2023

Accommodations Tax Funds Request Application

Organization Name: Hilton Head Dance Theatre

Project/Event Name: Hilton Head Dance Theatre Performance Season

Executive Summary

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

2023

Accommodations Tax Funds Request Application

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

A. SUMMARY OF GRANT REQUEST:

ORGANIZATION NAME: Hilton Head Dance Theatre

Project/Event Name: Hilton Head Dance Theatre Performance Season

Contact Name: Lori Finger Title: President

Address: PO Box 5761, Hilton Head, SC 29938

Email Address:

hhdancetheatre@gmail.com

Contact Phone: 843-689-9686

Event Date: April 2023; November 2023

Event Location:

Seahawk Cultural

Center

Total Budget: \$207,750.00 **Grant Requested:** \$20,000.00

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

The Hilton Head Dance Theatre requests \$20,000 to support advertising costs for the two major productions scheduled for calendar year 2023.

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 A vibrant cultural scene is a key component in attracting visitors to our area and then providing those visitors with a variety of appealing options once they arrive. The Hilton Head Dance Theatre has been an integral part of the cultural scene in the Lowcountry for more than 35 years, and it is the only organization that ensures that quality dance productions are presented annually.

The impact is being measured by tracking ticket sales and looking for trends in the appeal of particular productions, the significance of when productions are scheduled, and where our ticket buyers hail from.

A. Total Number of Physical Tourists Served: 393

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: 591 (Bluffton)

 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: 1718

 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): 2702

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

In November of 2021, our annual production of *The Nutcracker* returned to the stage with a live audience. We sold 2,429 tickets to this event which is in line with our numbers from the years prior to the pandemic. Of this total, 373 were toutists and 535 were visitors from Bluffton.We sold the tickets through EventBrite which allows us to record the home addresses of the ticket buyers. We also recorded the zip codes of those individuals who

purchased their tickets at the door.

In the spring of 2022, our production of *Terpsichore* was held at the Seahawk Cultural Center. We sold 273 tickets to this production. Of this total, 20 were tourists and 56 were visitors from Bluffton. Once again, we sold the tickets through EventBrite enabling us to record the home addresses of the ticket buyers. We recorded the zip codes of individuals who purchased their tickets at the door.

We were gratified to see that our ticket buyers hailed from 18 different states throughout the United States as well as from Canada.

B. DESCRIPTION OF OPERATIONS:

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

The Hilton Head Dance Theatre was incorporated as a 501(c)(3) corporation in 1986 and has been under the artistic direction of former American Ballet Theatre Principal Dancer Karena Brock-Carlyle and her husband, John Carlyle, throughout its entire history. The mission of the dance theatre is to foster an interest in dance as an art form among Lowcountry residents and visitors alike. The dance theatre is under the supervision and guidance of a volunteer board that currently has twelve members. Ours is a working board as, other than the two Artistic Directors, there are no paid employees. The Hilton Head Dance School, recognized as the official school of the Hilton Head Dance Theatre, is an entirely separate entity.

The Dance Theatre has presented the holiday classic, *The Nutcracker*, to tens of thousands of patrons over the years, and has added classics such as *Swan Lake, Giselle, The Sleeping Beauty, Cinderella, Alice in Wonderland, Coppélia* and *Don Quixote* to the

calendar of offerings in the spring. For the last several years, the Dance Theatre has presented *Terpsichore* in the spring. This is an eclectic program that includes jazz, classical ballet, and contemporary ballet. It often features original choreography by members of our artistic staff.

We have a unique ability to contribute to the performing arts calendar in our area.

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

For our 37th season, the Hilton Head Dance Theatre has the following major productions planned:

- **Terpsichore** Terpsichore will feature the Hilton Head Dance Theatre Company Members partnered by professional guest artists. It will be held at the Seahawk Cultural Center in April of 2023.
- The Nutcracker This holiday classic will include all Hilton Head Dance School students as well as guest artists and is scheduled for mid-November 2023 at the Seahawk Cultural Center.

The requested funding would be used to advertise these productions in daily, weekly and monthly publications distributed throughout the region. It would also be used for digital outreach to our target audience. In addition, it would be used to purchase air time on local and regional television stations.

Please note that our season will include many other events, i.e. Island School Council for the Arts Rising Stars, *Terpsichore, Too*, *The Magic Toy Shoppe, Dance Showcase at the Lucas, Plié on the May,* and an outreach program in the schools. These events will be advertised by the sponsoring organizations, or, as in the case of *Terpsichore, Too* and *The Magic Toy Shoppe* (which feature our

younger dancers), advertising would not be appropriate.

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)

A good advertising campaign is essential to our efforts to inform and attract individuals visiting our community. In order to account for partial funding, we would opt to scale back on our advertising in the print media. Dance is a very visual and dynamic art form, and this comes across better in the broadcast medium as opposed to print. In addition, television (as well as social media) is proven more effective in reaching younger individuals.

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

It is encouraging to see that our attendance at *The Nutcracker* has returned to pre-pandemic levels. Moving forward, it is our goal to increase attendance so that we consistently exceed 3,000 patrons as our potential seating capacity over 6 performances is 3,900. Hundreds of tourists visiting the island during the beginning of the holiday season join us to get in the holiday spirit. With the pandemic behind us, it is our goal to reach or exceed attendance of 500 at our spring production as we have frequently done in the past.

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.	100	%
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.	0	%
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 dance theatre has always taken an active role in organizations such as the Arts and Cultural Council of Hilton Head that bring

together representatives of the arts, culture and history in our community. Currently, two of our board members serve on the town's Arts Council of Hilton Head Board of Directors. We help to plan *Crescendo*, our town's annual celebration of art, culture and history, and always contribute a piece to the opening event held at Shelter Cove Community Park. The town's support of our efforts through the creation of the Office of Cultural Affairs has been immeasurable.

Since our very early days, we have performed with the Hilton Head Symphony Orchestra annually. Most recently, we were included in

Since our very early days, we have performed with the Hilton Head Symphony Orchestra annually. Most recently, we were included in their holiday concert in 2019 and in their spring concert (*Dance Party*) in April of 2022.

For many years we have placed full page complimentary ads in our performance programs for both the Arts Center of Coastal Carolina and the Hilton Head Symphony Orchestra. They do the same for us. It is important that when a patron of a performance at the Arts Center, at the symphony, or at the ballet, opens their program they immediately see that we support one another.

7. Additional comments. (250 words or less)

Studies show repeatedly that performing arts organizations can expect ticket sales to cover about half of the cost of putting on a major production. However, the maxim in the dance world is that the popular *Nutcracker* can bring in revenue to cover the cost of other productions.

We feel that our organization is in a unique position to contribute to the annual performing arts calendar as we are solely responsible for virtually all dance offerings. We feel that the performance schedule of the Hilton Head Dance Theatre is an important component of the annual arts calendar and thereby plays a part in both attracting visitors to our area and then offering them an exceptional option for entertainment once they are here. We have been excited about performing at the Arts Center of Coastal Carolina on an annual basis, but have made the decision to move our spring 2023 production of *Terpsichore* to the Seahawk Cultural Center because of the lower venue rental cost.

We thank all of you for your continued support as we look ahead to continued recovery from the devastating impact of the COVID-19 pandemic and then beyond to many years of fulfilling our mission by presenting excellent dance productions and contributing significant and unique events to the outstanding arts calendar in our area. It is largely thanks to the support of the town that the future of the arts looks bright in our community.

C. FUNDING:

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

Based on the projected budget for the fiscal year 2022-2023, our operating budget is derived of the following:

Ticket Sales: 31%Rental Income: 17%

Performance Fees: 10%

• Fundraising: 13%

Memberships/Program Ads/Sponsorships: 18%

• Grants: 10%

• Other Performances: 1%

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

Government Sources	Private Contributions, Donations 11% and Grants
Corporate Support, 0% Sponsors	Membership, Dues, 18% Subscriptions
Ticket Sales, or Sales 41% and Services	Other

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

Yes ___ No _**X**_

If so, please list top 3 sources and amounts.

D. FINANCIAL INFORMATION:

Fiscal Year Disclosure: Start Month: <u>August 1, 2021</u> End Month: <u>July 31, 2022</u>

Financial Statement Requirements:

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

Budget Years Provided:

HHDT - Budget - 2023

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

Profit and Loss Years Provided:

8.1.21 - 7.31.22 8.1.22 - 8.31.22 8.1.20 - 7.31.21

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

Balance Sheet Years Provided:

8.1.20 - 7.31.21 8.1.21 - 7.31.22 8.1.22 - 8.31.22

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

IRS Form 990 or 990T Years Provided:

8.1.19 - 7.31.20 (2019) 8.1.19 - 7.31.20 8.1.20 - 7.31.21 (2020)

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	\$15,000.00	Hilton Head Dance Theatre Performance Season
2020	\$15,000.00	
2021	\$19,000.00	
2022	\$19,000.00	Hilton Head Dance Theatre Performance Season

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)

For calendar year 2022, Hilton Head Dance Theatre was awarded \$19,000 in ATAX funds. Thus far, we have submitted invoices for advertising dollars spent to promote our spring 2022 production of *Terpsichore*. We will incur additional expenses for the advertising of our upcoming production of *The Nutcracker* and will submit invoices at the conclusion of that event.

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

Arts and cultural events are the heart and soul of a community and our community is no exception. As we draw our patrons together throughout the year to enjoy dance productions of a very high caliber, and collaborate with such highly respected organizations as the Hilton Head Symphony Orchestra, we contend that the impact on the community and the benefit to tourism are both apparent.

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

The most effective means at our disposal to measure the effectiveness of the overall activity and of individual programs is to continue to track ticket sales.

Signature: Lori Finger

Title/Position: Board President

Mailing Address: P.O. Box 5761, Hilton Head Island, SC 29938

Email Address: hhdancetheatre@gmail.com

Office Phone Number: 843-689-9686

Home Phone Number: 843-842-3262

HILTON HEAD DANCE THEATRE ATAX EFFECTIVENESS MEASUREMENT

Fiscal Year 2021.2022

Please refer to the SAMPLE ATAX Effectiveness Measurement Form for examples. When completing this form, please expand, contract, or add to the sections as needed (but contain the form to a total of approximately 2 pages). You may choose to use your own format instead of this form, and if doing so, please use the criteria below as a guideline. Regardless of format, each applicant should choose how they measure degree of success. Applicants need to explain why this is an effective measurement technique that reflects results and how that relates to the objective.

TOPIC	THE PLAN		BUDGET	ACTUAL SPENT -	RESULTS
				2021.2022	When possible, provide planned results vs. actual results,
					and/or current year vs. prior year results .
Advertising Efforts	to Increase Tourist Attend	dance:			
Advertising -					2021: 2,429 Tickets were sold in 2021 of which 373 were
Nutcracker, 2021					Tourists and 535 Tickets were Visitors from Bluffton.
					2020: 572 Tickets were sold in 2020 of which 455 were
					Attendees and 117 were Online Viewers. Ticket sales were
					down considerably due to COVID-19 Restrictions.
					2019: 2,240 Tickets were sold in 2019 of which 155 were
					Tourists and 421 were Visitors from Bluffton.
	Print	\$	7,500.00	\$ 15,189.58	
	Broadcast	\$	2,500.00	\$ 5,250.00	
Total		\$	10,000.00	\$ 20,439.58	

Advertising Efforts to	Increase Tourist Attendance:				
Advertising - Spring,					2022: 273 Tickets were sold in 2022 of which 20 were
2022					Tourists and 56 were Visitors from Bluffton.
					2021: 195 Tickets were sold in 2021 of which 170 were
					Attendees (62 groups in total; 14 from Bluffton, 2 from Okatie, 1
					from Beaufort and 1 from Virginia) and 25 were Online Viewers.
					2020: No Tickets were sold in 2020 due to COVID-19 hitting
					right at the start of the Spring Performance Season.
					2019: 393 Tickets were sold in 2019 of which 51 were
					Tourists and 93 were Visitors from Bluffton.
	Print	\$	6,500.00	\$ 7,545.71	
	Broadcast	\$	2,500.00	\$ 2,250.00	
		.			
Total		\$	9,000.00	\$ 9,795.71	
Total Advertising Costs	Budget to Actual	\$	19,000.00	\$ 30,235.29	
Hilton Head Dance The	eatre Budgeted	\$	1,000.00	\$ 752.26	_
Total Advertising Costs	Budget to Actual	\$	20,000.00	\$ 30,987.55	-
			•	•	-



RESOLUTION OF BOARD OF DIRECTORS OF THE HILTON HEAD DANCE THEATRE, INC.

