	ation that are held a	and administered for	or the			
organiza	•							es No
.,								
								_
	on line 3a(ii), are the related organi			·			3b	
Part VI	e in Part XIII the intended uses of the Land, Buildings, and Equ		owment lunus.					
I alt VI	Complete if the organization		on Form 990 I	Part IV line 11	a See Form	990 Part	X line 10	
	Description of property	(a) Cost or other		or other basis	(c) Accumulate		(d) Book va	
		(investment)		(other)	depreciation			
1a Land								
b Buildings	S							
c Leaseho	old improvements		5,	567,785	1,656			L,632
d Equipme	ent			353,726	302	,287	5.	L , 439
							2 2 2 2	
Total. Add line	es 1a through 1e. (Column (d) must	egual Form 990. Par	rt X. column (B), line	9 10c.)		u	3,963	3,071

Part VII	Investments – Other Securities.	Form 000 Part IV lin	o 11h Soo Form 000 P	art V line 12
	Complete if the organization answered "Yes" on F (a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)	(b) Book value	Cost or end-of-year	
(1) Financial	dorivativos		Cook of one of you	. manter raide
(1) Financial				
(2) Other	eld equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
<u>(F)</u>				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) u			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on F			
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-year	r market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) u			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on F	orm 990. Part IV. lin	e 11d. See Form 990. P	art X. line 15.
	(a) Description	, ,	,	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(6)				
(7)				
(8)				
<u>(9)</u>	(I) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F			
			u	
Part X	Other Liabilities.	000 D-4 IV I'-	. 44 446 O	000 D-4 V
	Complete if the organization answered "Yes" on F	orm 990, Part IV, IIn	e 11e or 11f. See Form	990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
	income taxes			
(2) Accru	ed vacation and salary			42,79
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.)		u	42,79
	uncertain tax positions. In Part XIII, provide the text of the foot	note to the organization's		
-	liability for uncertain tax positions under FASB ASC 740. Check	_		_

Pa	art XI	Reconciliation of Revenue per Audited Financial Statement Complete if the organization answered "Yes" on Form 9		•	turn.	
1	Total rev	renue, gains, and other support per audited financial statements			1	1,633,056
2		included on line 1 but not on Form 990, Part VIII, line 12:				2,000,000
a		alized gains (losses) on investments	2a	-34,014		
b	Donated	services and use of facilities	2b	0 - 7 0 - 1		
c	Recoveri	es of prior year grants	2c			
d	Other (D	escribe in Part XIII.)	2d	107,722		
е	Add line	s 2a through 2d			2e	73,708
3	Subtract	line 2e from line 1			3	1,559,348
4		included on Form 990, Part VIII, line 12, but not on line 1:	I I			
а	Investme	ent expenses not included on Form 990, Part VIII, line 7b	4a			
b		escribe in Part XIII.)				
С	Add lines	s 4a and 4b			4c	
_5	Total rev	enue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,559,348
Pa	art XII	Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 9			Return	•
1	Total exp	penses 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:				
а	Donated	services and use of facilities	2a			
b		ar adjustments				
С		sses				
d		escribe in Part XIII.)		107,722		
е		s 2a through 2d			2e	107,722
3	Subtract	line 2e from line 1			3	1,465,596
4		included on Form 990, Part IX, line 25, but not on line 1:				
а		ent expenses not included on Form 990, Part VIII, line 7b				
b		escribe in Part XIII.)	4b			
c		s 4a and 4b			4c	1 465 506
<u>5</u>		penses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Supplemental Information.	1.)		5	1,465,596
Provi 2; Pa	ide the de art XI, line	scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part II, Line 2d - Revenue Amounts Inclu	orovide any additiona	Il information.		
F	undra	ising activity expense		\$		2,447
C	ost o	f goods sold		\$		105,275
P	art X	II, Line 2d - Expense Amounts Incl	uded in Fi	nancials -	Otł	ner
F	undra	ising activities expense		\$		2,447
C	ost o	f goods sold		\$		105,275
		II, Line 4b - Expense Amounts Incl		خ	er	-160,314
В	ook /	Tax Depreciation Difference		\$		160,314

Schedule D (Fo	orm 990) 2019	Coastal	Discovery	Museum	57-0801415	Page 5
Part XIII	Supplement	al Informati	on (continued)			

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

Open to Public Inspection

Coastal Discovery Museum

Employer identification number 57-0801415

Pa	rt I Questions Regarding Compensation			
			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
_				
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?	2		
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
	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:			
а	The organization?	<u>5a</u>		X
b	Any related organization?	5b		X
	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:			
а	The organization?	6a		х
b	Any related organization?	6b		х
	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	7		X
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	8		X
^	If "Vee" on line Q did the experimetion also follow the reputable programmed as a first described in			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

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.

		(B) Breakdown of	W-2 and/or 1099-M	IISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990	
Rex Garniewicz	(i)	187,453	12,000	0	7,978	16,795	224,226	0	
1 President and CEO	(ii)	0		0	0	0		0	
	(i)								
2	(ii)								
	(i)								
3	(ii)	• • • • • • • • • • • • • • • • • • • •							
	(i)								
4	(ii)								
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
7	(ii)	•							
	(i)								
8	(ii)	•							
	(i)								
9	(ii)	•							
	(i)								
0	(ii)	•							
	(i)								
1	(ii)								
	(i)								
2	(ii)	•							
	(i)								
3	(ii)	•							
	(i)								
4	(ii)	• • • • • • • • • • • • • • • • • • • •							
	(i)								
5	(ii)	• • • • • • • • • • • • • • • • • • • •							
	(i)								
6	(ii)	• • • • • • • • • • • • • • • • • • • •							

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 Coastal Discovery Museum

57-0801415

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service u Attach to Form 990 or 990-EZ. u Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization

Coastal Discovery Museum

Coastal Discovery Museum

57-0801415

Form 990, Part VI, Line 11b - Organization's Proces		
The tax return is discussed at a Board meeting and	made available to	all
Board Members.		
Form 990, Part VI, Line 12c - Enforcement of Confli	cts Policy	
The Board and the President/CEO monitor the conflic	t of interest	
policy.		
Form 990, Part VI, Line 15a - Compensation Process	for Top Official	
The Board Compensation Committee approves the execu	itive compensation.	
Form 990, Part VI, Line 19 - Governing Documents D:	isclosure Explanatio	on
The documents are available upon request.		
The documents are available upon request.		
The documents are available upon request. Form 990, Part XI, Line 9 - Other Changes in Net As	ssets Explanation	
	ssets Explanation \$	-1
Form 990, Part XI, Line 9 - Other Changes in Net As	_	-1
Form 990, Part XI, Line 9 - Other Changes in Net As	_	-1
Form 990, Part XI, Line 9 - Other Changes in Net As	_	-1
Form 990, Part XI, Line 9 - Other Changes in Net As	_	-1
Form 990, Part XI, Line 9 - Other Changes in Net As	_	-1
Form 990, Part XI, Line 9 - Other Changes in Net As	_	-1
Form 990, Part XI, Line 9 - Other Changes in Net As	_	-1
Form 990, Part XI, Line 9 - Other Changes in Net As	_	-1
Form 990, Part XI, Line 9 - Other Changes in Net As	_	-1

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) \boldsymbol{u} Do not enter social security numbers on this form as it may be made public. $\textbf{u} \ \textbf{Go} \ \textbf{to} \ \textit{www.irs.gov/Form990} \ \ \textbf{for instructions and the latest information}.$

OMB No. 1545-0047 **2018** Open to Public Inspection

Α	For th	ne 2018 calendar year, or tax year beginning $07/01/18$, and ending $06/30/18$	19	_											
В	Check if	applicable: C Name of organization		D Employer	identification number										
	Address	change Coastal Discovery Museum													
同	Name ch	Doing business as			801415										
\vdash		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite E Telephone number 843-689-6767												
닏	Initial ret			043-	009-0707										
	terminate	ed d			1 004 050										
	Amended	Hilton Head Island SC 29926		G Gross rec	eipts										
Ħ	Application	F Name and address of principal officer: on pending Rex Carniewicz	H(a) Is this a gr	oup return for s	ubordinates? Yes X No										
Ш	Арріісаці	. Ch Callicator		·	 										
		11 Oyster Shell Lane	H(b) Are all su												
		Hilton Head Island SC 29926	If "No	," attach a list.	(see instructions)										
<u> </u>	Tax-exe	empt status: X 501(c)(3) 501(c) () t (insert no.) 4947(a)(1) or 527													
J	Website		H(c) Group exe												
			Year of formation: $oldsymbol{1}$.985	M State of legal domicile: SC										
F	Part I	Summary													
	1	Briefly describe the organization's mission or most significant activities:													
မွ		To communicate to its members and to the general publi			nce of										
Jan		the cultural and environmental heritage of the Lowcountry; to provide													
/err		educational programming to residents of and visitors t			SC.										
Governance	2	Check this box ${f u}$ if the organization discontinued its operations or disposed of more than 2	5% of its net as	sets.											
৺	3	Number of voting members of the governing body (Part VI, line 1a)			17										
es	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	16										
Activities	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	16										
Act		Total number of volunteers (estimate if necessary)			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 38		7b	0										
			Prior Ye		Current Year										
<u>@</u>	8	Contributions and grants (Part VIII, line 1h)		5,958	948,588										
Revenue		Program service revenue (Part VIII, line 2g)		3,036	304,389										
Še	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,861	64,169										
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,882	324,572										
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,55	3,737	1,641,718										
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0										
	1	Benefits paid to or for members (Part IX, column (A), line 4)			0										
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	75	6,991	795,680										
xpenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) u 131,712			0										
	b	Total fundraising expenses (Part IX, column (D), line 25) u 131,712													
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,825	778,834										
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,816	1,574,514										
		Revenue less expenses. Subtract line 18 from line 12		4,921	67,204										
Net Assets or		T + 1 (D + 1 / 1 / 1 / 1)	Beginning of Cu		End of Year										
Ssel	20	Total assets (Part X, line 16)		7,665 4,301	6,404,805										
let A	21	Total liabilities (Part X, line 26)			72,443										
_		Net assets or fund balances. Subtract line 21 from line 20	6,25	3,364	6,332,362										
	Part II														
		enalties of perjury, I declare that I have examined this return, including accompanying schedules and statement rect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer		•	owledge and belief, it is										
	40, 0011	L Social and the property (early trial and onloof) to back an an information of which property	That arry renowing												
C:		Signature of officer		Date											
Siç		1'	d												
He	ere	Rex Garniewicz Presi	dent and	ı CEO											
			l Data		DTIN										
Pai	d	Print/Type preparer's name Preparer's signature	Date	Check	if PTIN										
		Patrick P. Carey, Jr., CPA Patrick P. Carey, Jr., CPA		self-em											
	eparer	Firm's name } Carey & Company P.A.		Firm's EIN }	57-0927046										
US	e Only	William Head Talland CO 20026			042 601 4422										
_		Firm's address } Hilton Head Island, SC 29926	1	Phone no.	843-681-4430										
ivia	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No										

Form	990 (2018) Coastal Disco	very Museum	57-0801415	Page 2
	rt III Statement of Program	n Service Accomplishme		
	Briefly describe the organization's mis-	sion:		
t:	he cultural and env	rironmental herit	o the general public tage of the Lowcountr s of and visitors to	y; to provide
	Did the organization undertake any sig prior Form 990 or 990-EZ? If "Yes," describe these new services of		the year which were not listed on the	Yes X No
3	Did the organization cease conducting services?	or make significant changes in	how it conducts, any program	☐ Yes 【X】No
	If "Yes," describe these changes on Se	chedule O.		
	expenses. Section 501(c)(3) and 501(c)	c)(4) organizations are required t	n of its three largest program services, as report the amount of grants and allocation.	
	the total expenses, and revenue, if any	/, for each program service repo	orted.	
t: e	he cultural and env	s members and to ironmental herit ing to residents	o the general public tage of the Lowcountr s of and visitors to	y; to provide Hilton Head
	·			
	•			