At a meeting of the Board of Directors of

THE HILTON HEAD DANCE THEATRE Hilton Head Island, SC

duly called and held on the 28th day of August, 2022, the following resolution was offered, seconded, and adopted:

"Be it Resolved, that the President of the Hilton Head Dance Theatre board be and is

hereby authorized, empowered, and directed to submit an application for a Town of Hilton Head Island Accommodations Tax Grant for financial funding in the amount of \$20,000 for calendar year 2023 on behalf of The Hilton Head Dance Theatre, Inc."

I hereby certify that the foregoing is a true and correct copy of a resolution passed by a majority of the Board of Directors of this corporation on the date specified.

Lori A. Finger

President

Hilton Head Dance Theatre Profit & Loss Budget Overview - 2023

Terp Too &
The Magic Toy Summer

			The Magic Toy	Summer		Outreach /		
-	Nutcracker	Spring Gala	Shop	Showcase	Plie on May	HHSO / 5K	HHDT	TOTAL
Income								
Ballet Christmas							2,500.00	2,500.00
Donations to HHDT							1,000.00	1,000.00
Fundraising	10,500.00	1,600.00	2,300.00		0.00		3,000.00	17,400.00
Grants	10,000.00	9,000.00					1,000.00	20,000.00
Mbrships/Advertise/8	2,500.00	500.00	500.00				34,500.00	38,000.00
Other Student Perform	mances					1,750.00		1,750.00
Performance Fees	9,000.00	3,000.00	7,000.00	2,500.00				21,500.00
Rental income							36,000.00	36,000.00
Scholarship Fund							2,000.00	2,000.00
Ticket Sales	50,000.00	7,000.00	6,000.00	600.00	4,000.00			67,600.00
Total Income	82,000.00	21,100.00	15,800.00	3,100.00	4,000.00	1,750.00	80,000.00	207,750.00
Cost of Goods Sold								
Advertising	10,000.00	9,000.00					1,000.00	20,000.00
Artistic Fees		1,000.00	750.00				48,000.00	49,750.00
Ballet - Christmas							2,500.00	2,500.00
Boutique	4,550.00	650.00	1,000.00					6,200.00
Concessions	500.00	100.00	100.00					700.00
Costume Expense	3,000.00	2,000.00	3,000.00	500.00	500.00	400.00		9,400.00
Credit Card Fees	900.00	300.00	250.00		300.00		4,250.00	6,000.00
Guest Performers	12,000.00	8,000.00				1,500.00		21,500.00
Other Expenses	3,000.00	1,000.00						4,000.00
Photography	1,200.00	500.00	500.00				1,200.00	3,400.00
Production Mgr's Co	2,000.00	500.00	500.00			500.00		3,500.00
Programs/Rack Card	7,500.00	2,000.00	2,000.00					11,500.00
Prop Expenses	•						5,000.00	5,000.00
Souvenir Videos	1,500.00	650.00	600.00	860.00			•	3,610.00
Technical Crew	1,000.00	500.00	500.00			600.00		2,600.00
Venue Rental	5,000.00	2,000.00	2,000.00	750.00				9,750.00
Total COGS	52,150.00	28,200.00	11,200.00	2,110.00	800.00	3,000.00	61,950.00	159,410.00
Gross Profit	29,850.00	-7,100.00	4,600.00	990.00	3,200.00	-1,250.00	18,050.00	48,340.00
Expense	29,030.00	-7,100.00	4,000.00	990.00	3,200.00	-1,230.00	10,030.00	40,040.00
Dues and Membership	ne Evnanca						2,200.00	2,200.00
Insurance	ps Expense						12,500.00	12,500.00
	onto						1,500.00	•
Marketing/Special Eve							•	1,500.00
Membership Expense	•						500.00	500.00
Office Expense	-						1,000.00	1,000.00
Postage and Delivery	Expense						200.00	200.00
Professional Fees							4,000.00	4,000.00
Receptions Expense							2,000.00	2,000.00
Rent Expense							6,100.00	6,100.00
Repairs and Maintena							3,000.00	3,000.00
Scholarships Expens							7,000.00	7,000.00
Tax and License Expe	ense						4,500.00	4,500.00
Telephone Expense							730.00	730.00
Utilities Expense						_	3,000.00	3,000.00
Total Expense							48,230.00	48,230.00
let Income =	29,850.00	-7,100.00	4,600.00	990.00	3,200.00	-1,250.00	-30,180.00	110.00

Balance Sheet

As of August 31, 2022

	Aug 31, 22
ASSETS	
Current Assets	
Checking/Savings	
Cash in Drawer	503.00
CSB Checking	7,192.99
Merrill Lynch - Cash	2,783.55
Merrill Lynch - Mutual Funds	60,561.63
Total Checking/Savings	71,041.17
Other Current Assets	
Inventory Asset	18,727.74
Total Other Current Assets	18,727.74
Total Current Assets	89,768.91
Fixed Assets	
Building	661,331.52
Costumes	66,489.73
Equipment	3,746.72
Furniture & Fixtures	2,006.04
Land	500.00
Props	14,594.09
Sets	44,262.72
Sprung Dance Floor	22,166.58
Stage Floor	3,330.00
Accumulated Depreciation	-412,003.70
Total Fixed Assets	406,423.70
Other Assets	
Security Deposit	500.00
Total Other Assets	500.00
TOTAL ASSETS	496,692.61
LIABILITIES & EQUITY	
Equity	
Accum. Other Comprehensive Inc	-9,961.47
Retained Earnings	513,113.96
Net Income	-6,459.88
Total Equity	496,692.61
TOTAL LIABILITIES & EQUITY	496,692.61

Balance Sheet

As of July 31, 2022

	Jul 31, 22
ASSETS	
Current Assets	
Checking/Savings	
Cash in Drawer	503.00
CSB Checking	11,126.34
Merrill Lynch - Cash	2,783.55
Merrill Lynch - Mutual Funds	60,561.63
Total Checking/Savings	74,974.52
Other Current Assets	
Accruals	9,330.53
Inventory Asset	18,727.74
Total Other Current Assets	28,058.27
Total Current Assets	103,032.79
Fixed Assets	
Building	654,527.52
Costumes	66,489.73
Equipment	3,746.72
Furniture & Fixtures	2,006.04
Land	500.00
Props	14,594.09
Sets	44,262.72
Sprung Dance Floor	22,166.58
Stage Floor	3,330.00
Accumulated Depreciation	-412,003.70
Total Fixed Assets	399,619.70
Other Assets	
Security Deposit	500.00
Total Other Assets	500.00
TOTAL ASSETS	503,152.49
LIABILITIES & EQUITY	
Equity	
Accum. Other Comprehensive Inc	-9,961.47
Retained Earnings	499,831.40
Net Income	13,282.56
Total Equity	503,152.49
TOTAL LIABILITIES & EQUITY	503,152.49

Hilton Head Dance Theatre Balance Sheet

As of July 31, 2021

	Jul 31, 21
ASSETS	
Current Assets	
Checking/Savings	
Cash in Drawer	561.00
CSB Checking	13,322.39
Merrill Lynch - Cash	4,455.79 *
Merrill Lynch - Mutual Funds	66,619.53 *
Total Checking/Savings	84,958.71
Other Current Assets	
Accruals	-662.86
Inventory Asset	17,342.09
Total Other Current Assets	16,679.23
Total Current Assets	101,637.94
Fixed Assets	
Building	654,527.52
Costumes	66,489.73
Equipment	3,746.72
Furniture & Fixtures	2,006.04
Land	500.00
Props	14,594.09
Sets	44,262.72
Sprung Dance Floor	19,390.54
Stage Floor	3,330.00
Accumulated Depreciation	-392,111.70
Total Fixed Assets	416,735.66
Other Assets	
Security Deposit	500.00
Total Other Assets	500.00
TOTAL ASSETS	518,873.60
LIABILITIES & EQUITY	
Equity	
Accum. Other Comprehensive Inc	19,042.20
Retained Earnings	558,482.71
Net Income	-58,651.31
Total Equity	518,873.60
TOTAL LIABILITIES & EQUITY	518,873.60

^{*} Transferred funds from Merrill Lynch Accounts to assist with COVID-19 Shortfalls

Profit & Loss by Class

August 2022

	Aug 22
Income	
Performance Fees	2,900.00
Rental income	3,000.00
Ticket Sales	660.00
Total Income	6,560.00
Cost of Goods Sold	
Advertising	2,367.91
Artistic Fees	4,000.00
Costume Expense	715.47
Credit Card Fees	124.48
Programs/Rack Cards/Posters	163.14
Souvenir Videos	678.00
Technical Crew	300.00
Total COGS	8,349.00
Gross Profit	-1,789.00
Expense	
Insurance	3,227.04
Marketing/Special Events	200.00
Rent Expense	561.00
Repairs and Maintenance	383.20
Telephone Expense	61.00
Utilities Expense	238.64
Total Expense	4,670.88
Net Income	-6,459.88

Profit & Loss by Class

August 2021 through July 2022

Terp Too &	
The Magic Tov	Summer

_	Nutcracker	Spring Gala	Shop	Showcase	Plie on May	HHDT	TOTAL
Income							
Ballet Christmas	0.00	0.00	0.00	0.00	0.00	2,735.00	2,735.00
Donations to HHDT	0.00	0.00	0.00	0.00	0.00	1,106.22	1,106.22
Fundraising	12,085.50	1,332.50	612.50	0.00	0.00	4,414.50	18,445.00
Grants	20,679.89	14,182.02	0.00	0.00	0.00	0.00	34,861.91
Mbrships/Advertise/Sponsors	6,475.00	0.00	0.00	0.00	0.00	34,014.50	40,489.50
Performance Fees	7,559.00	2,995.00	5,890.00	2,340.00	0.00	0.00	18,784.00
Rental income	0.00	0.00	0.00	0.00	0.00	37,400.00	37,400.00
Scholarship Fund	0.00	0.00	0.00	0.00	0.00	1,000.00	1,000.00
Ticket Sales	50,497.36	4,606.00	6,318.00	1,864.28	1,720.00	0.00	65,005.64
Total Income	97,296.75	23,115.52	12,820.50	4,204.28	1,720.00	80,670.22	219,827.27
Cost of Goods Sold							
Advertising	20,439.58	9,795.71	0.00	0.00	0.00	752.26	30,987.55
Artistic Fees	0.00	1,000.00	750.00	0.00	0.00	44,000.00	45,750.00
Ballet - Christmas	0.00	0.00	0.00	0.00	0.00	2,550.00	2,550.00
Boutique	7,576.22	773.78	306.25	0.00	0.00	628.63	9,284.88
Concessions	322.15	238.87	0.00	0.00	0.00	0.00	561.02
Costume Expense	1,098.98	2,285.32	4,304.13	0.00	270.98	0.00	7,959.41
Credit Card Fees	434.91	140.72	139.78	10.64	158.88	4,049.62	4,934.55
Flowers	0.00	0.00	0.00	0.00	0.00	169.60	169.60
Guest Performers	12,000.00	7,800.00	1,000.00	0.00	0.00	0.00	20,800.00
Other Expenses	3,656.92	1,828.91	0.00	0.00	30.56	0.00	5,516.39
Photography	1,200.00	0.00	0.00	0.00	1,850.00	1,215.00	4,265.00
Production Mgr's Compensation	5,250.00	500.00	500.00	250.00	0.00	0.00	6,500.00
Programs/Rack Cards/Posters	7,387.55	861.35	1,163.58	195.17	0.00	0.00	9,607.65
Souvenir Videos	190.00	194.00	588.00	608.00	0.00	0.00	1,580.00
Technical Crew	700.00	0.00	0.00	0.00	0.00	0.00	700.00
Venue Rental	4,953.06	1,329.96	1,329.96	795.70	0.00	0.00	8,408.68
Total COGS	65,209.37	26,748.62	10,081.70	1,859.51	2,310.42	53,365.11	159,574.73
Gross Profit	32,087.38	-3,633.10	2,738.80	2,344.77	-590.42	27,305.11	60,252.54
Expense							
Depreciation Expense	0.00	0.00	0.00	0.00	0.00	19,892.00	19,892.00
Dues and Memberships Expense	0.00	0.00	0.00	0.00	0.00	2,236.36	2,236.36
Insurance	0.00	0.00	0.00	0.00	0.00	12,275.30	12,275.30
Marketing/Special Events	0.00	0.00	0.00	0.00	0.00	1,401.10	1,401.10
Membership Expense	0.00	0.00	0.00	0.00	0.00	781.53	781.53
Office Expense	0.00	0.00	0.00	0.00	0.00	1,109.55	1,109.55
Postage and Delivery Expense	0.00	0.00	0.00	0.00	0.00	298.00	298.00
Professional Fees	0.00	0.00	0.00	0.00	0.00	4,157.00	4,157.00
Receptions Expense	0.00	0.00	0.00	0.00	0.00	2,210.75	2,210.75
Rent Expense	0.00	0.00	0.00	0.00	0.00	6,086.00	6,086.00
Repairs and Maintenance	0.00	0.00	0.00	0.00	0.00	4,331.69	4,331.69
Scholarships Expense	0.00	0.00	0.00	0.00	0.00	5,152.00	5,152.00
Tax and License Expense	0.00	0.00	0.00	0.00	0.00	4,693.29	4,693.29
Telephone Expense	0.00	0.00	0.00	0.00	0.00	730.58	730.58