	(Code:) (Expenses \$ /A	including	grants of \$) (f	Revenue \$)
	•			
	*			
	• • • • • • • • • • • • • • • • • • • •			
	(Code:) (Expenses \$	including	grants of \$ (I	Revenue \$)
	·			
	• • • • • • • • • • • • • • • • • • • •			
	•			
	*			
	·			
4d	Other program services (Describe in S	chedule O.)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses u	1,148,270		•

			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	. 1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	. 2	Λ	
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	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	٠ -		
7	alestics in effect during the tourner? If II/ac II complete Calcabile C. Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	• 📑		
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	. 8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	. 9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	. 11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	. 11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	44.5		x
٦	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	. 11c		
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	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	. 110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	.		
	Schedule D, Parts XI and XII	12a	х	
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	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			l
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	. 16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			,,
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	. 17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1,0	v	
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	. 18	X	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		_V
20-	If "Yes," complete Schedule G, Part III			X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u>├</u> ^
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		\vdash
۱ ک	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21		x
	democrate government on that the containing ty, into the most confidence of the future in the most containing the containing t	<u></u>		

	art IV Checklist of Required Schedules (continued)			ugo
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	—
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		├
С	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	05-		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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?	251-		x
	If "Yes," complete Schedule L, Part I	25b		 ^
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	0.0		x
-	disqualified persons? If "Yes," complete Schedule L, Part II	<u>26</u>		 ^
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			
8	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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		1
b	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			1
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-	complete Schedule N. Part II	32		x
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
,,	agetions 204 7704 2 and 204 7704 22 If "Van " agentlete School de D. Dort I.	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
•	or IV and Part V line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37		x
88	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			\vdash
	19? Note. All Form 990 filers are required to complete Schedule O.	38	x	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance	1		
	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 26			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			

reportable gaming (gambling) winnings to prize winners?

Form 990 (2018) Coastal Discovery Museum 57-0801415

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

	Statemente Regarding Striet into I image and Tax Compilation (Contains	<i>100)</i>			V	l Na
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ı			Yes	No
Zu	Statements, filed for the calendar year ending with or within the year covered by this return	2a	16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b		х
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		х
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule</i> (3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		tv over			
	a financial account in a foreign country (such as a bank account, securities account, or other financial			4a		x
b	If "Yes," enter the name of the foreign country: ${f u}$					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction					х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			F		
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 contribution	ns or				
	gifts were not tay deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods				
_	and an income of the day the survey of			7a		х
b	If (0/co.) I still the approximation and the dependent the control of the approximation and the document that the second state of the approximation and the second state of the se					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa					
	required to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			74		х
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		• • •	• • • • • • • • • • • • • • • • • • • •		
	sponsoring organization have excess business holdings at any time during the year?	•		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the energy experience make any toyoble distributions under certian 10002			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?					
10	Section 501(c)(7) organizations. Enter:					
а	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:					
а	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	10413	?	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.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
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				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?					Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	16		Х
	If "Yes," complete Form 4720, Schedule O.					

Form 990 (2018) Coastal Discovery Museum 57-0801415 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 17 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 16 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? 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 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х 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? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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 Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 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? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed **u** SC 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 X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ${f u}$ Jennifer Stupica 70 Honey Horn

843-689-6767

SC 29926

Hilton Head

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Check this box if neither the org	anization nor an	y rel	ated	orga	anıza	ition c	om	pensated any current office	er, director, or trustee.	
(A) Name and Title	(B) Average hours per week (list any	bo	(C) Position (do not check more than or box, unless person is both a officer and a director/truste			s both a	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-WISC)	organization and related organizations
(1) Shirley Peterson										
Chair	1.00	x		x				o	0	0
(2) Paul Stevens										
Vice Chair	1.00	x		x				o	0	0
(3) Tom Wertheimer										
Treasurer	1.00	x		x				o	0	0
(4) Elizabeth Birdwe										
	1.00									
Secretary	0.00	X		х				0	0	0
(5) Lindsay Bunting	1.00									
Member	0.00	x						0	0	0
(6) Ellen Dupps										
Member	1.00	x						0	0	0
(7) Frederick Hack										
	1.00							_	_	_
Member	0.00	X						0	0	0
(8) Jane Inglis	1.00									
Member	0.00	x						0	0	0
(9) Mark Baker										
•	1.00									
Member	0.00	X						0	0	0
(10) Lynn King	1 00									
Member	1.00	x						0	0	0
(11) Tom Peeples	J.00								•	
•	1.00									
Member	0.00	X						0	0	0
DAA										Form 990 (2018)

DAA

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	nd Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average			Pos	C) sition			(D) Reportable	(E) Reportable		(F) Estima	ted	
	hours per week					than o		compensation from	compensation from related		amoun othe		
	(list any hours for			nd a	directo	or/trust	ee)	the organization	organizations (W-2/1099-MISC)	c	compens from t		
	related	Individual to director	Instit	Officer	Key	Highe	Former	(W-2/1099-MISC)	(11 2 1000 111100)		organiza	ation	
	organizations below dotted	dual	Institutional	º	Key employee	st co	еŗ			l	and rela organiza		
	line)	trustee	al trust		руее	Highest compensated employee							
		ф	stee			sated							
(12) Porter Morgan	1.00												
Member	0.00	x						0	o				0
(13) Mike Schlotma													
	1.00												
Member	0.00	X						0	0				0
(14) Diane Bartlet	1.00												
Member	0.00	x						0	0				0
(15) John Batson													
	1.00								_				
Member	0.00	X						0	0				0
(16) Alex Brown	1.00												
Member	0.00	x						0	0				0
(17) Lenore Gleas													
· · · · · · <u>· ·</u> · · · · · · · · · · ·	1.00												_
Member (18) David Howitt	0.00	X						0	0				0
(18) David HOWICC	1.00												
Member	0.00	x						0	0				0
(19) Jane Inglis													
	1.00												^
Member 1b Sub-total	0.00	X					u u	0	0				0
c Total from continuation shee		Secti		 4			u	207,410				23,:	120
d Total (add lines 1b and 1c)							u	207,410				23,:	
2 Total number of individuals (in reportable compensation from				thos	e lis	ted a	bove	e) who received more than	\$100,000 of				
reportable compensation from	the organization	·u										Yes	No
3 Did the organization list any for											,		x
employee on line 1a? <i>If</i> "Yes," 4 For any individual listed on line	e 1a, is the sum	auie of re	<i>J for</i> eport	<i>suc</i> table	n ind con	aiviai npen:	<i>ıaı</i> satio	on and other compensation	from the	·····	3		_
organization and related orgar	nizations greater	thar	1 \$15	50,00	00? /	f "Ye	s," c	complete Schedule J for su	ch			x	
individual5 Did any person listed on line of	1a receive or ac	crue	 com	 pens	atio	 າ fror	 m ar	 nv unrelated organization or	······································	·····	4	^	
for services rendered to the o											5		X
Section B. Independent Contractor			tod	in do	2000	lont d	2004	ractors that reasined many	than \$100,000 of				
1 Complete this table for your fir compensation from the organi.	zation. Report co							lar year ending with or with	in the organization's tax ye	ear.			
Name and	(A) business address							Descript	(B) lion of services		Со	(C) mpensati	ion
2 Total number of independent								se listed above) who					
received more than \$100,000	or compensation	ı fror	<u>n the</u>	e org	janiz	<u>atio</u> n	ıu		0	- 1			

Form 990 (2018) Coastal Discovery Museum 57-0801415 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (D) Revenue (B) Related or excluded from tax exempt husiness function under sections revenue 512-514 revenue fts, Grants Amounts 1a Federated campaigns 1a **b** Membership dues 54,600 1b **c** Fundraising events 1c **d** Related organizations 1d **e** Government grants (contributions) 529,423 f All other contributions, gifts, grants, and similar amounts not included above 364,565 1f g Noncash contributions included in lines 1a-1f: \$ 948,588 h Total. Add lines 1a-1f. Program Service Revenue Busn. Code 75,000 75,000 Management fee 63,364 63,364 Walks/tours 52,434 52,434 Other Program Revenue 51,839 51,839 Community programs-schools 32,470 32,470 Marine/dolphin history cruise 29,282 29,282 f All other program service revenue 304,389 g Total. Add lines 2a-2f. Investment income (including dividends, interest, and other similar amounts) 43,647 431 43,216 4 Income from investment of tax-exempt bond proceeds u Royalties (ii) Personal 6a Gross rents **b** Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) . 7a Gross amount from (ii) Other (i) Securities sales of assets 36,749 other than inventory **b** Less: cost or other basis & sales exps. 15,271 956 21,478 -956 c Gain or (loss) 20,522 20,522 d Net gain or (loss) **8a** Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). 41,606 See Part IV, line 18 **b** Less: direct expenses 13,916 b 27,690 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses b c Net income or (loss) from gaming activities ... u 10a Gross sales of inventory, less returns and allowances 267,617 **b** Less: cost of goods sold 132,491 b 135,126 135,126 **c** Net income or (loss) from sales of inventory 11 Miscellaneous Revenue Busn, Code 76,230 76,230 11a Private receptions 48,475 48,475 Weddings Disc Golf 31,500 31,500 5,551 5,551 d All other revenue e Total. Add lines 11a–11d 161,756

1,641,718

622,224

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 (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 221,515 77,531 79,745 64,239 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 470,341 73,546 29,446 367,349 Pension plan accruals and contributions (include 4,703 18,812 11,287 2,822 section 401(k) and 403(b) employer contributions) 7,418 2,741Other employee benefits 39,846 29,687 9 Payroll taxes 45,166 29,845 9,576 5,745 Fees for services (non-employees): a Management 3,474 347 3,127 **b** Legal 10,000 1,000 9,000 c Accounting Professional fundraising services. See Part IV, line 17 Investment management fees 11,709 10,538 1,171 **g** Other. (If line 11g amount exceeds 10% of line 25, column <u>2,</u>750 (A) amount, list line 11g expenses on Schedule O.) 275 2,475 35,740 35,740 12 Advertising and promotion 9,874 7,906 1,968 13 Office expenses Information technology 14 Royalties 220,120 220,120 16 Occupancy Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 54,287 180,838 126,551 Depreciation, depletion, and amortization 22 32,783 22,948 9,835 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 51,500 51,500 Disc Golf Credit card bank charges 32,945 19,767 13,178 23,709 23,709 Marine Dolphin tours 17,920 17,920 Other programs 145,472 15,136 26,719 e All other expenses 103,617 1,574,514 1,148,270 294,532 Total functional expenses. Add lines 1 through 24e 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 **u** | if following SOP 98-2 (ASC 958-720) .

Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or note	e to any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			409,234	1	500,847
	2	Savings and temporary cash investments			95,093	2	95,024
	3	Pledges and grants receivable net					191,648
	4	A a a a constant of the angle of the latest and the second of the second		184,750 8,163	4	11,181	
	_	Loans and other receivables from current and former					
		trustees, key employees, and highest compensated en					
		Commission Down II of Coloradials I		5			
	6	Loans and other receivables from other disqualified pe					
		4958(f)(1)), persons described in section 4958(c)(3)(B)					
		sponsoring organizations of section 501(c)(9) voluntary					
"		organizations (see instructions). Complete Part II of So				6	
Assets	7	Notes and loans receivable, net				7	
As	8	la cantaria a far a ala arroca			38,441	8	38,897
	9	Donald company and defended changes			17,265	9	20,185
		Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	5,899,711			
	b	Less: accumulated depreciation	10b	1,798,128	4,283,376	10c	4,101,583
	11	Investments—publicly traded securities			1,381,343	11	1,445,440
	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 appets Cap Part IV line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line			6,417,665	16	6,404,805
	17	Accounts payable and accrued expenses		134,781	17	27,771	
	18	Grants payable		•	18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV	of Schedul	le D		21	
s	22	Loans and other payables to current and former office					
Liabilities		trustees, key employees, highest compensated employ					
abil		disqualified persons. Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrelated this		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	e Part X			
		of Schedule D			29,520	25	44,672
	26	Total liabilities. Add lines 17 through 25			164,301	26	44,672 72,443
		Organizations that follow SFAS 117 (ASC 958), che	ck here u	X and			
ses		complete lines 27 through 29, and lines 33 and 34.		_			
land	27	Unrestricted net assets			5,837,077	27	5,959,059
Ва	28	Temporarily restricted net assets		416,287	28	373,303	
Net Assets or Fund Balances	29					29	
Ī		Organizations that do not follow SFAS 117 (ASC 95					
50		complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or equipme	ent fund			31	
Ę	32	Retained earnings, endowment, accumulated income,	or other fu	nds		32	
_	33	Total net assets or fund balances			6,253,364	33	6,332,362
	34	Total liabilities and net assets/fund balances			6,417,665	34	6,404,805

Form **990** (2018)

1 Accounting method used to prepare the Form 990:	Pa	art XI Reconciliation of Net Assets				_
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expensess. Subtract line 2 from line 1 3 67,203 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 6,253,364 5 Net unrealized gains (losses) on investments 5 11,794 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Doth: Softward of the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Doth: Softward Soft						_X_
2 Tutole expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Revanue less expenses. Subtract line 2 from line 1 5 Revenue less expenses. Subtract line 2 from line 1 4 6,253,364 5 Net unrealized gains (losses) on investments 5 11,794 6 Donated services and use of facilities 6 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Check if Schedule O contains a response or note to any line in this Part XII 11 Accounting method used to prepare the Form 990: Schedule O other, explain in Schedule O. 12 Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 13 Were the organization's financial statements compiled or reviewed by an independent accountant? Yes, check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis 15 Were the organization's financial statements audited by an independent accountant? Yes, check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis 16 Were the organization's financial statements and selection of the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis 17 Yes, check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis 18 Yes Yes, check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis 19 Yes Yes, or the audit,	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 5 111,794 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Sonsolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis and basis Both consolidated and separate basis Consolidated basis or both: Separate basis Consolidated basis, or both: Separate bas	2	Total expenses (must equal Part IX, column (A), line 25)	2			
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 8 Pother changes in net assets or fund balances (explain in Schedule O) 9 Unst assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 12 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 13 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 14 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 15 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 34, combine lines 3 through 9 (must equal Part X, line 34, combine lines 3 through 9 (must equal Part X, line 34, combine lines 3 through 9 (must equal Part X, line 34, combine lines 3 through 9 (must equal Part X, line 34, combine lines 3 through 9 (must equal Part X, line 34, combine lines 3 through 9 (must equal Part X, line 34, combine lines 3 through 9 (must equal Part X, line 34, combine lines 3 through 9 (must equal Part X, line 34, combine lines 3 through 9 (must equal Part X, line 34, combine lines 3 through 9 (must equal Part X, line 34, combine lines 3 through 9 (must equal Part X, line 34, combine lines 3 through 9 (must equal Part X, line 34, combine lines 3 through 9 (must equal Part X, line 34, combine lines 3 through 9 (must equal Part X, line 34, combine lines 3 through 9 (must equal Part X, line 34, combine lines 3 through 9 (must equal Part X, line 34, combine lines 3 through 9 (must equal Part X, line 34, combine lines 3 through	3	Revenue less expenses. Subtract line 2 from line 1	3			
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7 Investment expenses 7	6	Donated services and use of facilities	6			
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Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	10					
Check if Schedule O contains a response or note to any line in this Part XII Yes No Yes No Accounting method used to prepare the Form 990:		33, column (B))	10	6,33	32,3	<u> 362</u>
Yes No	Pa	art XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII				
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Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis 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 in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
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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? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		If the organization changed either its oversight process or selection process during the tax year, explain in				
the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Schedule O.				
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		the Single Audit Act and OMB Circular A-133?		3a		x
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	b					
		required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<u> </u>	3b		

Form **990** (2018)

Part VII Section A. Officers	i, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	I Employees (continued)				
(A) Name and title	(B) Average hours per week (list any hours for	bo off	x, unle	Pos check ess pe	rson i directo	than cost both or/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimal amount othe compens from t	ted t of r ation he	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organiza and rela organiza	ated	
(20) Fred Manske,	Jr. 1.00												
Member (21) Mike Schlotma	0.00 an	X						0	0				0
Member	1.00	x						0	0				0
(22) Rex Garniewic	40.00												
President and CEO	0.00	X		х				207,410	0			23,	120
1b Sub-total							u	207,410				23,	120
c Total from continuation shed d Total (add lines 1b and 1c)	<u></u>		<u>.</u>	<u></u>			u u						
2 Total number of individuals (in reportable compensation from	•		d to	thos	e lis	ted a	bov	e) who received more than	\$100,000 of				
3 Did the organization list any for	ormer officer, dir	ector	r, or	trust	ee, I	kev e	empl	loyee, or highest compensa	ated			Yes	No
employee on line 1a? If "Yes," 4 For any individual listed on lin	" complete Sched	dule	J for	suc	h ind	dividu	ıal .				3		
organization and related organization and related organization and related organization.	nizations greater	thar	ո \$1 ։	50,00	00? /	f "Ye	s," c	complete Schedule J for su	ch		4		
5 Did any person listed on line for services rendered to the o	1a receive or acc	crue	com	pens	atio	า fror	m ar	ny unrelated organization or	· individual		5		
Section B. Independent Contracto	ors												
1 Complete this table for your fi compensation from the organi	zation. Report co	ensa ompe	ated ensat	inder ion f	oend or th	lent d ne ca	contr	dar year ending with or with	in the organization's tax ye	ear.			
Name and	(A) d business address							Descript	(B) ion of services		Co	(C) mpensat	ion
2 Total number of independent received more than \$100,000								se listed above) who					

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

2018

Open to Public Inspection

Employer identification number Name of the organization Coastal Discovery Museum 57-0801415 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, 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). 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 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). 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. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Dravida the following information about the or

g Provide the t	following information about the	he 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						

Page 2

Pa	Support Schedule for O (Complete only if you chee Part III. If the organization	cked the box o	n line 5, 7, or 8	3 of Part I or if	the organization	n failed to qualify	
Sec	tion A. Public Support	ialis to quality	under the test	is listed below,	please comple	le Fait III.)	
	ndar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2011	(3) 2010	(6) 2010	(4) 2511	(6) 2010	(i) Fotos
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support	T	_	_	_		
Caler	ndar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instructions)	١			12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop her	e					▶
Sec	tion C. Computation of Public Se	upport Percer	ntage				-
14	Public support percentage for 2018 (line 6	, column (f) divide	ed by line 11, colur	nn (f))		14	%
15	Public support percentage from 2017 Scho	edule A, Part II, lir	ne 14			15	%
16a	33 1/3% support test—2018. If the organ	ization did not che	eck the box on line	13, and line 14 is	33 1/3% or more,	check this	
	box and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶ [
b	33 1/3% support test—2017. If the organ	ization did not che	eck a box on line 1	3 or 16a, and line	15 is 33 1/3% or n	nore, check	
	this box and stop here. The organization	qualifies as a pub	olicly supported org	anization			▶ [
17a	10%-facts-and-circumstances test—20°	18. If the organization	tion did not check				
	10% or more, and if the organization mee Part VI how the organization meets the "f						_
	organization						▶ ∟
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organization				•		
	Explain in Part VI how the organization m	eets the "facts-an	d-circumstances" t	est. The organizati	on qualifies as a p	oublicly	. –
	supported organization						▶

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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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.)

Sec	tion A. Public Support	7		, ,		,	
	ndar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	649 104	622 170	772 402	945,958	049 599	2 027 222
_		648,104	622,170	772,402	945,956	948,588	3,937,222
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	749,007	826,966	586,682	686,654	775,799	3,625,108
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	1,397,111	1,449,136	1,359,084	1,632,612	1,724,387	7,562,330
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				14,450	40,050	54,500
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	60,852	60,416	61,157	58,155		240,580
С	Add lines 7a and 7b	60,852	60,416	61,157	72,605	40,050	295,080
8	Public support. (Subtract line 7c from		-	·	•	•	•
	line 6.)						7,267,250
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	1,397,111	1,449,136	1,359,084	1,632,612	1,724,387	7,562,330
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	17,698	9,286	25,246	51,861	43,216	147,307
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	17,698	9,286	25,246	51,861	43,216	147,307
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.)	1,414,809	1,458,422	1,384,330	1,684,473	1,767,603	7,709,637
14	First five years. If the Form 990 is for the						
	organization, check this box and stop her						
Sec	tion C. Computation of Public S						
15	Public support percentage for 2018 (line 8						94.26 %
<u>16</u>	Public support percentage from 2017 Sch					16	92.74 %
	tion D. Computation of Investme)(f))		47	0.0/
17 18	Investment income percentage for 2018 (I line 17			40	2%
18 19a	Investment income percentage from 2017 33 1/3% support tests—2018. If the organization			14 and line 15 is			3 %
ısa	17 is not more than 33 1/3%, check this b						> X
b	33 1/3% support tests—2017. If the orga		=				
	line 18 is not more than 33 1/3%, check the						▶ 🗀
20	Private foundation. If the organization did	-	_			-	

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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b supported organization? 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.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	2-		
	3с		
	4a		
	4b		
	4c		
	40		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	,		
	9a		
	9b		
	00		
	9с		
	10a		
	10b		
A (Fo	orm 99	0 or 990-	EZ) 2018

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on 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? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
	71 11 5 5		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	71 11 0 0		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ions).		
2 /	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Schedule A (Form 990 or 990-EZ) 2018 COASTAL DISCOVERY MUSEUM		5/-08014	±⊥⊃ Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganizati	ions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on	Nov. 20, 19	970 (explain in Part VI). S	ee
instructions. All other Type III non-functionally integrated supporting organizations m	nust comple	ete 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 Check here if the current year is the organization's first as a non-functionally integrate	ed Type III	supporting organization (s	see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sect	ion D - Distributions			Current Year				
1_	1 Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported						
	organizations, in excess of income from activity							
3_	Administrative expenses paid to accomplish exempt purposes of supp	orted 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.							
	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the organizations	ation is responsive						
	(provide details in Part VI). See instructions.							
9_	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018				
1_	Distributable amount for 2018 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2018							
	(reasonable cause required-explain in Part VI). See							
	instructions. Excess distributions carryover, if any, to 2018							
3								
	From 2013							
	From 2014							
	c From 2015							
	d From 2016							
	From 2017							
	Applied to underdistributions of prior years							
	Applied to 2018 distributable amount							
	Carryover from 2013 not applied (see instructions)							
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2018 from							
	Section D, line 7:							
a	Applied to underdistributions of prior years							
b	Applied to 2018 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2019. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2014							
	Excess from 2015							
	Excess from 2016							
	Excess from 2017							
е	Excess from 2018							

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (For	m 990 or 990-EZ) 2018		Discovery		57-08014	
Part VI	Supplemental Inf	formation. Provi Section A, lines	de the explanat 1, 2, 3b, 3c, 4b	ions required by P o, 4c, 5a, 6, 9a, 9b	art II, line 10; Part II, line of 9c, 11a, 11b, and 11c; Page and 3; Part IV, Section E	17a or 17b; Part art IV, Section
	3a, and 3b; Part V	, line 1; Part V,	Section B, line 1	e; Part V, Section	D, lines 5, 6, and 8; and F on. (See instructions.)	
				• • • • • • • • • • • • • • • • • • • •		

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

2018

Employer identification number

Coastal Discovery Museum 57-0801415 Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 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 X 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).

Name of organization

Coastal Discovery Museum

Employer identification number 57-0801415

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1		\$ 20,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 6,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ 30,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Total contributions \$ 75,241	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 10,000	Person X Payroll Noncash (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		\$ 5,150	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8		\$ 9,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
•		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution			
No.	Hame, duitess, diu Lir + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (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 Open to Public

Inspection Name of the organization Employer identification number Coastal Discovery Museum 57-0801415 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year _____ | 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? 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. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ${f u}$ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 \$ 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 SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Pa	art III Organizations Maintaining	Collections of	Art, Historica	I Treasures, o	r Other Simi	lar Assets	(continue	ed)
3	Using the organization's acquisition, accession collection items (check all that apply):	n, and other records	s, check any of the	e following that are	a significant use	e of its		
а	a Public exhibition d Loan or exchange programs							
b	H	е	Other					
С								
4	Provide a description of the organization's coll	lections and explair	n how they further	the organization's	exempt purpose	in Part		
_	XIII.							
5	During the year, did the organization solicit or			<u>.</u>			□ v	X No
D,	assets to be sold to raise funds rather than to art IV Escrow and Custodial Arra		part of the organiz	ation's collection?			. Yes	A No
Г	Complete if the organization	_	' on Form 900	Part IV line 0	or reported a	an amount	on Form	
	990, Part X, line 21.	answered res	on ronn 330,	raitiv, iiie 3,	or reported a	ari arriourit	OII I OIIII	
	Is the organization an agent, trustee, custodia	n or other intermed	liary for contribution	ons or other assets	not			
	included on Form 990, Part X?		•				Yes	□ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	ollowing table:				. 🗀	□•
	9						Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fo	rm 990, Part X, line	e 21, for escrow o	r custodial account	liability?		Yes	No
	If "Yes," explain the arrangement in Part XIII.							
Pa	art V Endowment Funds.							
	Complete if the organization	answered "Yes"	<u>' on Form 990,</u>	Part IV, line 10). 		_	
		(a) Current year	(b) Prior year	(c) Two years	back (d) Th	ree years back	(e) Four ye	ears back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curre		e (line 1g, column	(a)) held as:				
а	Board designated or quasi-endowment ${f u}$							
	Permanent endowment u %							
С	Temporarily restricted endowment ${f u}$							
	The percentages on lines 2a, 2b, and 2c should be a sh							
3a	Are there endowment funds not in the posses	sion of the organiza	ation that are held	and administered t	for the		<u>.</u>	
	organization by:							es No
(ii) related organizationsb If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?							3a(ii)	
b				Κ?			3b	
	Describe in Part XIII the intended uses of the		owment funds.					
Г	Land, Buildings, and Equip Complete if the organization		on Form 000	Dart IV line 11	a Saa Farm	000 Port	V lina 10	
	Description of property	(a) Cost or other		st or other basis	(c) Accumulate	· I	(d) Book val	
	Description of property	(investment)	(6)	(other)	depreciation	~	(w) DOOK Val	
12	Land	(227 211)		` '	.,			
'n	Buildings Leasehold improvements			,567,785	1,513	.135	4,054	1.650
				331,926		,993		5,933
	Equipment Other			331,320	201	,,,,,		,,,,,
	I. Add lines 1a through 1e. (Column (d) must ed		t X, column (B). lii	ne 10c.)		u	4,101	.,583

Part VII	Investments—Other Securities.	Form 000 Bort IV line	11h Coo Form 000 F	tort V line 12
	Complete if the organization answered "Yes" on			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method o	
			Cost or end-of-year	ai market value
(1) Financial	derivatives			
	ld equity interests			
(3) Other				
/ / / /				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) u			
Part VIII	Investments—Program Related.			
i ait viii	Complete if the organization answered "Yes" on	Form 000 Part IV line	11c Soo Form 000 F	art Y line 13
	(a) Description of investment	(b) Book value	(c) Method o	
	(a) Description of investment	(b) Book value	Cost or end-of-year	
			Cost of one of yet	i manor valuo
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (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	e 11d. See Form 990, F	art X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
•				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	(h) more than a life of the control			
	n (b) must equal Form 990, Part X, col. (B) line 15.)		u	
Part X	Other Liabilities.	Farma 000 Dant IV line	. 44 445 0 5	000 D+ V
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e The or Th. See Form	990, Part X,
	line 25.	_		
1.	(a) Description of liability	(b) Book value		
	income taxes			
(2) Accru	ed vacation and salary	44,672		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990. Part X. col. (B) line 25.) u	44,672		

Pa	art XI Reconciliation of Revenue per Audited Financial State		•	turn.	
	Complete if the organization answered "Yes" on Form 990	 			
1	Total revenue, gains, and other support per audited financial statements			1	1,800,875
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	11,794		
b		2b			
С		2c			
d		2d	146,407		
е				2e	158,201
3	Subtract line 2e from line 1			3	1,642,674
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-956		
С	Add lines 4a and 4b			4c	-956
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,641,718
Pa	art XII Reconciliation of Expenses per Audited Financial State		•	Retur	n.
	Complete if the organization answered "Yes" on Form 990), Part IV, line	12a.		
1	Total expenses and losses per audited financial statements			1	1,721,877
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С		0-1			
d	Other (Describe in Part XIII.)	2d	146,407		
е				2e	146,407
3	Subtract line 2e from line 1			3	1,575,470
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-956		
	Add lines 4a and 4b			4c	-956
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,574,514
Pa	art XIII Supplemental Information.				
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			art X, I	line
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-				
P	art XI, Line 2d - Revenue Amounts Include	ed in Fir	nancials -	Oth	er
F	undraising activity expense		\$		13,916
С	ost of goods sold		\$		132,491
P	art XI, Line 4b - Revenue Amounts Include	ed on Ret	urn - Othe	r	
					A- -
N	et retirement loss		Ş		-956
					_
P	art XII, Line 2d - Expense Amounts Includ	ded in Fi	lnancials -	Ot	her
_					
F	undraising activities expense		Ş		13,916
C	ost of goods sold		Ş		132,491
_	art XII, Line 4b - Expense Amounts Includ	a_a -	L		
	STE XII IJDA 4D - HYDANGA AMAINEG INCIII	iea on Re	curn - Oth	er	

Schedul Part	e D (F	orm 990) 2018	Coastal	Discovery ion (continued)	Museum	57-0801415	Page 5
				ion (continuea)			
Net	. re	tiremen	t loss			 \$	-956

SCHEDULE G (Form 990 or 990-EZ)

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.

2018

Open to Public

Open to Public

Department of the Treasury Internal Revenue Service U Attach to Form 990 or Form 990-EZ.
U Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number Coastal Discovery Museum 57-0801415 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations b Phone solicitations Special fundraising events C In-person solicitations 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? 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. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity fundraiser listed in or entity (fundraiser) from activity organization control of contributions? col. (i) Yes No 1 3 6 10 Total 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.

Schedule G (Form 990 or 990-EZ) 2018 Coastal Discovery Museum 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 Art Market None (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 41,606 41,606 1 Gross receipts 2 Less: Contributions **3** Gross income (line 1 minus 41,606 41,606 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses **7** Food and beverages 8 Entertainment 13,916 13,916 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 13,916 11 Net income summary. Subtract line 10 from line 3, column (d) 27,690 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue. 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 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) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? | Yes **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sche	dule G (Form 990 or 990-EZ) 2018	Coastal	Discovery	Museum	57-080141	Page 3
11	Does the organization conduct gaming	activities with no	nmembers?			Yes No
12	Is the organization a grantor, beneficiary	y or trustee of a t				
	formed to administer charitable gaming	ı?				Yes No
13	Indicate the percentage of gaming activ					
а	The organization's facility	-			13a	%
b	A				401	%
14	Enter the name and address of the per					
	records:		- · · · · · · · · · · · · · · · · · · ·	3 -1		
	Name u					
	Traino Q					
	Address 11					
	Address u					
15a	Does the organization have a contract	with a third narty	from whom the organ	nization receives gaming		
ıJu			_			☐ Yes ☐ No
h	If "Yes," enter the amount of gaming re	wonus received b	v the organization	\$ and	1 tho	1es No
D					ı ili c	
_	amount of gaming revenue retained by		Φ			
C	If "Yes," enter name and address of the	e triira party.				
	Name					
	Name u					
	Address					
	Address u					
4.0						
16	Gaming manager information:					
	Name u					
	Gaming manager compensation ${f u}$ \$					
	Description of services provided \boldsymbol{u}_{\ldots}					
	Director/officer Emp	oloyee	Independent co	ontractor		
17	Mandatory distributions:					
а	Is the organization required under state			0 0.		
	retain the state gaming license?					☐ Yes ☐ No
b	Enter the amount of distributions require	ed under state lav	w to be distributed to	other exempt organizations or		
_	spent in the organization's own exempt					
Pa			•	required by Part I, line 2b, co	, ,	
		, 15b, 15c, 16	, and 17b, as ap	plicable. Also provide any add	litional information	۱.
	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

2018

Open to Public Inspection

Coastal Discovery Museum

Employer identification number 57-0801415

Pa	art I Questions Regarding Compensation			
			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations 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:			
а		4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		х
С	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:			
а	The organization?	5a		х
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	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	7		X
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	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.

			W-2 and/or 1099-M	IISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
Rex Garniewicz	(1)	193,370	13,000	1,040	7,758	15,362	230,530	0
1 President and CEO	(ii)	0	0	0	0	0	0	0
	(0)							
2	(ii)							
	(0)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
_5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
,-	(i)							
13	(ii)							
	(i)							
14	(ii)							
··	(i)							
15	(ii)							
<u> </u>	(i)							
40	(ii)							
16	וייין							

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 Coastal Discovery Museum

57-0801415

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047
2018

Department of the Treasury Internal Revenue Service u Attach to Form 990 or 990-EZ. u Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization Employer identification number 57-0801415 Coastal Discovery Museum 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 13,916 Cost of goods sold 132,491 Net retirement loss 956 -13,916 Fundraising activities expense Cost of goods sold -132,491-956 Net retirement loss Round

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

 \boldsymbol{u} Attach to your tax return.

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

OMB No. 1545-0172
2018

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

C CO to www.m3.gov/n o/nn+302 for matructions and the latest miorination

on. Attachment Sequence No. 179

		Coastal	Discovery	Museum					57-	080	1415
		ity to which this form relates									
		Store									
Pa	art I	Election To Expen	-	-			1	.t. D. t			
_		Note: If you have a		/, complete Pa	rt V be	fore you c	ompi	ete Part	<u>l.</u>		1 000 000
1		amount (see instructions								1	1,000,000
2	Three held	t of section 179 property	placed in service (se	e instructions)						3	2,500,000
3	Poduction	d cost of section 179 prop	oetty belore reduction	n in iimilalion (see	instructi	ioris)				4	2,300,000
4 5		n in limitation. Subtract lin ation for tax year. Subtract line								5	
6	Dollar IIITilla	(a) Description		or less, effect -o If it		t (business use			Elected cost		
		(-)	1 11 1		(1,711	(**************************************	- 37	(1)			
7	Listed pro	pperty. Enter the amount	from line 29				7				
8	Total elec	cted cost of section 179 p	roperty. Add amount	s in column (c), lir	nes 6 an	d 7				8	
9		deduction. Enter the sm								9	
10		of disallowed deduction								10	
11	Business	income limitation. Enter t	the smaller of busine	ss income (not les	ss than z	zero) or line	5. See	instruction	ns	11	
12	Section 1	79 expense deduction. Ad	dd lines 9 and 10, bu	ut don't enter more	than lin	e 11	<u>,</u>			12	
13		r of disallowed deduction				<u></u>	13				
		Part II or Part III below t									
	rt II	Special Depreciation						de listed	propert	y. Se	e instructions.)
14	•	epreciation allowance for		ther than listed pr	operty) p	placed in ser	vice				
	_	e tax year. See instruction								14	
15	Property	subject to section 168(f)(1) election							15	172 025
16 Dr	other de	preciation (including ACR MACRS Depreciati								16	173,935
	art III	WACKS Depreciati	ion (Don t includ		ion A	e instruction)115.)				
17	MACRS	deductions for assets plac	red in service in tax y			18				17	5,391
18		ecting to group any assets placed									3,331
<u></u>	you alo o.		ssets Placed in Ser							ystem	
	(a) Clas	ssification of property	(b) Month and year placed in service	(c) Basis for depre (business/investmer only–see instruct	nt use	(d) Recovery period	(e) (Convention	(f) Meth	od	(g) Depreciation deduction
19a	3-year p	property									
b	5-year p	property									
c	7-year p	property									
	10-year p	<u> </u>									
е	15-year p	property									
f	20-year p	• •									
g	25-year p					25 yrs.			S/L		
h	Residenti	al rental				27.5 yrs.		MM	S/L		
	property					27.5 yrs.		MM	S/L		
i	Nonreside property	ential real				39 yrs.		MM	S/L S/L		
	property	Section C—Ass	l sets Placed in Servi	ice During 2018 7	Fay Voa	r Usina the	Altorr		l	System	<u> </u>
 20a	Class life		Sets i laced iii Servi	Ce During 2010	iax icai	Osnig tile	Aiteii	iative Dep	S/L	Jystei	
	12-year					12 yrs.			S/L		
	30-year					30 yrs.		MM	S/L		
d						40 yrs.		MM	S/L		
	art IV	Summary (See ins	tructions.)			10)					
21		operty. Enter amount from								21	1,512
22	Total. Ad	d amounts from line 12, l	ines 14 through 17, l								
	here and	on the appropriate lines	of your return. Partne	erships and S corp	porations					22	180,838
23		s shown above and place	•	•							
	portion of	the basis attributable to	Section 263A Costs .				23	l			