Profit & Loss by Class

August 2021 through July 2022

Terp Too &
The Magic Toy Summer

		•	ile magic roy	Guillillei			
	Nutcracker	Spring Gala	Shop	Showcase	Plie on May	HHDT	TOTAL
Utilities Expense	0.00	0.00	0.00	0.00	0.00	2,888.36	2,888.36
Total Expense	0.00	0.00	0.00	0.00	0.00	68,243.51	68,243.51
Net Ordinary Income	32,087.38	-3,633.10	2,738.80	2,344.77	-590.42	-40,938.40	-7,990.97
Other Income/Expense							
Other Income							
Investment Income	0.00	0.00	0.00	0.00	0.00	2,502.03	2,502.03
Realized Gains (Losses)	0.00	0.00	0.00	0.00	0.00	19,930.82	19,930.82
Total Other Income	0.00	0.00	0.00	0.00	0.00	22,432.85	22,432.85
Other Expense							
Investment Expenses	0.00	0.00	0.00	0.00	0.00	1,159.32	1,159.32
Total Other Expense	0.00	0.00	0.00	0.00	0.00	1,159.32	1,159.32
Net Other Income	0.00	0.00	0.00	0.00	0.00	21,273.53	21,273.53
Net Income	32,087.38	-3,633.10	2,738.80	2,344.77	-590.42	-19,664.87	13,282.56