57-0801415

Coastal	Discovery	Museum
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Form 4562 (2018) Page 2

Form	1 4562 (201	8)														Page 2
Pa	art V	Listed Prope entertainment Note: For any v 24b, columns (a)	t, recreation, ehicle for which	or amuse	ement.)	andard	mileage	rate or d	leducting	lease 6	•		•			
			—Depreciation								imits for	passen	ger autor	mobiles.)		
24a	Do you ha	ve evidence to support the	he business/investmer	nt use claimed?			Yes	No	24b	f "Yes.	" is the e	evidence	written?	?	Yes	N
	(a)	(b)	(c)	(d			(e)		(f)		(g)		(h)		Γ'	i)
	e of property	Date placed	Business/ investment use	Cost or ot			sis for depr		Recovery		Method/		Depreciati	ion	Elected s	ection 179
(list \	vehicles first)	in service	percentage			(bu	siness/inve use only		period	Co	onvention		deductio	n	C	ost
25	Special	depreciation allowa	ance for qualified	listed prop	erty plac	ed in se	ervice du	ıring								
	•	ear and used mor	•		, ,			J			2	5				
26		used more than 5		•							=	- 1				
	ator	acca more aname	o /o iii a quaiiio							T						
		07/31/15	100.00%		7,56	o	7	,560	5.0) s	5/L-		1	,512		
					, , ,			,						,		
			0/2													
 27	Property	used 50% or less	in a qualified h	iejudes lied.					I							
<u></u>	rioperty	usca 5070 01 1033	in a qualifica bi	3311033 030.	•					T						
			0/							S/I	l _					
			%			+				- 3/1	<u>_</u>	-				
			0,							S/I	ı					
	Λ alal a.aa		\ \!:=== 05 #b====	 	h - n	ا مداند	- 04	1				_	1	,512		
28		ounts in column (h)										<u> </u>		_		
<u>29</u>	Add am	ounts in column (i),	, line 26. Enter n											. 29		
0		and the factor blate.							Vehicles			. 16			_	
	•	section for vehicle: yees, first answer t	•						-		•	•	•		S	
io yc	our emplo	yees, ilist aliswel t	ne questions in	Section C it	See ii y			epilon ic	(c		1	d)		;5. (e)		f)
				Vehi		1	icle 2	Vehic		,	icle 4	1	icle 5		icle 6	
30		siness/investment		ring												
	-	(don't include co														
31		mmuting miles driv		ear			<u> </u>									
32		her personal (nonc	commuting)													
	miles driven						1									
33	Total mi	les driven during th	ne year. Add													
	lines 30	through 32											ļ			
34		vehicle available	•		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use duri	ng off-duty hours?											ļ			
35	Was the	vehicle used prim	arily by a more													
	than 5%	owner or related p	person?													
36	Is anoth	er vehicle available	e for personal us	se?												
		(Section C—Que	stions for	Employe	rs Who	Provid	e Vehicl	es for U	se by ⁻	Their En	nployee	s			
Ansv	wer these	questions to deteri	mine if you mee	t an exception	on to cor	npleting	Section	B for ve	ehicles us	ed by	employe	es who	aren't			
more	than 5%	owners or related	persons. See in	structions.												
37	Do you	maintain a written	policy statement	that prohib	its all per	sonal u	ise of ve	hicles, ir	ncluding (commu	ting, by				Yes	No
	your em	ployees?														
38	Do you	maintain a written	policy statement	that prohib	its persoi	nal use	of vehic	les, exce	ept comm	uting, b	y your					
	employe	es? See the instru	ctions for vehicle	es used by	corporate	officer	s, directo	ors, or 19	% or mor	e owne	ers					
39	Do you	treat all use of veh	icles by employe	es as perso	onal use?											
40	Do you	provide more than	five vehicles to	your employ	ees, obt	ain info										
	use of the	ne vehicles, and re	etain the informa	tion received	d?											
41	Do you	meet the requirem	ents concerning	qualified au	utomobile	demor	stration	use? Se	e instruc	tions						
		your answer to 37														
Pa	art VI	Amortization														
				(b	١			(-)			,	(e)			10	
		(a) Description of costs		Date amo			Amortiza	(c) able amour	nt	(d Code s		Amortiza period		Amortiza	(f) ition for thi	s year
				beg	ins							percent				,
42	Amortiza	ation of costs that I	begins during va	ur 2018 tax	year (se	e instru	ctions):									
_			<u> </u>	2.3.4	, (50	1										
43	Amortiza	ation of costs that h	negan hefore vo	ur 2018 tav	vear								43			

Total. Add amounts in column (f). See the instructions for where to report

990 Form

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2017 Open to Public Inspection

07/01/17 , and ending 06/30/18For the 2017 calendar year, or tax year beginning D Employer identification number C Name of organization Check if applicable: Address change Coastal Discovery Museum Doing business as 57-0801415 Name change Number and street (or P.O. box if mail is not delivered to street address) 843-689-6767 Initial return 70 Honey Horn Drive Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Hilton Head Island SC 29926 1,684,473 **G** Gross receipts \$ Amended return Name and address of principal officer: **H(a)** Is this a group return for subordinates? Application pending Rex Garniewicz 11 Oyster Shell Lane H(b) Are all subordinates included? Hilton Head Island SC 29926 If "No," attach a list. (see instructions X 501(c)(3) 501(c) () t (insert no.) 4947(a)(1) or 527 Tax-exempt status coastaldiscovery.org Website: U H(c) Group exemption number ${f u}$ Year of formation: 1985 SC Form of organization: X Corporation Trust Association Other ${f u}$ M State of legal domicile: Part I Summarv 1 Briefly describe the organization's mission or most significant activities: To communicate to its members and to the general public the significance of Governance 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 u 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) Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 16 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 25 5 6 Total number of volunteers (estimate if necessary) 150 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 Current Year 772,402 8 Contributions and grants (Part VIII, line 1h) 945,958 303,036 9 Program service revenue (Part VIII, line 2g) 318,326 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 25,246 51,861 183,969 252,882 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,299,943 1,553,737 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 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) 0 678,721 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 655,307 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ${f u}$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 708,328 736,836 1,392,143 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,387,049 -87,106 161,594 **19** Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year 5 End of Year 6,148,923 6,417,665 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 81,927 164,301 ĕĕ 22 Net assets or fund balances. Subtract line 21 from line 20. 6,066,996 6,253,364 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. Sian Signature of officer President and CEO Here Rex Garniewicz Type or print name and title Print/Type preparer's name Preparer's signature Check Paid Patrick P. Carey, Jr., CPA Patrick P. Carey, Jr., CPA self-employed P00033247 Preparer 57-0927046 Carey & Company P.A. Firm's EIN } Firm's name **Use Only** 70 Main Street, Suite 100 29926 843-681-4430 Hilton Head Island, SC X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

) (Revenue \$

(Expenses \$

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

Total program service expenses u

including grants of \$

981,990

			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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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	4		Х
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	5		Х
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	_		3.5
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		3.5
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_	3.7	
_	complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		х
44	endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		Λ
11	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	Πα		
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total accepts reported in Dout V. line 460 lf "Wee" accomplete School In D. Dout VIII	11c		х
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	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			_
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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	19		X

Form 990 (2017) Coastal Discovery Museum
Part IV Checklist of Required Schedules (continued)

			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	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	21		X
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
а	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
)	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defeace any tax-exempt honds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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? If "Yes," complete Schedule L, Part I	25a		х
)	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?	254		v
	If "Yes," complete Schedule L, Part I	25b		X
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			٦,
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
	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):			
1	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
)	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	concernation contributions? If "Voc." complete Cabadida M	30		x
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Port I	31		х
	Part I			
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		v
	complete Schedule N, Part II	32		X
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3,5
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			l
	or IV, and Part V, line 1	34		X
3	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
)	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
		······		<u></u>
;	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance						$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>				
		l I	20			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	30 0				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	U				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				4.	х	
2-	reportable gaming (gambling) winnings to prize winners?	 I I			1c	^	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2a	25				
h	Statements, filed for the calendar year ending with or within the year covered by this return	$\overline{}$			2b		х
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			·····	20		Λ
3a					3a		х
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule</i> O				3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth			·····	-		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial						
				1.	4a		х
b	account)? 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 According to the control of	ounts					
	(FBAR).						
5a					5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction				5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			I .	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 of						
	gifts were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds					
	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		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	required to file Form 8282?				7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract			I .	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 8				7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		Form 1098-C	?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b						
_	sponsoring organization have excess business holdings at any time during the year?				8		
9	Sponsoring organizations maintaining donor advised funds.				00		
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9a 9b		
ь 10	Section 501(c)(7) organizations. Enter:				90		
а	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:						
	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					ĺ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10			1	2a		
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.						
а	Is the organization licensed to issue qualified health plans in more than one state?				3a		
	Note. See the instructions for additional information the organization must report on Schedule O.						
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					
С	Enter the amount of reserves on hand	13c					
14a	Did the organization receive any payments for indoor tanning services during the tax year?			<u>_</u> 1	4a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<u> </u>	1	4b		

Section A. Governing Body and Management

Part VI

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

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16			
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?			. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			. 3		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?					Х
6	Did the organization have members or stockholders?			. 6		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?			. 7a		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?			. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b	y the fo	ollowing:			
a	The governing body?				X	├
b	Each committee with authority to act on behalf of the governing body?			. 8b	Х	<u> </u>
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 in Schedule O			. 9 Coo(o)		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Inter-	nai R	evenue (50ae.)	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	162	No X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			· 10a		
b	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 filling the					х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, 101111.		.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to				х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	x	
13	Did the organization have a written whistleblower policy?			40	х	
14	Did the organization have a written document retention and destruction policy?				Х	
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?					
а	The organization's CEO, Executive Director, or top management official			. 15a	Х	Щ.
b	Other officers or key employees of the organization			15h		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
_	with a taxable entity during the year?			. 16a		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			466		
<u>Sac</u>	organization's exempt status with respect to such arrangements?			. 16b		
36 0 17	List the states with which a copy of this Form 000 is required to be filed as CC					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c					
. •	available for public inspection. Indicate how you made these available. Check all that apply.	,,5,5 51	,/			
	Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	oolicy, a	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				
Je	ennifer Stupica 70 Honey Horn					
H	ilton Head SC 2992	6	8	43-68	9-6'	767

5	7 —	n s	Q r	١٦	41	5

Page **7**

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.