Hilton Head Dance Theatre Profit & Loss by Class August 2020 through July 2021

Terp	Too	&
FI	nise	

Part Part		Nutcracker Spring Gala		Eloise	Plie on May	HHDT	TOTAL	
Ballet Christmas 0.00 0.00 0.00 0.00 0.00 451.69 451.69 Fundraising 4,055.39 100.00 2,50.00 1,635.00 3,604.00 4,61.69 Grants 3,064.50 0.00 0.00 0.00 2,000 3,064.50 Mbrships/Advertise/Sponsors 13,210.00 0.00 3,25.00 1,240.00 2,000 3,560.00 Rental income 0.00 0.00 0.00 3,000.00 3,500.00 <th< th=""><th>Ordinary Income/Expense</th><th></th><th></th><th></th><th></th><th></th><th></th></th<>	Ordinary Income/Expense							
Donations to HHDT 0.00 0.00 250.00 1.635.00 3.650.04 9.690.43 Fundraising 4.655.39 100.00 250.00 1.635.00 3.690.45 9.600.3 Grants 3.064.50 0.00 0.00 0.00 2.00 3.690.00 3.6790.00 Performance Fees 7.996.00 2.180.00 3.180.00 0.00 3.	Income							
Fundraising 4,055.39 100.00 250.00 1,635.00 3,696.40 9,690.43 Grants 3,684.50 0.00 0.00 0.00 2,00 3,695.00 36,780.00 Mbrships/Advertise/Sponsors 7,996.00 2,180.00 3,180.00 0.00 2,00 3,600.00 3,600.00 3,600.00 3,600.00 3,600.00 3,600.00 3,600.00 3,600.00 3,600.00 3,600.00 3,600.00 3,600.00 3,600.00 2,000 3,600.00 2,000 2,000 3,600.00 2,000 2,000.00 2,000 3,600.00 2,000	Ballet Christmas	0.00	0.00	0.00	0.00	680.00	680.00	
Grants 3,064.50 0.00 325.00 1,240.00 20.00 3,064.50 Mbrships/Advertise/Sponsors 13,210.00 0.00 325.00 1,240.00 20,00 3,679.00 Performance Fees 7,996.00 2,180.00 3,180.00 0.00 3,600.00 4,000.00 3,600.00 3,600.00 3,600.00 3,600.00 3,600.00 3,600.00 3,600.00 3,600.00 3,600.00 3,6	Donations to HHDT	0.00	0.00	0.00	0.00	451.69	451.69	
Mbrships/Advertise/Sponsors 13,210.00 0.00 325.00 1,240.00 20,150.00 36,700.00 Performance Fees 7,996.00 2,180.00 3,180.00 0.00 36,000.00 20,000.00 36,000.00 36,000.00 20,000.00 36,000.00 20,000.00 20,000.00 20,000.00 20,000.00 36,000.00 7,258.04 Autistic Fees 2,500.00 3,500.00 0.00 595.00 7,258.04 Autistic Fees 2,500.00 3,500.00 0.00 0.00 595.00 7,258.04 Autistic Fees 2,500.00 3,500.00 0.00 0.00 595.00 7,258.04 Autistic Fees 4,602.42 170.00 0.00 0.00 0.00 2,900.00 2,000.00 0.00 0.00 0.00 0.00 0.00 0.00	Fundraising	4,055.39	100.00	250.00	1,635.00	3,650.04	9,690.43	
Performance Fees 7,996.00 2,180.00 3,180.00 0.00 3,000.00 36,000.00 36,000.00 36,000.00 36,000.00 36,000.00 36,000.00 36,000.00 36,000.00 36,000.00 36,000.00 36,000.00 3,500.00 3,500.00 3,500.00 3,500.00 3,500.00 3,500.00 2,407.596 7,507.77 8,680.31 3,507.82 602.96.73 127,609.58 7,507.77 8,680.31 3,507.82 602.96.73 127,609.58 7,507.77 8,600.31 3,507.82 602.96.73 127,609.58 7,507.77 8,600.31 3,507.82 602.96.73 127,609.58 7,507.77 8,600.31 3,507.82 602.96.73 127,609.58 7,507.77 8,600.31 3,507.82 602.96.73 127,609.58 7,507.77 8,600.31 3,507.82 602.96.73 127,609.58 7,507.78 8,600.31 3,507.82 602.96.73 127,609.58 802.90 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Grants	3,064.50	0.00	0.00	0.00	0.00	3,064.50	
Rental income 0.00 0.00 0.00 0.00 36,000.00 36,000.00 36,000.00 36,000.00 36,000.00 36,000.00 36,000.00 36,000.00 36,000.00 36,000.00 36,000.00 36,000.00 36,000.00 36,000.00 36,000.00 24,075,96 76,000.00 76,000.00 20,000 24,075,96 76,000.00 76,000.00 20,000.00 26,000.00 20,000.00 25,000.00 35,000.00 1,000.00 0.00 2,900.00 2,900.00 2,900.00 2,900.00 2,900.00 2,900.00 2,900.00 2,900.00 2,900.00 2,900.00 2,900.00 2,900.00 2,900.00 2,900.00 2,900.00 0.00	Mbrships/Advertise/Sponsors	13,210.00	0.00	325.00	1,240.00	22,015.00	36,790.00	
Scholarship Fund 0.00 0.00 0.00 3,500.00 3,500.00 3,500.00 3,500.00 3,500.00 24,075.96 Total Income 41,615.95 7,507.77 8,680.31 3,507.82 66,296.73 127,608.58 Cost of Goods Sold Advertising 4,140.04 2,523.00 0.00 0.00 595.00 7,258.04 Artistic Fees 2,500.00 3,500.00 1,000.00 0.00 48,000.00 55,000.00 Ballet - Christmas 0.00 0.00 0.00 0.00 2,900.00 2,900.00 Boutique 4,662.42 170.00 0.00 0.00 0.00 2,900.00 2,900.00 Credit Card Fees 846.45 0.00 105.44 263.33 1,255.01 2,468.23 Guest Performers 1,000.00 1,900.00 0.00 20.00 2,000.00 2,000.00 2,000.00 2,000.00 2,000.00 2,000.00 2,000.00 2,000.00 2,000.00 2,000.00 2,000.00 2,000.00 2,000.00 2,000.00 2,	Performance Fees	7,996.00	2,180.00	3,180.00	0.00	0.00	13,356.00	
Ticket Sales 13,290.06 5,227.77 4,925.31 632.82 0.00 24,075.96 Total Income 41,615.95 7,507.77 8,680.31 3,507.82 66,296.73 127,608.58 Cost of Goods Sold Advertising 4,140.04 2,523.00 0.00 0.00 595.00 7,258.04 Artistic Fees 2,500.00 3,500.00 1,000.00 0.00 2,900.00 2,900.00 Ballet - Christmas 0.00 0.00 0.00 0.00 0.00 2,900.00 2,900.00 Boutique 4,662.42 170.00 0.00 0.00 0.00 0.00 2,900.00 2,900.00 Credit Card Fees 846.45 0.00 105.44 263.33 1,253.01 2,468.23 Quest Performers 1,000.00 1,900.00 0.00 0.00 0.00 0.00 2,000.00 Other Student Performance Expen 518.00 0.00 0.00 0.00 0.00 0.00 1,230.00 3,880.00 Protagrams/Rack Cards/Posters 2,439.96 </th <th>Rental income</th> <th>0.00</th> <th>0.00</th> <th>0.00</th> <th>0.00</th> <th>36,000.00</th> <th>36,000.00</th>	Rental income	0.00	0.00	0.00	0.00	36,000.00	36,000.00	
Total Income 41,615.95 7,507.77 8,680.31 3,507.82 66,296.73 127,608.58 Cost of Goods Sold Advertising 4,140.04 2,523.00 0.00 0.00 595.00 7,258.04 Artistic Fees 2,500.00 3,500.00 1,000.00 0.00 48,000.00 55,000.00 Ballet - Christmas 0.00 0.00 0.00 0.00 0.00 0.00 2,900.00 2,900.00 Boutique 4,662.42 170.00 0.00 0.00 0.00 0.00 0.00 796.15 Credit Card Fees 846.45 0.00 105.44 263.33 1,253.01 2,468.23 Guest Performers 1,000.00 1,900.00 0.00 0.00 0.00 2,250.00 0.00 2,250.00 0.00 2,250.00 0.00 2,250.00 1,465.47 0.00 1,230.00 3,880.00 0.00 0.00 0.00 1,230.00 3,880.00 0.00 0.00 0.00 1,230.00 3,880.00 0.00 0.00 0.00	Scholarship Fund	0.00	0.00	0.00	0.00	3,500.00	3,500.00	
Cost of Goods Sold Advertising 4,140.04 2,523.00 0.00 0.00 595.00 7,258.04 Artistic Fees 2,500.00 3,500.00 1,000.00 0.00 48,000.00 55,000.00 Ballet - Christmas 0.00 0.00 0.00 0.00 0.00 2,900.00 2,900.00 2,900.00 2,900.00 2,900.00 2,900.00 2,900.00 2,900.00 2,900.00 2,900.00 2,900.00 2,900.00 0.00 0.00 0.00 0.00 0.00 0.00 7,961.5 Cedit Card Fees 846.45 0.00 105.44 263.33 1,253.01 2,468.23 3 0.00 0.00 0.00 0.00 0.00 2,680.00 0.00 0.00 0.00 0.00 1,268.23 0.00	Ticket Sales	13,290.06	5,227.77	4,925.31	632.82	0.00	24,075.96	
Advertising 4,140.04 2,523.00 0.00 0.00 595.00 7,258.04 Artistic Fees 2,500.00 3,500.00 1,000.00 0.00 48,000.00 55,000.00 Ballet - Christmas 0.00 0.00 0.00 0.00 2,900.00 2,900.00 Boutique 4,662.42 170.00 0.00 0.00 0.00 2,900.00 Costume Expense 217.49 477.81 100.85 0.00 0.00 796.15 Credit Card Fees 846.45 0.00 105.44 263.33 1,253.01 2,268.23 Guest Performers 1,000.00 1,900.00 0.00 0.00 0.00 200.00 2,266.23 Other Student Performance Expen 1518.00 0.00 0.00 0.00 0.00 1,265.00 1,280.00 Photography 600.00 0.00 20.00 1,000.00 0.00 0.00 1,230.00 3,880.00 Programs/Rack Cards/Posters 2,439.96 897.90 760.97 0.00 0.00	Total Income	41,615.95	7,507.77	8,680.31	3,507.82	66,296.73	127,608.58	
Artistic Fees 2,500.00 3,500.00 1,000.00 0.00 48,000.00 55,000.00 Ballet - Christmas 0.00 0.00 0.00 0.00 2,900.00 2,900.00 Boutique 4,662.42 170.00 0.00 0.00 0.00 4,832.42 Costume Expense 217.49 477.81 100.85 0.00 0.00 796.15 Credit Card Fees 846.45 0.00 105.44 263.33 1,253.01 2,468.23 Guest Performers 1,000.00 1,900.00 0.00 0.00 0.00 2,000 Other Student Performance Expen 518.00 0.00 0.00 0.00 0.00 2,000 3,880.00 Photography 600.00 0.00 200.00 1,850.00 1,230.00 3,880.00 Programs/Rack Cards/Posters 2,439.96 897.90 760.97 0.00 0.00 4,098.83 Souvenir Videos 1,006.00 9.00 190.00 0.00 0.00 1,230.00 1,280.00 <t< th=""><th>Cost of Goods Sold</th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	Cost of Goods Sold							
Ballet - Christmas 0.00 0.00 0.00 0.00 2,900.00 2,900.00 Boutique 4,662.42 170.00 0.00 0.00 0.00 4,832.42 Costume Expense 217.49 477.81 100.85 0.00 0.00 796.15 Credit Card Fees 846.45 0.00 105.44 263.33 1,253.01 2,468.23 Guest Performers 1,000.00 1,900.00 0.00 0.00 0.00 2,242.9 0.00 1,465.47 Other Student Performance Expen 518.00 0.00 0.00 0.00 0.00 1,230.00 3,880.00 Photography 600.00 0.00 200.00 1,850.00 1,230.00 3,880.00 Programs/Rack Cards/Posters 2,439.96 897.90 760.97 0.00 0.00 1,286.00 Technical Crew 0.00 1,100.00 190.00 0.00 0.00 1,286.00 Total COGS 37,438.48 22,115.71 4,742.99 2,337.62 53,978.01 120,612.81	Advertising	4,140.04	2,523.00	0.00	0.00	595.00	7,258.04	
Boutique 4,662.42 170.00 0.00 0.00 0.00 796.15 Costume Expense 217.49 477.81 100.85 0.00 0.00 796.15 Credit Card Fees 846.45 0.00 105.44 263.33 1,253.01 2,468.23 Guest Performers 1,000.00 1,900.00 0.00 0.00 20.00 2,900.00 Other Student Performance Expen 518.00 0.00 0.00 0.00 0.00 0.00 518.00 Photography 600.00 0.00 200.00 1,850.00 1,230.00 3,880.00 Programs/Rack Cards/Posters 2,439.96 897.90 760.97 0.00 0.00 4,988.83 Souvenir Videos 1,006.00 90.00 190.00 0.00 0.00 0.00 1,286.00 Technical Crew 0.00 1,100.00 100.00 0.00 0.00 0.00 26,109.67 Total COGS 37,438.48 22,115.71 4,742.99 2,337.62 53,978.01 120,612.81	Artistic Fees	2,500.00	3,500.00	1,000.00	0.00	48,000.00	55,000.00	
Costume Expense 217.49 477.81 100.85 0.00 0.00 796.15 Credit Card Fees 846.45 0.00 105.44 263.33 1,253.01 2,468.23 Guest Performers 1,000.00 1,900.00 0.00 0.00 0.00 2,900.00 Other Student Performance Expen 518.00 0.00 0.00 0.00 0.00 3,880.00 Photography 600.00 0.00 200.00 1,850.00 1,230.00 3,880.00 Programs/Rack Cards/Posters 2,439.96 897.90 760.97 0.00 0.00 4,098.83 Souvenir Videos 1,006.00 90.00 190.00 0.00 0.00 0.00 1,286.00 Technical Crew 0.00 1,100.00 100.00 0.00 0.00 0.00 1,286.00 Venue Rental 15,116.94 9,207.00 1,785.73 0.00 0.00 26,109.67 Total COGS 37,438.48 22,115.71 4,742.99 2,337.62 53,978.01 120,612.81 <tr< th=""><th>Ballet - Christmas</th><th>0.00</th><th>0.00</th><th>0.00</th><th>0.00</th><th>2,900.00</th><th>2,900.00</th></tr<>	Ballet - Christmas	0.00	0.00	0.00	0.00	2,900.00	2,900.00	
Credit Card Fees 846.45 0.00 105.44 263.33 1,253.01 2,468.23 Guest Performers 1,000.00 1,900.00 0.00 0.00 0.00 2,900.00 Other Expenses 1,241.18 0.00 0.00 224.29 0.00 1,465.47 Other Student Performance Expen 518.00 0.00 0.00 0.00 0.00 1,230.00 3,880.00 Photography 600.00 0.00 200.00 1,850.00 1,230.00 3,880.00 Programs/Rack Cards/Posters 2,439.96 897.90 760.97 0.00 0.00 4,098.83 Souvenir Videos 1,006.00 90.00 190.00 0.00 0.00 1,286.00 Technical Crew 0.00 1,100.00 100.00 0.00 0.00 1,200.00 Venue Rental 15,116.94 9,207.00 1,785.73 0.00 0.00 26,109.67 Total COGS 37,438.48 22,115.71 4,742.99 2,337.62 53,978.01 120,612.81 Gro	Boutique	4,662.42	170.00	0.00	0.00	0.00	4,832.42	
Guest Performers 1,000.00 1,900.00 0.00 0.00 2,900.00 Other Expenses 1,241.18 0.00 0.00 224.29 0.00 1,465.47 Other Student Performance Expen 518.00 0.00 0.00 0.00 0.00 0.00 518.00 Photography 600.00 0.00 200.00 1,850.00 1,230.00 3,880.00 Production Mgr's Compensation 3,150.00 2,250.00 500.00 0.00 0.00 5,900.00 Programs/Rack Cards/Posters 2,439.96 897.90 760.97 0.00 0.00 4,098.83 Souvenir Videos 1,006.00 90.00 190.00 0.00 0.00 1,286.00 Technical Crew 0.00 1,100.00 100.00 0.00 0.00 0.00 1,286.00 Venue Rental 15,116.94 9,207.00 1,785.73 0.00 0.00 2,611.96 Total COGS 37,438.48 22,115.71 4,742.99 2,337.62 53,978.01 120,612.81 <	Costume Expense	217.49	477.81	100.85	0.00	0.00	796.15	
Other Expenses 1,241.18 0.00 0.00 224.29 0.00 1,465.47 Other Student Performance Expen 518.00 0.00 0.00 0.00 0.00 518.00 Photography 600.00 0.00 200.00 1,850.00 1,230.00 3,880.00 Production Mgr's Compensation 3,150.00 2,250.00 500.00 0.00 0.00 5,900.00 Programs/Rack Cards/Posters 2,439.96 897.90 760.97 0.00 0.00 4,098.83 Souvenir Videos 1,006.00 90.00 190.00 0.00 0.00 0.00 1,286.00 Technical Crew 0.00 1,100.00 190.00 0.00 0.00 0.00 1,286.00 Venue Rental 15,116.94 9,207.00 1,785.73 0.00 0.00 26,109.67 Total COGS 37,438.48 22,115.71 4,742.99 2,337.62 53,978.01 120,612.81 Gross Profit 4,177.47 -14,607.94 3,937.32 1,170.20 12,318.72 6,995.77	Credit Card Fees	846.45	0.00	105.44	263.33	1,253.01	2,468.23	
Other Student Performance Expen 518.00 0.00 0.00 0.00 518.00 Photography 600.00 0.00 200.00 1,850.00 1,230.00 3,880.00 Production Mgr's Compensation 3,150.00 2,250.00 500.00 0.00 0.00 5,900.00 Programs/Rack Cards/Posters 2,439.96 897.90 760.97 0.00 0.00 4,098.83 Souvenir Videos 1,006.00 90.00 190.00 0.00 0.00 1,286.00 Technical Crew 0.00 1,100.00 100.00 0.00 0.00 26,109.67 Total COGS 37,438.48 22,115.71 4,742.99 2,337.62 53,978.01 120,612.81 Gross Profit 4,177.47 -14,607.94 3,937.32 1,170.20 12,318.72 6,995.77 Expense Depreciation Expense 0.00 0.00 0.00 0.00 17,464.00 17,464.00 17,464.00 2,164.00 2,164.00 2,164.00 2,164.00 2,164.00 2,164.00 2,164.00 2,164.	Guest Performers	1,000.00	1,900.00	0.00	0.00	0.00	2,900.00	
Photography 600.00 0.00 200.00 1,850.00 1,230.00 3,880.00 Production Mgr's Compensation 3,150.00 2,250.00 500.00 0.00 0.00 5,900.00 Programs/Rack Cards/Posters 2,439.96 897.90 760.97 0.00 0.00 4,098.83 Souvenir Videos 1,006.00 90.00 190.00 0.00 0.00 1,226.00 Technical Crew 0.00 1,100.00 100.00 0.00 0.00 0.00 1,220.00 Venue Rental 15,116.94 9,207.00 1,785.73 0.00 0.00 26,109.67 Total COGS 37,438.48 22,115.71 4,742.99 2,337.62 53,978.01 120,612.81 Gross Profit 4,177.47 -14,607.94 3,937.32 1,170.20 12,318.72 6,995.77 Expense Depreciation Expense 0.00 0.00 0.00 0.00 17,464.00 17,464.00 Dues and Memberships Expense 0.00 0.00 0.00 0.00 2,164.00 <t< th=""><th>Other Expenses</th><th>1,241.18</th><th>0.00</th><th>0.00</th><th>224.29</th><th>0.00</th><th>1,465.47</th></t<>	Other Expenses	1,241.18	0.00	0.00	224.29	0.00	1,465.47	
Production Mgr's Compensation 3,150.00 2,250.00 500.00 0.00 0.00 5,900.00 Programs/Rack Cards/Posters 2,439.96 897.90 760.97 0.00 0.00 4,098.83 Souvenir Videos 1,006.00 90.00 190.00 0.00 0.00 1,286.00 Technical Crew 0.00 1,100.00 100.00 0.00 0.00 1,200.00 Venue Rental 15,116.94 9,207.00 1,785.73 0.00 0.00 26,109.67 Total COGS 37,438.48 22,115.71 4,742.99 2,337.62 53,978.01 120,612.81 Gross Profit 4,177.47 -14,607.94 3,937.32 1,170.20 12,318.72 6,995.77 Expense Depreciation Expense 0.00 0.00 0.00 0.00 17,464.00 17,464.00 Dues and Memberships Expense 0.00 0.00 0.00 0.00 2,164.00 2,164.00 2,164.00 2,164.00 1,460.40 4,795.76 4,795.76 4,795.76 4,795.76 4,795.76	Other Student Performance Expen	518.00	0.00	0.00	0.00	0.00	518.00	
Programs/Rack Cards/Posters 2,439.96 897.90 760.97 0.00 0.00 4,098.83 Souvenir Videos 1,006.00 90.00 190.00 0.00 0.00 1,286.00 Technical Crew 0.00 1,100.00 100.00 0.00 0.00 1,200.00 Venue Rental 15,116.94 9,207.00 1,785.73 0.00 0.00 26,109.67 Total COGS 37,438.48 22,115.71 4,742.99 2,337.62 53,978.01 120,612.81 Gross Profit 4,177.47 -14,607.94 3,937.32 1,170.20 12,318.72 6,995.77 Expense Depreciation Expense 0.00 0.00 0.00 0.00 17,464.00 <th>Photography</th> <th>600.00</th> <th>0.00</th> <th>200.00</th> <th>1,850.00</th> <th>1,230.00</th> <th>3,880.00</th>	Photography	600.00	0.00	200.00	1,850.00	1,230.00	3,880.00	
Souvenir Videos 1,006.00 90.00 190.00 0.00 0.00 1,286.00 Technical Crew 0.00 1,100.00 100.00 0.00 0.00 1,200.00 Venue Rental 15,116.94 9,207.00 1,785.73 0.00 0.00 26,109.67 Total COGS 37,438.48 22,115.71 4,742.99 2,337.62 53,978.01 120,612.81 Gross Profit 4,177.47 -14,607.94 3,937.32 1,170.20 12,318.72 6,995.77 Expense Depreciation Expense 0.00 0.00 0.00 0.00 17,464.00 17,464.00 Dues and Memberships Expense 0.00 0.00 0.00 0.00 0.00 2,164.00 2,164.00 Insurance 0.00 0.00 0.00 0.00 11,460.40 11,460.40 4,795.76 4,795.76 4,795.76 4,795.76 4,795.76 4,795.76 4,795.76 4,795.76 4,795.76 4,795.76 4,88 2,684.88 2,684.88 2,684.88 2,684.88 2,684.88	Production Mgr's Compensation	3,150.00	2,250.00	500.00	0.00	0.00	5,900.00	
Technical Crew 0.00 1,100.00 100.00 0.00 0.00 1,200.00 Venue Rental 15,116.94 9,207.00 1,785.73 0.00 0.00 26,109.67 Total COGS 37,438.48 22,115.71 4,742.99 2,337.62 53,978.01 120,612.81 Gross Profit 4,177.47 -14,607.94 3,937.32 1,170.20 12,318.72 6,995.77 Expense Depreciation Expense 0.00 0.00 0.00 17,464.00 17,464.00 Dues and Memberships Expense 0.00 0.00 0.00 0.00 2,164.00 2,164.00 Insurance 0.00 0.00 0.00 0.00 11,460.40 11,460.40 Marketing/Special Events 0.00 0.00 0.00 0.00 593.37 593.37 Office Expense 0.00 0.00 0.00 0.00 593.37 593.37 Office Expense 0.00 0.00 0.00 0.00 2,684.88 2,684.88 Postage and Delivery Expense <th< th=""><th>Programs/Rack Cards/Posters</th><th>2,439.96</th><th>897.90</th><th>760.97</th><th>0.00</th><th>0.00</th><th>4,098.83</th></th<>	Programs/Rack Cards/Posters	2,439.96	897.90	760.97	0.00	0.00	4,098.83	
Venue Rental 15,116.94 9,207.00 1,785.73 0.00 0.00 26,109.67 Total COGS 37,438.48 22,115.71 4,742.99 2,337.62 53,978.01 120,612.81 Gross Profit 4,177.47 -14,607.94 3,937.32 1,170.20 12,318.72 6,995.77 Expense Depreciation Expense 0.00 0.00 0.00 0.00 17,464.00 17,464.00 Dues and Memberships Expense 0.00 0.00 0.00 0.00 2,164.00 2,164.00 Insurance 0.00 0.00 0.00 0.00 11,460.40 11,460.40 Marketing/Special Events 0.00 0.00 0.00 0.00 4,795.76 4,795.76 Membership Expense 0.00 0.00 0.00 0.00 593.37 593.37 Office Expense 0.00 0.00 0.00 0.00 2,684.88 2,684.88 Postage and Delivery Expense 0.00 0.00 0.00 0.00 7,224.97 7,224.97 Ren	Souvenir Videos	1,006.00	90.00	190.00	0.00	0.00	1,286.00	
Total COGS 37,438.48 22,115.71 4,742.99 2,337.62 53,978.01 120,612.81 Gross Profit 4,177.47 -14,607.94 3,937.32 1,170.20 12,318.72 6,995.77 Expense Depreciation Expense 0.00 0.00 0.00 0.00 17,464.00 17,464.00 17,464.00 17,464.00 2,164.00	Technical Crew	0.00	1,100.00	100.00	0.00	0.00	1,200.00	
Gross Profit 4,177.47 -14,607.94 3,937.32 1,170.20 12,318.72 6,995.77 Expense Depreciation Expense 0.00 0.00 0.00 0.00 17,464.00 17,464.00 Dues and Memberships Expense 0.00 0.00 0.00 0.00 2,164.00 2,164.00 Insurance 0.00 0.00 0.00 0.00 11,460.40 11,460.40 Marketing/Special Events 0.00 0.00 0.00 0.00 4,795.76 4,795.76 Membership Expense 0.00 0.00 0.00 0.00 593.37 593.37 Office Expense 0.00 0.00 0.00 0.00 2,684.88 2,684.88 Postage and Delivery Expense 0.00 0.00 0.00 0.00 7,224.97 7,224.97 Rent Expense 0.00 0.00 0.00 0.00 0.00 6,616.46 6,616.46	Venue Rental	15,116.94	9,207.00	1,785.73	0.00	0.00	26,109.67	
Expense 0.00 0.00 0.00 0.00 17,464.00 17,464.00 17,464.00 17,464.00 17,464.00 17,464.00 17,464.00 17,464.00 2,164.00 2,164.00 2,164.00 2,164.00 2,164.00 2,164.00 2,164.00 2,164.00 2,164.00 11,460.40 11	Total COGS	37,438.48	22,115.71	4,742.99	2,337.62	53,978.01	120,612.81	
Depreciation Expense 0.00 0.00 0.00 17,464.00 17,464.00 17,464.00 Dues and Memberships Expense 0.00 0.00 0.00 0.00 2,164.00	Gross Profit	4,177.47	-14,607.94	3,937.32	1,170.20	12,318.72	6,995.77	
Dues and Memberships Expense 0.00 0.00 0.00 2,164.00	Expense							
Insurance 0.00 0.00 0.00 0.00 11,460.40 11,460.40 Marketing/Special Events 0.00 0.00 0.00 0.00 4,795.76 4,795.76 Membership Expense 0.00 0.00 0.00 593.37 593.37 Office Expense 0.00 0.00 0.00 0.00 2,684.88 2,684.88 Postage and Delivery Expense 0.00 0.00 0.00 0.00 201.00 201.00 Professional Fees 0.00 0.00 0.00 0.00 7,224.97 7,224.97 Rent Expense 0.00 0.00 0.00 0.00 6,616.46 6,616.46	Depreciation Expense	0.00	0.00	0.00	0.00	17,464.00	17,464.00	
Marketing/Special Events 0.00 0.00 0.00 0.00 4,795.76 4,795.76 Membership Expense 0.00 0.00 0.00 0.00 593.37 593.37 Office Expense 0.00 0.00 0.00 0.00 2,684.88 2,684.88 Postage and Delivery Expense 0.00 0.00 0.00 0.00 201.00 201.00 Professional Fees 0.00 0.00 0.00 0.00 7,224.97 7,224.97 Rent Expense 0.00 0.00 0.00 0.00 6,616.46 6,616.46	Dues and Memberships Expense	0.00	0.00	0.00	0.00	2,164.00	2,164.00	
Membership Expense 0.00 0.00 0.00 593.37 593.37 Office Expense 0.00 0.00 0.00 0.00 2,684.88 2,684.88 Postage and Delivery Expense 0.00 0.00 0.00 0.00 201.00 201.00 Professional Fees 0.00 0.00 0.00 0.00 7,224.97 7,224.97 Rent Expense 0.00 0.00 0.00 0.00 6,616.46 6,616.46	Insurance	0.00	0.00	0.00	0.00	11,460.40	11,460.40	
Office Expense 0.00 0.00 0.00 0.00 2,684.88 2,684.88 Postage and Delivery Expense 0.00 0.00 0.00 0.00 201.00 201.00 Professional Fees 0.00 0.00 0.00 0.00 7,224.97 7,224.97 Rent Expense 0.00 0.00 0.00 0.00 6,616.46 6,616.46	Marketing/Special Events	0.00	0.00	0.00	0.00	4,795.76	4,795.76	
Postage and Delivery Expense 0.00 0.00 0.00 201.00 201.00 Professional Fees 0.00 0.00 0.00 0.00 7,224.97 7,224.97 Rent Expense 0.00 0.00 0.00 0.00 6,616.46 6,616.46	Membership Expense	0.00	0.00	0.00	0.00	593.37	593.37	
Professional Fees 0.00 0.00 0.00 0.00 7,224.97 7,224.97 Rent Expense 0.00 0.00 0.00 0.00 6,616.46 6,616.46	Office Expense	0.00	0.00	0.00	0.00	2,684.88	2,684.88	
Rent Expense 0.00 0.00 0.00 0.00 6,616.46 6,616.46	Postage and Delivery Expense	0.00	0.00	0.00	0.00	201.00	201.00	
·	Professional Fees	0.00	0.00	0.00	0.00	7,224.97	7,224.97	
	Rent Expense	0.00	0.00	0.00	0.00	6,616.46	6,616.46	
Repairs and Maintenance 0.00 0.00 0.00 0.00 2,364.41 2,364.41	Repairs and Maintenance	0.00	0.00	0.00	0.00	2,364.41	2,364.41	
Scholarships Expense 0.00 0.00 0.00 0.00 6,892.80 6,892.80	Scholarships Expense	0.00	0.00	0.00	0.00	6,892.80	6,892.80	
Tax and License Expense 0.00 0.00 0.00 0.00 3,373.81 3,373.81	Tax and License Expense	0.00	0.00	0.00	0.00	3,373.81	3,373.81	
Telephone Expense 0.00 0.00 0.00 0.00 736.00 736.00	Telephone Expense	0.00	0.00	0.00	0.00	736.00	736.00	
Utilities Expense 0.00 0.00 0.00 0.00 2,696.09 2,696.09	Utilities Expense	0.00	0.00	0.00	0.00	2,696.09	2,696.09	