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

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

0.00

Check this box if heither the orga	inization nor any	reiai	ea o	rgani	zauc	n comp	per	isated any current officer, of	alrector, or trustee.		
(A) Name and Title	(B) Average hours per week (list any hours for	bo	x, unle	Pos check ess pe nd a o	more rson i	than one s both an or/trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(w-2 1099-wilde)	organization and related organizations	
(1) Rex Garniewicz											
	40.00										
President and CEO	0.00	X		X				183,480	0	7,339	
(2) Bill Edison											
	1.00										
Chairman	0.00	X		X				0	0	0	
(3) Shirley Peterson	1										
	1.00										
Vice Chair	0.00	X		Х				0	0	0	
(4) Becky McCorkenda	le										
., -	1.00										
Secretary	0.00	х		х				0	0	0	
(5) Tom Wertheimer											
(-)	1.00										
Treasurer	0.00	Х		х				0	0	0	
(6) Karen Anderson							7	<u> </u>			
(0)	1.00										
Member	0.00	х						0	0	0	
(7) Lindsay Bunting		l					\dashv				
(// Diliaba) Dalieling	1.00										
Member	0.00	х						0	0	0	
(8) Ellen Dupps	0.00						\dashv				
(o) Elicii Dappo	1.00										
Member	0.00	х						0	0	0	
(9) Frederick Hack	0.00						\dashv			<u> </u>	
(9) FIEGELICK HACK	1.00										
Member	0.00	x						0	0	0	
(10) Jane Inglis	0.00	^				\vdash	\dashv	<u> </u>	0	<u> </u>	
(10) Datie Tilatte	1.00										
Member	0.00	x						0	0	0	
(11) Mark Baker	0.00	^					\dashv	0	<u> </u>	<u> </u>	
(II) HOLK DOVET	1.00										
	1 00	1	1	ı	ı	1 1	- 1		I		

Member

(A) Name and title	(B) Average hours per week (list any hours for	of	x, unle ficer a	Pos check ess pe and a o	rson i	than o s both or/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount of other compensation from the			
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 21000 mice)		organiza and rel organiza	ation lated		
(12) Elizabeth Bir														
Member	1.00	х						0	o				0	
(13) Lynn King	0.00													
	1.00													
Member	0.00	Х						0	0				0	
(14) Tom Peeples	1 00													
Member	1.00	х						0	o				0	
(15) Paul Stevens	0.00	^							0					
, , , , , , , , , , , , , , , , , , , ,	1.00													
Member	0.00	Х						0	0				0	
(16) Porter Morgan														
Mombon	1.00	х						0					0	
Member (17) Mike Schlotma	0.00	^						0	0					
(17) 111110 11111001110	1.00													
Member	0.00	х						0	0	ı			0	
														
1b Sub-total							u	183,480				7,	,339	
c Total from continuation shee	•						u	183,480				7	,339	
d Total (add lines 1b and 1c) Total number of individuals (inc							u ove)	· · · · · · · · · · · · · · · · · · ·	00,000 of			<u>',</u>	, 339	
reportable compensation from the	•		<u>1</u>				,,,,	who received more than \$1						
2 Did the examination list only for	waa afficar dira	~4~~	~		. I.a		رمام،	voo or high oot componented				Yes	No	
3 Did the organization list any for employee on line 1a? <i>If</i> "Yes," or											3		х	
4 For any individual listed on line	1a, is the sum of	of rep	ortal	ole co	omp	ensat	tion	and other compensation from	n the					
organization and related organi individual											4	х		
5 Did any person listed on line 1a	a receive or accr	ue c	ompe	ensat	ion f	rom	any	unrelated organization or inc						
for services rendered to the organization		es," c	omp	lete S	Sche	dule	J fo	or such person			5		X	
Section B. Independent Contractor1 Complete this table for your five		nsate	ed in	dene	nder	nt cor	ntrac	ctors that received more than	\$100,000 of					
compensation from the organization	ation. Report cor							r year ending with or within t	he organization's tax year.					
Name and	(A) business address							Descript	(B) ion of services		Cc	(C) ompens	ation	
											├			
											<u> </u>			
2 Total number of independent co	ontractors (includ	ling b	ut n	ot lim	nited	to th	ose	listed above) who						
received more than \$100,000 c	of compensation	from	the	orgai	nizat	ion u	1	,	0			00	\ <u>\</u>	

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

Form 990 (2017) Coastal Discovery Museum 57-0801415 Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (A) (D) Revenue (B) Related or excluded from tax exempt husiness function under sections revenue 512-514 revenue Gifts, Grants ilar Amounts 1a Federated campaigns 1a **b** Membership dues 57,475 1b **c** Fundraising events 1c d Related organizations 1d Contributions, Gif and Other Similar **e** Government grants (contributions) 569,946 f All other contributions, gifts, grants, and similar amounts not included above 318,537 g Noncash contributions included in lines 1a-1f: h Total. Add lines 1a-1f ... 945,958 Program Service Revenue Busn. Code 75,000 75,000 2a Management fee 61,499 61,499 Walks/tours C Other Program Revenue 57,831 57,831 43,768 43,768 Community programs-schools Marine/dolphin history cruise 36,064 36,064 28,874 28,874 f All other program service revenue g Total. Add lines 2a-2f 303,036 Investment income (including dividends, interest, and other similar amounts) 51,861 u 51,861 Income from investment of tax-exempt bond proceeds $\, \mathbf{u} \,$ Royalties (ii) Personal 6a Gross rents **b** Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (ii) Other (i) Securities sales of assets other than inventory **b** Less: cost or other basis & sales exps. c Gain or (loss) **d** Net gain or (loss) **8a** Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). 37,277 See Part IV, line 18 **b** Less: direct expenses 14,714 b 22,563 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses b c Net income or (loss) from gaming activities u 10a Gross sales of inventory, less 236,354 returns and allowances **b** Less: cost of goods sold 116,022 b 120,332 120,332 c Net income or (loss) from sales of inventory . Miscellaneous Revenue Busn. Code 11a Weddings 64,000 64,000

34,885

9,393

1,709

109,987

1,553,737

34,885

9,393

1,709

533,355

b Private receptions

d All other revenue e Total. Add lines 11a-11d

12 Total revenue. See instructions. . . .

Insurance Recovery

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX X (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 223,947 78,412 80,084 65,451 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 252,245 Other salaries and wages 330,138 65,609 12,284 Pension plan accruals and contributions (include 1,824 9,177 7,012 341 section 401(k) and 403(b) employer contributions) 39,233 10,204 Other employee benefits 51,348 1,911 9 24,624 10,278 5,795 Payroll taxes 40,697 Fees for services (non-employees): 11,409 1,141 10,268 a Management **b** Legal 10,302 1,030 9,272 c Accounting Professional fundraising services. See Part IV, line 17 Investment management fees 1,900 1,330 570 **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 965 3,216 2,251 Office expenses 13 Information technology 14 Royalties 15 159,685 127,746 31,939 16 Occupancy Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 181,674 127,172 54,502 22 27,467 19,227 8,240 Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 104,548 104,548 Mitchelville Preservation Marine/dolphin history cr 31,318 31,318 Marketing and public rela 30,997 30,997 29,975 17,985 Credit card bank charges 11,990 d 144,345 16,251 e All other expenses 115,719 12,375 311,9961,392,143 981,990 98,157 25 Total functional expenses. Add lines 1 through 24e . 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 **u** following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X. (A) (B) Beginning of year End of year 152,991 409,234 Cash—non-interest bearing Savings and temporary cash investments 177,340 95,093 Pledges and grants receivable, net 184,750 163,979 3 2,566 8,163 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net 7 33,210 38,441 Inventories for sale or use Prepaid expenses and deferred charges 17,265 17,515 10a Land, buildings, and equipment: cost or 5,902,101 other basis. Complete Part VI of Schedule D 10a **b** Less: accumulated depreciation 10b 1,618,725 4,385,787 4,283,376 10c 1,215,535 Investments—publicly traded securities 1,381,343 11 11 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 6,148,923 Total assets. Add lines 1 through 15 (must equal line 34).... 6,417,665 16 16 Accounts payable and accrued expenses 35,019 134,781 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 46,908 of Schedule D 29,520 81,927 26 164,301 Total liabilities. Add lines 17 through 25... Organizations that follow SFAS 117 (ASC 958), check here u **Balances** complete lines 27 through 29, and lines 33 and 34. 5,678,679 Unrestricted net assets 5,837,077 27 27 388,317 416,287 Temporarily restricted net assets 28 28 Net Assets or Fund 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here u and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 6,066,996 6,253,364 33 Total net assets or fund balances 6,148,923 Total liabilities and net assets/fund balances 6,417,665

Form **990** (2017)

Pa	art 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		,553		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	, 392		
3	Revenue less expenses. Subtract line 2 from line 1	3		161		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,	,066	, 9	<u>96</u>
5	Net unrealized gains (losses) on investments	5		24	Ł,7	<u>77</u>
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 in Schedule O)	9				<u>-3</u>
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
33, column (B))					, 3	<u>64</u>
Pa	art XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
			_	Y	es	No_
1	Accounting method used to prepare the Form 990:					
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?		🗀	2a		<u>x</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		🗀	2b 2	ζ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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 in					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		Li	За	_	<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		1 :	Rh │		

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

Open to Public Inspection

Name of the organization

Coastal Discovery Museum

Employer identification number 57-0801415

_									
Pa	art I	Reas	on for Public Charity	Status (All organizations i	must co	mplete	this part.) See instruction	S.	
Γhe	orgai	nization is not a	a private foundation because	it is: (For lines 1 through 12, che	ck only or	ne box.)			
1	Ш	A church, cor	nvention of churches, or asso	ciation of churches described in	section '	170(b)(1)(A)(i).		
2		A school desc	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E (Form 9	990 or 990	O-EZ).)			
3		A hospital or	a cooperative hospital service	e organization described in secti	on 170(b)(1)(A)(iii)).		
4	П	A medical res	search organization operated	in conjunction with a hospital des	scribed in	section	170(b)(1)(A)(iii). Enter the hosp	ital's name,	
		city, and state:							
5		An organization	on operated for the benefit of	a college or university owned or	operated	by a gove	ernmental unit described in		
	section 170(b)(1)(A)(iv). (Complete Part II.)								
6				vernmental unit described in sec	tion 170	(b)(1)(A)(v	<i>(</i>).		
7	П		•	ubstantial part of its support from					
	_	-	section 170(b)(1)(A)(vi). (Co		Ü		· .		
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part II	.)				
9	П	An agricultura	al research organization desc	ribed in section 170(b)(1)(A)(ix)	operated	in conjur	nction with a land-grant college		
		-	~	agriculture (see instructions). En	•	-			
		university:							
10	X	An organization	on that normally receives: (1)	more than 33 1/3% of its support	rt from co	ntributions	s, membership fees, and gross		
				t functions—subject to certain ex		. ,			
			~	I unrelated business taxable inco	•		11 tax) from businesses		
				1975. See section 509(a)(2). (′			
11	Н	-	•	clusively to test for public safety					
12	Ш	•	•	clusively for the benefit of, to per					
				ations described in section 509(a at describes the type of supportin					
	•		ŭ	7			•	9.	
	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								
			• ., .	mplete Part IV, Sections A and					
	b	\neg	•	ervised or controlled in connection		supporte	d organization(s), by having		
		ш		ng organization vested in the sar					
		organizati	ion(s). You must complete	Part IV, Sections A and C.					
	С			upporting organization operated in ructions). You must complete P					
	d	Type III	non-functionally integrated	. A supporting organization opera	ted in co	nnection v	with its supported organization(s)	
				organization generally must satis				,	
		requireme	ent (see instructions). You m	ust complete Part IV, Sections	A and D	, and Par	t V.		
	е			ved a written determination from			Type I, Type II, Type III		
				-functionally integrated supporting	g organiza	ation.		1	
	† ~		nber of supported organization					ا	
	<u>g</u>		ollowing information about the		(t- A 1 11		I		
(e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount other support	
		,		above (see instructions))	-	ment?	instructions)	instructions	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
/E\									
(E)									
Γota	ı								

Page 2

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.)