Hilton Head Dance Theatre Profit & Loss by Class August 2020 through July 2021

Terp Too &

	Nutcracker	Spring Gala	Eloise	Plie on May	HHDT	TOTAL
Total Expense	0.00	0.00	0.00	0.00	69,267.95	69,267.95
Net Ordinary Income	4,177.47	-14,607.94	3,937.32	1,170.20	-56,949.23	-62,272.18
Other Income/Expense						
Other Income						
Investment Income	0.00	0.00	0.00	0.00	3,865.09	3,865.09
Realized Gains (Losses)	0.00	0.00	0.00	0.00	1,680.30	1,680.30
Total Other Income	0.00	0.00	0.00	0.00	5,545.39	5,545.39
Other Expense						
Investment Expenses	0.00	0.00	0.00	0.00	1,924.52	1,924.52
Total Other Expense	0.00	0.00	0.00	0.00	1,924.52	1,924.52
Net Other Income	0.00	0.00	0.00	0.00	3,620.87	3,620.87
Net Income	4,177.47	-14,607.94	3,937.32	1,170.20	-53,328.36	-58,651.31

Form **990**

Return of Organization Exempt From Income Tax

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

2020

OMB No. 1545-0047

Open to Public Inspection

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

Α	For the	2020 ca	lendar year, or tax year	beginning	8/1/2020	, and e	nding		7/31/202	21	-	
В	Check if a	applicable:	C Name of organization	HILTON HEA	DANCE THEATRE			D Empl	oyer ident	ification nur	nber	
□ ,	Address	change	Doing business as									
П	Name ch	Number and street (or P.O. box if mail is not delivered to street address) Room/suite						57-0823				
$\overline{}$		-	PO BOX 5761					E Telep	hone numb	oer		
Ш'	Initial retu	ırn	City or town		State SC	ZIP code		(843) 84	2-3262			
	Final return	/terminated	HILTON HEAD Foreign country name	Eoroign	province/state/county	29938 Foreign posta	Loodo					
П.	Amended	l return	Foreign country name	Foreign	province/state/county	Foreign posta		G Gross	receipts \$		18	80,427
$\overline{}$							_					
Ш,	Application	on pending	F Name and address of prir	•					turn for subo	*	Yes 2	X No
			LORI FINGER PO BO	X 5761, HILTO	N HEAD, SC 29938				inates inclu		Yes	No
ı	Tax-exer	mpt status:	X 501(c)(3) 501(c	s) () <	I (insert no.) 4947(a)(1) or 527	If "I	No," attach	a list. See	instructions		
J	Website	: ► WW	/W.HILTONHEADDAN	CE.COM			H(c) Gro	up exempt	tion numbe	er >		
		organization		rust Associa	tion X Other ▶	I Ve	ar of forma			State of lega	l domicile.	
		_		Tust Associa	Tuon X Other	Lie	ai oi ioiilla	19	95 "	Otate of lega	Tuomicile.	SC
ř	art I		mmary			Harris DDG	NACTE		DDEOLA	TION FOR		
ø	1		escribe the organizatio	n's mission or	most significant activi	ties: PRC	MOTE	THE API	PRECIA	TION FOR	(THE BA	LLEI
auc		10 THE	GENERAL PUBLIC.									
Governance							<i>-</i>					
o Ve	2		nis box 🕨 🔛 if the or	-			of more	than 25	5% of its	net assets	3.	
Ō	3		of voting members of t									12
Activities &	4		of independent voting						4			12
ij	5		mber of individuals em			/, lin e 2a) . .			5			0
춪	6		mber of volunteers (est						6			
ĕ	7a		related business reven						7a			0
	b	Net unre	elated business taxable	income from I	orm 990-T, Part I, lin	e 11			7b			0
								Prior Yea			rrent Year	
Revenue	8		itions and grants (Part						16,916	6		7,017
	9		n service revenue (Part						106,411		7	4,902
ě	10	Investm	ent income (Part VIII, c	olumn (A), line	s 3, 4, and 7d)				815	5		5,545
œ	11	Other re	venue (Part VIII, colum	ın (A), lines 5,	6d, 8c, 9c, 10c, and 1	1e)			62,817	'	4	5,690
	12	Total rev	enue—add lines 8 throug	gh 11 (must equ	al Part VIII, column (A)	, line 12)			186,959)	13	3,154
	13	Grants a	and similar amounts pa	id (Part IX, col	ımn (A), lines 1–3) .				0)		0
	14	Benefits	paid to or for members	s (Part IX, colu	mn (A), line 4)				0)		0
S	15		other compensation, em						0)		0
Expenses	16a		onal fundraising fees (F						0)		0
be	b		ndraising expenses (Pa			0						
ш	17	Other ex	rpenses (Part IX, colum	nn (A), lines 11	a–11d, 11f–24e)				234,263	1	19	1,805
	18		penses. Add lines 13–1						234,263	3		1,805
	19		e less expenses. Subtr						-47,304		-5	8,651
Net Assets or Fund Balances							Beginn	ing of Cur	rent Year	E	nd of Year	
sets	20	Total as	sets (Part X, line 16).						577,069)	51	9,537
t As d B	21	Total lia	bilities (Part X, line 26)						9,200)		663
용교	22	Net asse	ets or fund balances. S	ubtract line 21	from line 20				567,869)	51	8,874
	art II	Sig	nature Block									
Und	er penalti	ies of perjur	y, I declare that I have examin	ed this return, inclu	ding accompanying schedu	les and statements	s, and to th	e best of m	ny knowled	ge		
and	belief, it i	s true, corre	ct, and complete. Declaration	of preparer (other	than officer) is based on all	information of whic	h preparer	has any ki	nowledge.			
Sign												
Here			Signature of officer					Da	ate			
	. •											
		<u> </u>	Type or print name and title									
_		Prin	t/Type preparer's name		Preparer's signature		Date	:	Check	if P	ΓIN	
Pa		Ting	a M Clark		Tina M Clark		12/	10/2021	self-em		1067780)
	eparer			ace & Account	ng Solutions, PC		· ·					·
Us	e Only	y —				. 0.400			1 ▶ 27-4			
			's address ► P.O. Box 2					Phone no.	. 843-	-548-0052	-	
Ma	y the IF	RS discus	s this return with the pr	eparer shown	above? See instruction	ons				X	Yes	No

Biselly describe the organization's mission: PROMOTE THE APPRECIATION FOR THE BALLET TO TO THE GENERAL PUBLIC. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 980-E27. 17 "es," describe these new services on Schedule O. 18 "Yes," describe these changes on Schedule O. 18 "Yes," describe these changes on Schedule O. 19 Did the organization's program service accomplishments for each of its three largest program services, as macrated by expenses. Section 501(x)3 and 501(x)(x) organizations are required to report the amount of grafts and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 120.613 including grants of \$ 74,902.) PRODUCTION OF DANCE PROGRAMS TO CREATE APPRECIATION OF THE BALLET BYTHE GENERAL PUBLIC. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe on Schedule O.) (Expenses \$ 0 including grants of \$ 0.) (Revenue \$ 0.)	Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
PROMOTE THE APPRECIATION FOR THE BALLET TO TO THE GENERAL PUBLIC. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule O. Yes No If Yes," describe these new services on Schedule O.	1	
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?. If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(x)3 and 5010(x)4 organizations are required to report the amount of grains and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4 Code:) (Expenses \$ 120.613 including grants of \$ (Revenue \$ 74,902) PRODUCTION OF DANCE PROGRAMS TO GREATE APPRECIATION OF THE BALLET BY THE GENERAL PUBLIC. 4 PRODUCTION OF DANCE PROGRAMS TO GREATE APPRECIATION OF THE BALLET BY THE GENERAL PUBLIC.	•	
the prior Form 990 or 990-EZ7. If Yes (SC) No If Yes, 'Gescribe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If Yes (SC) No If Yes, 'Gescribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(x)3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others. the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 120,613 including grants of \$) (Revenue \$ 74,902) PRODUCTION OF DANCE PROGRAMS TO CREATE APPRECIATION OF THE BALLET BY THE GENERAL PUBLIC. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) Code: (Code:) (Expenses \$ including grants of \$) (Revenue \$) Code: (Code:) (Expenses \$ including grants of \$) (Revenue \$)		
the prior Form 990 or 990-EZ7. If Yes (SC) No If Yes, 'Gescribe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If Yes (SC) No If Yes, 'Gescribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(x)3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others. the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 120,613 including grants of \$) (Revenue \$ 74,902) PRODUCTION OF DANCE PROGRAMS TO CREATE APPRECIATION OF THE BALLET BY THE GENERAL PUBLIC. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) Code: (Code:) (Expenses \$ including grants of \$) (Revenue \$) Code: (Code:) (Expenses \$ including grants of \$) (Revenue \$)		
the prior Form 990 or 990-EZ7. If Yes (SC) No If Yes, 'Gescribe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If Yes (SC) No If Yes, 'Gescribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(x)3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others. the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 120,613 including grants of \$) (Revenue \$ 74,902) PRODUCTION OF DANCE PROGRAMS TO CREATE APPRECIATION OF THE BALLET BY THE GENERAL PUBLIC. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) Code: (Code:) (Expenses \$ including grants of \$) (Revenue \$) Code: (Code:) (Expenses \$ including grants of \$) (Revenue \$)		
Time Times	2	
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Part IV Checklist of Required Schedules Part IV

			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		Х
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		Χ
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		Χ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "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 "Yes," complete Schedule D, Part I	6		Х
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		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		X
	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," 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 of its total assets reported in Part X, line 16? <i>If</i> "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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X.</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	12a		^
	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	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		Χ
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		Х
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		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I See instructions	17		Х
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	Χ	
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
<u> </u>	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ
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		Х
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	igsquare	Х
	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	igsquare	ļ
	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		Х
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			
00	990-EZ? If "Yes," complete Schedule L, Part I	25b	\vdash	Х
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%			\ \
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	┢─┤	Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		Ĥ
20	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? <i>If</i>			
-	If"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	If"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Χ
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		Χ
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	igsquare	
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			\ \
27	organization? If "Yes," complete Schedule R, Part V, line 2	36	\vdash	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		_
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		Х
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	Х	
Par		<u> </u>	_ ^_	
rai	Check if Schedule O contains a response or note to any line in this Part V		1	П
	2.135K ii Gorioudio G Goriumio a responso oi noto to uny iiilo ii uno i urt v	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		res	NO
la b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
•	gaming (gambling) winnings to prize winners?	1c		

2a b 3a b 4a b 5a b c 6a b 7 a b c d e f g h 8 9	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b 3a b 4a b 5a b 6a b 7 a b c d e f g h 8			Yes	No
3a b 4a b 5a b c 6a b 7 a b c d e f g h 8				
3a b 4a b 5a b c 6a b 7 a b c d e f g h 8	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b 4a b 5a b c 6a b 7 a b c d e f g h 8	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b 4a b 5a b c 6a b 7 a b c d e f g h 8	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			
b 5a b c 6a b c d e f g h 8	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b 5a b c 6a b 7 a b c d e f g h 8	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
5a b c 6a b 7 a b c d e f g h 8	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
5a b c 6a b 7 a b c d e f g h 8	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b c 6a b 7 a b c d e f g h 8	If "Yes," enter the name of the foreign country			
b c 6a b 7 a b c d e f g h 8	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c 6a b 7 a b c d e f g h 8	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
6a b 7 a b c d e f g h 8	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
b 7 a b c d e f g h 8	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
7 a b c d e f g h	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
7 a b c d e f g h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
a b c d e f g h 8	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
a b c d e f g h 8	gifts were not tax deductible?	6b		<u> </u>
b c d e f g h	Organizations that may receive deductible contributions under section 170(c).			
c d e f g h	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
c d e f g h	and services provided to the payor?	7a		Х
d e f g h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
e f g h 8	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
e f g h 8	required to file Form 8282?	7с		Х
f g h 8	If "Yes," indicate the number of Forms 8282 filed during the year			
g h 8	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
h 8	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
8	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	7h		
9	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
9	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from members or shareholders			
b	against amounts due or received from them.)			
l2a	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	124		
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.	100		
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			
С	Enter the amount of reserves on hand			
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			Ė
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	is the organization an educational institution subject to the section 4300 excise tax on het investment income?	10		Ê

Form 990 (2020)	HILTON HEAD DANCE THEATRE	57-0823063	Page
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7k	b below, and for a "No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes o	n Schedule O. See instr	uctions
	Check if Schedule O contains a response or note to any line in this Part VI		. X
Section A. 0	Governing Body and Management		

	terral determing body and management		Yes	No
10	Enter the number of voting members of the governing hady at the end of the tay year		res	NO
ıa	Enter the number of voting members of the governing body at the end of the tax year	4		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
h				
b		-		
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		Х
2	Did the organization delegate control over management duties customarily performed by or under the direct	2		
3				~
	supervision of officers, directors, 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?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	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			_
L	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,			V
•	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 by the following:	0.	V	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
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? <i>If</i> "Yes," provide the names and addresses on Schedule O	9		_
Cast		_	١	Χ
Seci	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Joue.	<i>)</i> Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	162	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
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 filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	IIa	^	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes,"	120		
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			, <u> </u>
	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	
b	Other officers or key employees of the organization	15b	X	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► SC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section	501(c)	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	•		
	Own website Another's website X Upon request Other (explain on Schedule O	1		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po			
	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	•		
	HILTON HEAD DANCE THEATRE (843) 842-3262			
	PO BOX 5761, HILTON HEAD, SC 29938	-		

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

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.

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

		(C)								
(4)	(B)	(-1	4 . 1		ition			(5)	(E)	(F)
(A) Name and title					th an or is both		(D) Reportable	(E) Reportable	(F) Estimated amount	
	hours per week					or/truste		compensation from the	compensation from related	of other
	(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	ligh emp	Former	organization	organizations	compensation from the
	hours for related	/idua	tutio	ĕ	emp	est o	her	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	organizations	or at	nal		oyo	com				related organizations
	below dotted line)	ıste	trust		e e	pens				
			8		ŀ	Highest compensated employee				
(1) LORI FINGER	10.00	X	┢							
PRESIDENT	0.00	Х		Х						
(2) KARENA BROCK-CARLYLE	5.00	^								
VICE PRESIDENT	0.00	X		Х						
(3) KELLY LUCKASEVIC	5.00									
SECRETARY	0.00	Х		Х						
(4) JOHN CARLYLE	5.00									
DIRECTOR	0.00	Х								
(5) WENDY LYSINGER	5.00									
DIRECTOR	0.00	Χ								
(6) CYNTHIA CULLEN	5.00									
DIRECTOR	0.00	Χ								
(7) CAITLIN HOFFMAN	5.00									
DIRECTOR	0.00	Х								
(8) CHRISTINE STAEBLER	5.00									
DIRECTOR	0.00	Х								
(9) EMILY COOK	5.00	.,								
DIRECTOR	0.00	Х								
(10) BECKY ADELMAN	5.00	.,								
DIRECTOR	0.00	Х								
(11) KATIE GIRARDI	5.00	· ·								
DIRECTOR	0.00	Х								
(12) JAMAL EDWARDS	5.00	v								
DIRECTOR	0.00	Х								
(13)										
(14)										
\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!										
	1								l	

	57-082		Pa	age 8
oloyees	contin	uea)		
(E) Reports compens from rela organiza (W-2/1099-	ation ated tions	cor	(F) nated am of other npensati from the nization I organiz	on
1				
	0			0
	0			0
000 of				0
			Yes	No
		3		X
		4		X
dual				
		5		Χ
100,000	of			
organiza				
ces	C	(C Comper		
				0

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
								Reportable	(F) Estimated amount		
		per week (list any hours for related organizations below dotted line)	Individual trustee or director		o Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	of other compensation from the organization and related organizations
(15)										1	
(16)									(
(17)											
(18)											
(19)											
(20)							//	, ((O		
(21)											
(22)											
(23)			X								
(24)											
(25)											
1b c d	Subtotal		 	 		 <u></u>	 	A A A	0 0	0 0	0 0
2	Total number of individuals (including but not lir reportable compensation from the organization		sted a	abov	e) v	vho	recei	ved	more than \$100),000 of	0
3	Did the organization list any former officer, dire employee on line 1a? <i>If</i> "Yes," complete Sched										Yes No 3 X
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual	•	00? <i>If</i>	f "Ye	s,"	com	plete	Sc	hedule J for suc	h	4 X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye	ue compensatio	n fror	n an	ıy u	nrel	ated (orga	anization or indiv		5 X
	ion B. Independent Contractors									1	
1	Complete this table for your five highest compecompensation from the organization. Report co								with or within the		
	(A) Name and business addr	ress							(B) Description of ser	vices C	(C) Compensation
											0
											0
											0
2	Total number of independent contractors (include more than \$100,000 of compensation from the			tho	se l	iste	d abo	ve)	who received		0

Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any line in	this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
(0	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	0				
3ra ou	C	Fundraising events	0				
S, (Am	٦	_	0				
3ift ar,	d	Related organizations					
s, (mil	е	Government grants (contributions) <u>1e</u>	0				
on Si	f	All other contributions, gifts, grants, and					
outi her		similar amounts not included above 1f	7,017				
ti Q	g	Noncash contributions included in					
Contributio and Other		lines 1a–1f					
O e	h	Total. Add lines 1a–1f		7,017			
			Business Code				
ce	2a	DANCE PRODUCTIONS		24,076	24,076		
ه ≧	b	BALLET CHRISTMAS		680	680		
yram Sen Revenue	С	MEMBERSHIP DUES/ADVERTISEMENTS		36,790	36,790		
E S	d	OTHER STUDENT PERFORMANCES		0	0		
Re	е	PERFORMANCE FEES		13,356	13,356		
Program Service Revenue	f	All other program service revenue		0.	10,000		
₾	q	Total. Add lines 2a–2f	.	74,902			
	3	Investment income (including dividends, interest		14,302			
	3			2 005			
		other similar amounts)		3,865			
	4	Income from investment of tax-exempt bond pro		0			
	5	Royalties		0			
			(ii) Personal				
	6a	Gross rents 6a 36,000					
	b	Less: rental expenses . 6b					
	С	Rental income or (loss) 6c 36,000	0				
	d	Net rental income or (loss)		36,000			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 48,953	0				
ne	b	Less: cost or other basis	Ť				
en,		and sales expenses 7b 47,273	0				
Revenue	С	Gain or (loss) 7c 1,680	0				
er F	d	Net gain or (loss)	•	1,680			
Othe	8a	Gross income from fundraising					
Ò		events (not including \$ 0					
		of contributions reported on line 1c).					
		See Part IV, line 18 8a	9,690				
	b	Less: direct expenses 8b	0				
	С	Net income or (loss) from fundraising events		9,690			
	9a	Gross income from gaming activities.		,			
		See Part IV, line 19 9a	0				
	b	Less: direct expenses 9b	0				
	C	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less		U			
	IVa	returns and allowances	0				
	L						
	b	3	·	0			
	С	Net income or (loss) from sales of inventory		0			
sn			Business Code				
e e	11a			0			
Miscellaneous Revenue	b			0			
<u> </u>	С			0			
<u>s</u> 🗷	d	All other revenue		0			
≥	е	Total. Add lines 11a–11d		0			
	12	Total revenue See instructions	▶	133 154	74 902	0	1

Part IX Section 501 Statement of Functional Expenses

ection 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	to any line in this Pa	art IX		📙
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0		0	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	. 0			
11	Fees for services (nonemployees):				
а	Management	0			
b	Legal	0	•		
С	Accounting	2,842		2,842	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column	0.000		0.000	
40	(A) amount, list line 11g expenses on Schedule O.)	6,308		6,308	
12	Advertising and promotion	4,796		4,796	
13	Office expenses	2,886		2,886	
14 15	Information technology	0			
15 16	Royalties	15,787		15,787	
17	Occupancy	13,787		15,767	
18	Payments of travel or entertainment expenses	0			
10	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	17,464	0	17,464	0
23	Insurance	11,460		11,460	
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	SCHOLARSHIP EXPENSE	6,892		6,892	
b	PROGRAM PRODUCTION EXPENSE	120,613	120,613		
С	MEMBERSHIP AND DUES	2,757		2,757	
d	OTHER EXPENSES	0			
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	191,805	120,613	71,192	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if if				
	following SOP 98-2 (ASC 958-720)]	

57-0823063

Form 990 (2020) HILTON HEAD DANCE THEATRE Part X Balance Sheet

		Check if Schedule O contains a response o	r note to any li	ne in this Part X .			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			12,096	1	18,337
	2	Savings and temporary cash investments	0	2			
	3	Pledges and grants receivable, net	0	3	0		
	4	Accounts receivable, net	7,500	4	0		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub-		4			
		controlled entity or family member of any of the	0	5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons describe	0	6			
ţ	7	Notes and loans receivable, net		0	7	0	
Assets	8	Inventories for sale or use			18,534	8	17,342
Ä	9	Prepaid expenses and deferred charges			0	9	,-
	10a	Land, buildings, and equipment: cost or	T I				
		other basis. Complete Part VI of Schedule D	10a	808,850			
	b	Less: accumulated depreciation	10b	392,111	434,203	10c	416,739
	11	Investments—publicly traded securities			104,236	11	66,619
	12	Investments—other securities. See Part IV, line			0	12	0
	13	Investments—program-related. See Part IV, lin	_	0	13	0	
	14	Intangible assets		0	14	0	
	15	Other assets. See Part IV, line 11	500	15	500		
	16	Total assets. Add lines 1 through 15 (must equ	 ual line 33)		577,069	16	519,537
	17	Accounts payable and accrued expenses	<u>uai iii e 00) .</u>	•	0	17	663
	18	Grants payable		-	0	18	000
	19	Deferred revenue			0	19	
	20	Tax-exempt bond liabilities		0	20		
	21	Escrow or custodial account liability. Complete		0			
S	22	Loans and other payables to any current or for	0	<u> </u>			
Liabilities	~~	trustee, key employee, creator or founder, sub					
þ		controlled entity or family member of any of the	0	22			
Ë	23	Secured mortgages and notes payable to unre	9,200	23	0		
	24	Unsecured notes and loans payable to unrelate			9,200	24	0
	25	Other liabilities (including federal income tax, p	0	24			
	23	parties, and other liabilities not included on line					
		Part X of Schedule D			0	25	0
	26	Total liabilities. Add lines 17 through 25			9,200	_	663
	20				9,200	20	003
Š		Organizations that follow FASB ASC 958, ch	neck here >	XI			
a		and complete lines 27, 28, 32, and 33.			507.000		540.074
3a	27	Net assets without donor restrictions			567,869	27	518,874
ᅙ	28	Net assets with donor restrictions	0	28			
<u>.</u>		Organizations that do not follow FASB ASC	958, check he	ere 🕨 🔛			
Net Assets or Fund Balances	l	and complete lines 29 through 33.					
Š	29	Capital stock or trust principal, or current funds		0	29		
sel	30	Paid-in or capital surplus, or land, building, or e			0		
As	31	Retained earnings, endowment, accumulated i			0	31	
<u>e</u> t	32	Total net assets or fund balances			567,869		518,874
Z	33	Total liabilities and net assets/fund balances .			577,069	33	519,537

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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

the Single Audit Act and OMB Circular A-133? . .

Form **990** (2020)

3a

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Internal Revenue Service

Attach to your tax return.