500	tion A Public Support	lion	ialis to quality	under the test	s listed below, p	please complete	e Part III.)		
	tion A. Public Support dar year (or fiscal year beginning in)		(a) 2012	(b) 2014	(a) 201E	(4) 2016	(2) 201	7	(f) Total
Calei	idai yeai (Oi fiscai yeai begiililing iii)	u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	1	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3	L							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount								
	shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4.								
	tion B. Total Support				_				
Caler	, , , , , , , , , , , , , , , , , , , ,	u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	7	(f) Total
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
9	Net income from unrelated business activities, whether or not the business								
	is regularly carried on	-							
10	Other income. Do not include gain or loss from the sale of capital assets								
44	(Explain in Part VI.)								
11 12	Total support. Add lines 7 through 10	to (o	oo inatruationa)					12	
13	Gross receipts from related activities, e First five years. If the Form 990 is for							12	
13	organization, check this box and stop I		•		•	` ,	` '		▶ □
Sec	tion C. Computation of Public								
<u>555</u> 14	Public support percentage for 2017 (line		•		(f))			14	%
15	Public support percentage from 2016 S				(1))			15	//
	33 1/3% support test—2017. If the org					1/3% or more, che	ck this		,,,
	box and stop here. The organization q	-							▶□
b	33 1/3% support test—2016. If the organization q								
-	this box and stop here. The organization								▶□
17a	10%-facts-and-circumstances test—								· · · · · · · · · · · · · · · · · · ·
	10% or more, and if the organization m		-						
	Part VI how the organization meets the								
	organization			ŭ		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			▶□
b	10%-facts-and-circumstances test—								
	15 is 10% or more, and if the organization		ŭ						
	Explain in Part VI how the organization					•	cly		
	supported organization				•		-		▶□
18	Private foundation. If the organization	did n	ot check a box or	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.)

Sec	tion A. Public Support	quality under the	e tests listed be	elow, please col	inpiete Part II.)		
	ndar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership	(4) = 110	(0, =0.1	(0, =0.0	(.,,	(0, 2011	(7 : 5:5::
•	fees received. (Do not include any "unusual grants.")	587,860	648,104	622,170	772,402	945,958	3,576,494
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	673,783	749,007	826,966	586,682	686,654	3,523,092
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	1,261,643	1,397,111	1,449,136	1,359,084	1,632,612	7,099,586
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					14,450	14,450
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	61,279	60,852	60,416	61,157	58,155	301,859
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from	61,279	60,852	60,416	61,157	72,605	316,309
Ü	line 6.)						6,783,277
Sec	tion B. Total Support		•	<u>'</u>	<u>'</u>		
Caler	ndar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	1,261,643	1,397,111	1,449,136	1,359,084	1,632,612	7,099,586
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	110,482	17,698	9,286	25,246	51,861	214,573
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			·			
С	Add lines 10a and 10b	110,482	17,698	9,286	25,246	51,861	214,573
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,	<u></u>					
	and 12.)	1,372,125	1,414,809	1,458,422	1,384,330	1,684,473	7,314,159
14	First five years. If the Form 990 is for the	-					
500	organization, check this box and stop here tion C. Computation of Public Su						P
15	Public support percentage for 2017 (line 8,			\\\		15	92.74 %
16	Public support percentage from 2016 Sched	fule A Part III line 1	, iiile 13, coldiliii (i _. 15	"		16	93.66 %
	tion D. Computation of Investmen						93:00 /0
17	Investment income percentage for 2017 (lin			olumn (f))		17	3 %
18	Investment income percentage from 2016 S					امدا	2 %
19a	33 1/3% support tests—2017. If the organ						
b	17 is not more than 33 1/3%, check this box 33 1/3% support tests—2016. If the organ	-	-				> X
	line 18 is not more than 33 1/3%, check this	box and stop here	. The organization	qualifies as a public	cly supported organ	nization	▶ <u> </u>
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19b	o, check this box an	nd 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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	_		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
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	9a		
	9b		
	9с		
	10a		
	10b		
A (F	orm 99	0 or 990-	EZ) 2017

Page 5

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
			Yes	No
4	Did the directors twistens or membership of one or more compared experiencies have the power to		162	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? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Socti	ine supported organization(s). ion D. All Type III Supporting Organizations	1		
Secu	on b. All Type III Supporting Organizations]	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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).			
-	The organization satisfied the Activities Test. Complete line 2 below.			
a				
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	,		
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
_			1	
2 /	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	_~		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		2-		
L	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	O.L.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	nizati	ons	1 age 0
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov.			
instructions. All other Type III non-functionally integrated supporting organizations must of		` '	
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 Check here if the current year is the organization's first as a non-functionally integrated Ty	pe III su	pporting organization (see	

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) S		ons (continued)	TIS Page 1				
	on D - Distributions	oupporting Organizati	ons (continued)	Current Year				
1	Amounts paid to supported organizations to accomplish exempt purpose	s		Guirent real				
	Amounts paid to perform activity that directly furthers exempt purposes of							
_	organizations, in excess of income from activity	oapponoa						
3	Administrative expenses paid to accomplish exempt purposes of support	ted 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	on is responsive						
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2017 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
		(i)	(ii)	(iii)				
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017				
1	Distributable amount for 2017 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2017							
	(reasonable cause required-explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2017:							
a								
	From 2013							
	From 2014							
	d From 2015							
	e From 2016							
	Total of lines 3a through e							
	Applied to underdistributions of prior years							
	Applied to 2017 distributable amount							
	Carryover from 2012 not applied (see instructions)							
	Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2017 from							
4	Section D, line 7:							
a	Applied to underdistributions of prior years							
	Applied to 2017 distributable amount							
	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2018. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2013							
	Excess from 2014							
	Excess from 2015							
	Excess from 2016							
<u>е</u>	Excess from 2017							

Schedule A (Form 990 or 990-EZ) 2017

	n 990 or 990-EZ) 2017		Discovery			57-0801415	Page 8
Part VI	III, line 12; Part I B, lines 1 and 2; 3a and 3b; Part	IV, Section A, line Part IV, Section (s 1, 2, 3b, 3c, 4l C, line 1; Part IV Section B, line 1	o, 4c, 5a, 6, 9a , Section D, line e; Part V, Secti	, 9b, 9c, 11a, 11b es 2 and 3; Part l on D, lines 5, 6, a	Part II, line 17a or 1 o, and 11c; Part IV, 5 IV, Section E, lines 1 and 8; and Part V, S uctions.)	Section c, 2a, 2b,
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2017

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Coastal Discov	very Museum	57-0801415
Organization type (check one)):	
Filers of:	Section:	
Form 990 or 990-EZ	X 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 as	overed by the General Rule or a Special Rule .	
, 0	, (8), or (10) organization can check boxes for both the General Rule and a Special Rule	s. See
General Rule		
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5 property) from any one contributor. Complete Parts I and II. See instructions for determination tributions.	
Special Rules		
regulations under secti 13, 16a, or 16b, and the	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test closs 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part received from any one contributor, during the year, total contributions of the greater of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts	rt II, line of (1)
	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an year, total contributions of more than \$1,000 exclusively for religious, charitable, scienti	
_	purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, an	
contributor, during the	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an year, contributions exclusively for religious, charitable, etc., purposes, but no such sore than \$1,000. If this box is checked, enter here the total contributions that were rece	
General Rule applies	exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions of the parts unless the contribution of the parts unless that the parts	outions
lotaling \$5,000 or more	e during the year	> \$
990-EZ, or 990-PF), but it mus	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Forn st answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990).	990-EZ or on its

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

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		\$ 6,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a)	(b)	(c)	(d)						
No	Name, address, and ZIP + 4	Total contributions \$ 30,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
3		\$ 67,742	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
4		\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)						
(a)	(b)	(c)	(d)						
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (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.

OMB No. 1545-0047

2017

Open to Public

Internal Revenue Service u Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number Coastal Discovery Museum 57-0801415 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 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? 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. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ${f u}$ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 u \$_____ 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 SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	ort III Organizations Maintaining		Art. Historical	Treasures, or	Other Simil	ar Ass	sets (c	ontinu		age 🚣
3	Using the organization's acquisition, accession collection items (check all that apply):						, , , , , , , , , , , , , , , , , , ,	0114110	<u> </u>	
а	Public exhibition	d 🗍 🗆	Loan or exchange	programs						
b	Scholarly research	_	_							
С	Preservation for future generations	_								
4	Provide a description of the organization's co	ollections and explain h	ow they further the	e organization's exe	mpt purpose in I	Part				
	XIII.									
5	During the year, did the organization solicit of	or receive donations of	art, historical treas	sures, or other simila	ar				_	_
	assets to be sold to raise funds rather than t		t of the organization	on's collection?		<u></u>		Ye	s X	No
Pa	rt IV Escrow and Custodial A Complete if the organizatio	_	on Form 990,	Part IV, line 9,	or reported a	ın amo	unt on	Form		
	990, Part X, line 21.				•					
1a	Is the organization an agent, trustee, custod	an or other intermediar	y for contributions	or other assets not						_
	included on Form 990, Part X?							Ye	s _	No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	wing table:					•		
						\perp		Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
t o-	Ending balance	000 D. 4 V. F 0	4 6			1f				٦.,
	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII							Ye	· -	No
	art V Endowment Funds.	. Chook hold if allo oxpi	anaton nao boon	provided on rail 7th	<u></u>				<u> </u>	·
	Complete if the organizatio	n answered "Yes"	on Form 990,	Part IV, line 10						
		(a) Current year	(b) Prior year	(c) Two years		hree years	back	(e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curi	ent year end balance (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment u	%								
b	Permanent endowment u %									
С	Temporarily restricted endowment \mathbf{u}	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organization	on that are held an	nd administered for t	he					
	organization by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as required	d on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		ment funds.							
Pa	rt VI Land, Buildings, and Equ	•	F 222	D-# 11 / 11 / 44	- 0- 5	000 -)(-)/ ·	P 4.4	,	
	Complete if the organizatio						′art X, ⊤			
	Description of property	(a) Cost or other b (investment)	asis (b) Co	ost or other basis (other)	(c) Accumulate depreciation	30		(d) Book	value	
4 -	Lond	` `		(Juliot)	чергестаноп					
1a	Land									
b	Buildings		 	567 705	1 270	117	1	<u> </u>	7	660
	Leasehold improvements		 	334,316	1,370	, 608		4,19		708
	Equipment			33±,310	240	,000		•	, <u>c</u>	700
	Other		, column (B), line	10c.)		u		4,28	33,	376

Schedule D (F	form 990) 2017 Coastal Discovery Mus	eum	57-0801415	Page
Part VII	Investments—Other Securities.	F 000 Pt IV II	- 44b O F 000 D	ant V. Bara 40
	Complete if the organization answered "Yes" on			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-year	
(1) Financial			,	
(2) Closely-he	derivatives eld equity interests			
/ A \				
(C)				
(D)				
(E)				
(F)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) u			
Part VIII	Investments—Program Related.	Form 000 Port IV line	11a Cao Farm 000 De	ort V line 10
	Complete if the organization answered "Yes" on (a) Description of investment	(b) Book value	(c) Method of	
	(a) Description of investment	(b) Book value	Cost or end-of-year	
(1)			,	
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) u			
Part IX	Other Assets.	F 000 P+ IV E	. 44-l O F 000 D	
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11a. See Form 990, Pa	(b) Book value
(1)	(a) Description			(b) Book value
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		u	
Part X	Other Liabilities.	F		200 D. ()
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e The or Th. See Form s	990, Paπ X,
	line 25. (a) Description of liability	(b) Book value		
1. (1) Federal	income taxes	(b) Book value		
	ned vacation and salary	29,520		
(3)	vacación ana parary	23,320		
(4)		1		
(5)				
(6)		1		
(7)				
(8)				
(9)				

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

29,520

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ${f u}$

	Reconciliation of Revenue per Audited Financial Sta	00 Dart IV/ Iina	•		
4	Complete if the organization answered "Yes" on Form 9			1	1,709,250
1 2	Total revenue, gains, and other support per audited financial statements			1	1,709,230
	Net unrealized gains (losses) on investments	2a	24,777		
a h	Donated services and use of facilities	2b	21////		
C	Recoveries of prior year grants	2c			
d		2d	130,736		
e				2e	155,513
3	Subtract line 2e from line 1			3	1,553,737
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	
5				5	1,553,737
Pa	art XII Reconciliation of Expenses per Audited Financial St			eturn	
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements			1	1,522,879
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
	Prior year adjustments				
	Other losses				
d			130,736		
е	Add lines 2a through 2d			2e	130,736
3	Subtract line 2e from line 1			3	1,392,143
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
_	Add lines 4a and 4b			4c	1 200 1 12
5				5	1,392,143
-	art XIII Supplemental Information.				
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			, line	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provert XI, Line 2d - Revenue Amounts Includ				
	art Ar, fine 2d - Revenue Amounts includ		maiala C	+ba	<u>~</u>
			ancials - C	the	r
ъ.			_	the	
F	undraising activity expense		ancials - C \$	the	r 14,714
	undraising activity expense		\$	the	14,714
			_	the	
	undraising activity expense		\$	the:	14,714
	undraising activity expense		\$	the:	14,714
C	undraising activity expense ost of goods sold	led in Fina	\$		14,714 116,022
C	undraising activity expense	led in Fina	\$		14,714 116,022
P	undraising activity expense ost of goods sold	led in Fina	\$ \$ nancials -		14,714 116,022
P	undraising activity expense ost of goods sold art XII, Line 2d - Expense Amounts Inclu	led in Fina	\$ \$ nancials -	Oth	14,714 116,022 er
C P	undraising activity expense ost of goods sold art XII, Line 2d - Expense Amounts Inclu	led in Fina	\$ s nancials - \$	Oth	14,714 116,022 er
C P	undraising activity expense ost of goods sold art XII, Line 2d - Expense Amounts Inclu undraising activities expense	led in Fina	\$ s nancials - \$	Oth	14,714 116,022 er 14,714
C P	undraising activity expense ost of goods sold art XII, Line 2d - Expense Amounts Inclu undraising activities expense	led in Fina	\$ s nancials - \$	Oth	14,714 116,022 er 14,714
C P	undraising activity expense ost of goods sold art XII, Line 2d - Expense Amounts Inclu undraising activities expense	led in Fina	\$ s nancials - \$	Oth	14,714 116,022 er 14,714
C P	undraising activity expense ost of goods sold art XII, Line 2d - Expense Amounts Inclu undraising activities expense	led in Fina	\$ s nancials - \$	Oth	14,714 116,022 er 14,714
C P	undraising activity expense ost of goods sold art XII, Line 2d - Expense Amounts Inclu undraising activities expense	led in Fina	\$ s nancials - \$	Oth	14,714 116,022 er 14,714
C P	undraising activity expense ost of goods sold art XII, Line 2d - Expense Amounts Inclu undraising activities expense	led in Fina	\$ s nancials - \$	Oth	14,714 116,022 er 14,714
C P	undraising activity expense ost of goods sold art XII, Line 2d - Expense Amounts Inclu undraising activities expense	led in Fina	\$ s nancials - \$	Oth	14,714 116,022 er 14,714
C P	undraising activity expense ost of goods sold art XII, Line 2d - Expense Amounts Inclu undraising activities expense	led in Fina	\$ s nancials - \$	Oth	14,714 116,022 er 14,714
C P	undraising activity expense ost of goods sold art XII, Line 2d - Expense Amounts Inclu undraising activities expense	led in Fina	\$ s nancials - \$	Oth	14,714 116,022 er 14,714
C P	undraising activity expense ost of goods sold art XII, Line 2d - Expense Amounts Inclu undraising activities expense	led in Fina	\$ s nancials - \$	Oth	14,714 116,022 er 14,714

Schedule D (Fo	orm 990) 2017	Coastal	Discovery	Museum	57-0801415	Page 5
Part XIII	Supplementa	l Information	on (continued)			
• • • • • • • • • • • • • • • • • • • •						

SCHEDULE G (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service U Attach to Form 990 or Form 990-EZ.
U Go to www.irs.gov/Form990 for the latest instructions.

Name of the organization

Coastal Discovery Museum

Part I Fundraising Activities. Complete if a Form 990-EZ filers are not required to				ed "Yes" on Form	990, Part IV, line	17.
1 Indicate whether the organization raised funds through any	•			eck all that apply.		
a Mail solicitations	e Solicitation	of no	n-gove	ernment grants		
b Internet and email solicitations	f Solicitation		-	-		
c Phone solicitations	g Special fu	ndraisir	ng eve	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement with						
or key employees listed in Form 990, Part VII) or entity in						Yes No
b If "Yes," list the 10 highest paid individuals or entities (fund compensated at least \$5,000 by the organization.	araisers) pursuant			its under which the fun	draiser is to be	
			id fund- r have	"	(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		ody or rol of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by) organization
			utions?		col. (i)	-
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			. ▶			
3 List all states in which the organization is registered or lice registration or licensing.	ensed to solicit co	ntributio	ons or	has been notified it is	exempt from	
regionation of nothering.						

Schedule G (Form 990 or 990-EZ) 2017 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 g	reater than \$5,000.			
		(a) Event #1	(b) Event #2	(c) Other events	(d) Tatal consta
		Art Market		None	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
ne		(crain sper)	(2.2 3/2-)	(10.00.1)	
Revenue	1 Gross receipts	37,277			37,277
	2 Less: Contributions				
	3 Gross income (line 1 minus				
	line 2)	37,277			37,277
	4 Cash prizes				
	5 Noncash prizes				
Expenses	6 Rent/facility costs				
	7 Food and beverages				
Direct	8 Entertainment				
	9 Other direct expenses	14,714			14,714
	10 Direct expense summary.	Add lines 4 through 9 in column (d)		•	14,714
	11 Net income summary. Sub	stract line 10 from line 3, column (d)			14,714 22,563
P		olete if the organization answ	ered "Yes" on Form 990, P	art IV, line 19, or reporte	ed more
	than \$15,000 o	n Form 990-EZ, line 6a.			
ē		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			bingo/progressive bingo		col. (a) through col. (c))
Re	1 0 0000 00000000				
	1 Gross revenue				
ses	2 Cash prizes				
Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes % No	Yes %	Yes %	
	7 Direct expense summary.	Add lines 2 through 5 in column (d)		.	
	. No. 1. 1	0.14			
	8 Net gaming income summa	ary. Subtract line 7 from line 1, colur	mn (d)	P	
_			u:		
9		organization conducts gaming activit conduct gaming activities in each of			
	If "No," explain:	conduct garning activities in each or	illese states!		Tes NO
b	п по, схрат.				
10a	Were any of the organization's	gaming licenses revoked, suspende	ed, or terminated during the tax ve	ar?	Yes No
			ŭ ,		<u> </u>
b	If "Yes," explain:				
b	ir "Yes," explain:				

Sche	dule G (Form 990 or 990-EZ) 2017	Coastal	Discovery	Museum	57-080141	5	Page 3
11	Does the organization conduct gaming a	activities with noni	members?			Yes	s No
12	Is the organization a grantor, beneficiary	or trustee of a tru				_	_
	formed to administer charitable gaming?					Yes	s 📙 No
13	Indicate the percentage of gaming activit	ty conducted in:					
а	The organization's facility				13a		%_
b	A				401		%_
14	Enter the name and address of the pers	on who prepares	the organization's ga	ming/special events books	and		
	records:						
	Name u						
	Address u						
15a	Does the organization have a contract w	ith a third party fr	om whom the organia	zation receives gaming			
	revenue?					Yes	s 🗌 No
b	If "Yes," enter the amount of gaming rev	enue received by	the organization ${f u}$	\$	and the		
	amount of gaming revenue retained by the	he third party ${f u}$	\$				
С	If "Yes," enter name and address of the						
	Name u						
	Address u						
16	Gaming manager information:						
	Name u						
	Gaming manager compensation u \$						
	Description of continue provided **						
	Description of services provided ${f u}$						
	Director/officer Emp	loyee	Independent co	ontractor			
		NOYCC	пасрепасти сс	nitacioi			
17	Mandatory distributions:						
а	Is the organization required under state	aw to make chari	table distributions fro	m the gaming proceeds to			
_	retain the state gaming license?					Yes	s \square No
b	Enter the amount of distributions required	d under state law	to be distributed to d	other exempt organizations	or	ш	- Ш
-	spent in the organization's own exempt a						
Par				required by Part I, lin	ne 2b, columns (iii) and (v)	and	
	Part III, lines 9, 9b, 10b,	15b, 15c, 16,	and 17b, as app	plicable. Also provide	any additional information	ı .	
	See instructions.						

SCHEDULE J (Form 990)

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.

2017

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Coastal Discovery Museum

Employer identification number 57-0801415

	Coascal Discovery Maseam	37 0001413		
_Pa	art I Questions Regarding Compensation			
			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal	use		
	Travel for companions Payments for business use of personal residence.	ence		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
	· · · · · · · · · · · · · · · · · · ·			
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 in line			
		2		
	1a?	·····		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
Ū	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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation comments and the second compensation comments are second compensation.	nittee		
4	During the year did any person listed on Form 200. Part VIII. Section A. line 1s with respect to the filing			
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:			- V
a	Receive a severance payment or change-of-control payment?			X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only costion $501(a)(2)$, $501(a)(4)$, and $501(a)(20)$ organizations must complete lines 5.0			
_	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:	_		37
a	The organization?			X
b	Any related organization?	<u>5b</u>		X
	If "Yes" on line 5a or 5b, describe in Part III.			
^	For near the field on Form 2000 Port VIII. Continue A. King A. P. H. B. Continue A. R. C			
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:			
а	The organization?	<u>6a</u>		X
b	Any related organization?	6b_		X
	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	7		X
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	

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.

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
	183,480) c	c	7,339	12,002	202,821	0
1 President and CEO	ii) (C	0	0		
	i)						
3	i)						
4	i) ii)						
5	i) ii)						
6	i) 						
7	i) ii)						
	i) ii)						
9	i) ii)						
	i) ii)						
	i) ii)						
	i) 						
13	i) ii)						
14	i) 						
15	i) 						
	i) ii)						

Schedule J (Form 990) 2017

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 2017

Department of the Treasury Internal Revenue Service Name of the organization

u Attach to Form 990 or 990-EZ. u Go to $\textit{www.irs.gov/Form990}\$ for the latest information.

Open to Public Inspection

Employer identification number

Coastal 1	Discovery Museum			57-0801415								
Form 990, Part VI, Line 11b - Organization's Process to Review Form 990												
The tax return is d	iscussed at a Bo	ard meeting	and made a	vailable to	all							
Board Members.	Board Members.											
Form 990, Part VI,	Line 12c - Enfor	cement of Co	nflicts Po	licy								
The Board and the P	resident/CEO mon	itor the con	flict of i	nterest								
policy.												
Form 990, Part VI,	Line 15a - Compe	nsation Proc	ess for Top	p Official								
The Board Compensat:	ion Committee ap	proves the e	xecutive c	ompensation.								
Form 990, Part VI,	Line 19 - Govern	ning Document	s Disclosu	re Explanation	on							
The documents are a	vailable upon re	quest.										
Form 990, Part IX,	Line 24e - Other	Expenses										
Description												
Program	Service	Mgt & Gener	al	Fundraisin	ng							
Other programs												
\$	24,522	\$	0	\$	0							
Commissions												
\$	17,776	\$	0	\$	0							
Walks/tours												
\$	16,447	\$.0	\$	0							
Community programs/	school											
Ś	13.250	Ś	0	\$	0							

BFT CNTY Summer Institute

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Internal Revenue Service

Date: October 17, 2002

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

Department of the Treasury

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

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