Sequence No. 179

Go to www.irs.gov/Form4562 for instructions and the latest information. Identifying number Business or activity to which this form relates Name(s) shown on return HILTON HEAD DANCE THEATRE 57-0823063 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . 5 U 6 (a) Description of property (c) Elected cost Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 0 9 0 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 **Note:** Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS) . . 16 MACRS Depreciation (Don't include listed property. See instructions.) Part III Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2020 17 17.464 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property vear placed (business/investment use (e) Convention (f) Method (g) Depreciation deduction in service only-see instructions) **19 a** 3-year property **b** 5-year property c 7-year property **d** 10-year property e 15-year property f 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. MM S/L 27.5 yrs. MM property i Nonresidential real 39 yrs. MM MM S/L Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20 a Class life **b** 12-year S/L 12 yrs. 30 yrs. MM S/L c 30-year **d** 40-year 40 yrs. S/L Part IV Summary (See instructions.) 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 17.464 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Inspection

Name of the organization					Employer identification	number
HILTON HEAD DANCE THEATRE 57-0823063						23063
Part I Reason for Public Char						
The organization is not a private founda 1 A church, convention of church	•		-		,	
					(A)(I).	
		•				
A hospital or a cooperative hos			•			4 4l
4 A medical research organization hospital's name, city, and state): 	· 				
5 An organization operated for the section 170(b)(1)(A)(iv). (Con		ge or university owned	or operate	ed by a go	vernmental unit desc	cribed in
6 A federal, state, or local govern	nment or governmer	ntal unit described in s e	ection 170)(b)(1)(A)(v).	
7 X An organization that normally a described in section 170(b)(1)			m a gove	rnmental ι	unit or from the gene	ral public
8 A community trust described in	section 170(b)(1)(A)(vi). (Complete Part	II.)			
9 An agricultural research organ or university or a non-land-gra university:						
An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt function income and unrelated	ons—subject to certain ed business taxable in	exception come (les	s, and (2) s section (no more than 33 1/3 511 tax) from busine	3% of its
11 An organization organized and	l operated exclusive	ly to test for public safe	ty. See s e	ection 509	9(a)(4).	
An organization organized and of one or more publicly suppor Check the box in lines 12a thro	ted organizations de	escribed in section 509	(a)(1) or	section 50	09(a)(2). See section	n 509(a)(3).
a Type I. A supporting organithe supported organization(organization. You must contact the supported organization.	s) the power to regu	larly appoint or elect a				
b Type II. A supporting organ control or management of the organization(s). You must be	ne supporting organi complete Part IV, S	ization vested in the sa	ime perso	ns that co	ntrol or manage the	supported
c Type III functionally integriits supported organization(s						rated with,
d Type III non-functionally integ	ntegrated. A suppor rated. The organizat	ting organization operation generally must sati	ated in cor sfy a distr	nnection with	vith its supported org quirement and an att	
requirement (see instruction e Check this box if the organi	•	-				ااا م
functionally integrated, or T					турет, турет, тур	e III
f Enter the number of supported						0
g Provide the following information						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)				110		
(B)						
(C)						
(D)						
(E)						
Total						^

57-0823063

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.)

	tion A. Public Support		<u> </u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")	65,734	93,036	103,552	99,152	63,343	424,817
2	Tax revenues levied for the						
	organization's benefit and either paid	1					
_	to or expended on its behalf	1					0
3	The value of services or facilities	1					
	furnished by a governmental unit to the	1					
	organization without charge	05.704	00.000	400 550	00.450	00.040	0
4	Total. Add lines 1 through 3	65,734	93,036	103,552	99,152	63,343	424,817
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)						104.047
6	Public support. Subtract line 5 from line 4						424,817
	etion B. Total Support Indar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
_				, ,			
7	Amounts from line 4	65,734	93,036	103,552	99,152	63,343	424,817
8	Gross income from interest, dividends,	1					
	payments received on securities loans,	1					
	rents, royalties, and income from similar sources	5.294	4 000	F 640	4.450	2 065	22.040
0		5,294	4,989	5,648	4,153	3,865	23,949
9	Net income from unrelated business activities, whether or not the business is	1					
	regularly carried on	1					0
10							U
10	Other income. Do not include gain or loss from the sale of capital assets	1					
	(Explain in Part VI.)	1					0
11	Total support. Add lines 7 through 10						448,766
12	Gross receipts from related activities, etc. (so	oo instructions)				12	440,700
	First 5 years. If the Form 990 is for the orga	•				14	
	organization, check this box and stop here						▶□
800	tion C. Computation of Public Su						
	•		_	(f\)		14	94.66%
14 15	Public support percentage for 2020 (line 6, c Public support percentage from 2019 Sched					14 15	94.00%
	33 1/3% support test—2020. If the organiz						34.0270
IVa	and stop here. The organization qualifies as						. X
L							
D	33 1/3% support test—2019. If the organiz box and stop here. The organization qualifies			•		•	. □
							· · · · • • <u> </u>
1/a	10%-facts-and-circumstances test—2020	•					
	10% or more, and if the organization meets the Part VI how the organization meets the facts						
	organization		•		. ,		ь 🗀
h	10%-facts-and-circumstances test—2019						· · · • <u> </u>
	15 is 10% or more, and if the organization m	•					
	in Part VI how the organization meets the fac						<u> </u>
	organization						▶
18	Private foundation. If the organization did i	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		
	inatruotiana		. ,	•			

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						0
3	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						•
500	line 6.)						0
	etion B. Total Support	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2010	(b) 2017	(6) 2018	(u) 2019	(e) 2020	(I) Total 0
		0	U	0	U	U	0
Tua	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources						0
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business	-					
	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		0	0	0	0	0
14	First 5 years. If the Form 990 is for the organization, should this boy and star boys			•	. , , ,		► □
0	organization, check this box and stop here						
	ction C. Computation of Public Su		_	(5)		45	0.00%
15	Public support percentage for 2020 (line 8, c Public support percentage from 2019 Sched		-			15 16	0.00%
	etion D. Computation of Investmen					16	0.00%
17	Investment income percentage for 2020 (line			olumn (f))		17	0.00%
18	Investment income percentage for 2020 (line Investment income percentage from 2019 S					18	0.00%
	33 1/3% support tests—2020. If the organi						2.0070
	not more than 33 1/3%, check this box and						▶ 🗍
b	33 1/3% support tests—2019. If the organi	zation did not chec	k a box on line 14	or line 19a, and lin	e 16 is more than 3	33 1/3%, and	
	line 18 is not more than 33 1/3%, check this	box and stop here	. The organization	qualifies as a pub	licly supported orga	anization	▶ 🛄
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box a	and see instructions		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 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).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? 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 line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

ı		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	36		
	10a		
	ıva		
	10b		
	100		

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Part	Supporting Organizations (continued)		1	1
44	Lies the examination apported a gift or contribution from any of the following payone?		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
a	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	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		1	
			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,			
Socti	supervised, or controlled the supporting organization. on C. Type II Supporting Organizations	2		
Jecu	on o. Type if oupporting 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		
Secti	on D. All Type III Supporting Organizations		V	NI.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations		ļ.	l .
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insti	uction	s).	
а	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 governmental entity (see	e instruct	ions).	
2	Activities Test. Answer lines 2a and 2b below.	•	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
	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. <i>Answer lines 3a and 3b below.</i>			
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.	3b	ĺ	ĺ

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nizatio	ons must complete Sections	s 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	0	0
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	0	0
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	0	0
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	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount	-		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
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		0
7 Check here if the current year is the organization's first as a non-functional	ly inte	egrated Type III supporting	organization (see

Schedul	e A (Form 990 or 990-EZ) 2020 HILTON HEAD DANCE THEAT	RE	5	7-0823063 Page 7
Part '	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—	provide details in Part VI	<i>'</i>)	
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which t	he organization is respor	nsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2020 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount	1		0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			0
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			
а	From 2015			
b	From 2016			
c	From 2017			
<u>d</u>	From 2018			
е	From 2019			
f	Total of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2020 distributable amount			0
i	Carryover from 2015 not applied (see instructions)			
<u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2020 from			
	Section D, line 7: \$ 0			
<u>a</u>	Applied to underdistributions of prior years		0	
<u> </u>				0
	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.		0	
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain			
	in Part VI. See instructions.			0
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7:			
<u>a</u>	Excess from 2016			
<u> </u>	Excess from 2017			
	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020 0			

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name	of the organization			Employer identifica	tion number
HILTO	ON HEAD DANCE THEATRE			5	7-0823063
Part		Advised Funds or Other	Similar Fu		
	Complete if the organization answer				
	·	(a) Donor advised funds	5	(b) Funds	s and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and don				
	funds are the organization's property, subject t				
6	Did the organization inform all grantees, donor				d
	only for charitable purposes and not for the be			• • •	П., П.,
	conferring impermissible private benefit?				Yes No
Part	Conservation Easements.				
	Complete if the organization answer				
1	Purpose(s) of conservation easements held by				
	Preservation of land for public use (for examp	ole, recreation or education)	Preservatio	n of a historically	important land area
	Protection of natural habitat		Preservatio	n of a certified his	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization	on held a qualified conservation	n contributio	n in the <u>form of a</u>	conservation
	easement on the last day of the tax year.			Н	eld at the End of the Tax Year
а	Total number of conservation easements				
b	Total acreage restricted by conservation ease				
C	Number of conservation easements on a certif			2c	
d	Number of conservation easements included in			24	
3	historic structure listed in the National Register Number of conservation easements modified,				vanization during
3	the tax year	ilansierieu, releaseu, extinguis	sileu, oi teili	illiated by the org	janization during
4	Number of states where property subject to co	nservation easement is located	d Þ		
5	Does the organization have a written policy reg			handling of	
-	violations, and enforcement of the conservatio			-	. Yes No
6	Staff and volunteer hours devoted to monitoring, in				
	•		•		
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and e	nforcing cons	ervation easements	during the year
	> \$				
8	Does each conservation easement reported or	· ·		of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?				. Yes No
9	In Part XIII, describe how the organization rep			•	
	balance sheet, and include, if applicable, the to	_	ization's fina	incial statements	that describes the
Dow'	organization's accounting for conservation eas			. 041 0::1	A 4-
Part	Organizations Maintaining Collect Complete if the organization answer				Assets.
1a	If the organization elected, as permitted under	· · · · · · · · · · · · · · · · · · ·			palanco shoot
ıa	works of art, historical treasures, or other simil				
	public service, provide in Part XIII the text of the	•			
b	If the organization elected, as permitted under				
	works of art, historical treasures, or other simil				
	public service, provide the following amounts r			, o. 1000a1011	
	(i) Revenue included on Form 990, Part VIII, I				\$
	(ii) Assets included in Form 990, Part X				\$
2	If the organization received or held works of an				
	following amounts required to be reported und			9	• •
а	Revenue included on Form 990, Part VIII, line				\$
	Assets included in Form 990, Part X				

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

Part	Organizations Maintaining Collect	tions of Art, Histor	rical Treasures, or c	Other Similar Asse	ts (continued)
3	Using the organization's acquisition, accession	on, and other records, o	check any of the followi	ng that make significan	it use of its
	collection items (check all that apply):				
а	Public exhibition	d	Loan or exchange pro	ogram	
b	Scholarly research	е 🗌		_	
D		e	l Other		
С	Preservation for future generations				
4	Provide a description of the organization's co XIII.	llections and explain h	ow they further the orga	anization's exempt purp	oose in Part
5	During the year, did the organization solicit or	r receive donations of a	art. historical treasures.	or other similar	
	assets to be sold to raise funds rather than to				Yes No
Dari	IV Escrow and Custodial Arrangeme		<u> </u>		
rait	Complete if the organization answe		000 Part IV line 0 c	or reported an amoun	at an Earm
	990, Part X, line 21.	ieu ies oilioillis	990, Fait IV, iiile 9, C	i reported an amou	it off i offit
	•			l	
1a	Is the organization an agent, trustee, custodia		=		□ v _{aa} □ na
	included on Form 990, Part X?				Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	wing table:		A
	De aireaire a halan an				Amount
С.	Beginning balance				0
d	Additions during the year			1d	
е	Distributions during the year			1e	
f	Ending balance			1f	0
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	1, for escrow or custodi	al account liability?	Yes X No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the expl	anation has been provi	ded on Part XIII	
Part		·	· · · · · · · · · · · · · · · · · · ·		
ıaıı	Complete if the organization answe	red "Ves" on Form (000 Part IV line 10		
				back (d) Three years bac	le (a) Faur vacua hack
4	 	Current year (b) Prio	or year (c) Two years		
1a	Beginning of year balance	U	U	0	0 0
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	0	0	0	0 0
2	Provide the estimated percentage of the curre	ent year end balance (line 1g, column (a)) hel	d as:	
а	Board designated or quasi-endowment	%			
b	Permanent endowment	%			
С	Term endowment ▶%				
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.			
3a	Are there endowment funds not in the posses	ssion of the organizatio	n that are held and adr	ministered for the	
	organization by:				Yes No
	(i) Unrelated organizations				3a(i)
	(ii) Related organizations				3a(ii)
b	If "Yes" on line 3a(ii), are the related organiza				3b
4	Describe in Part XIII the intended uses of the	·			<u> </u>
Part					
ı aı ı	Complete if the organization answe	red "Yes" on Form (990 Part IV line 11a	See Form 990 Pa	rt X line 10
				·	
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1-	Land	, ,	` '	aoptodiation	
1a	Land	0	500	040.005	500
b	Buildings	0	628,668	219,385	409,283
C	Leasehold improvements	0	23,429	16,775	6,654
d	Equipment	0	156,253	155,951	302
е	Other	0	01	01	0

416,739

Part VII	Investments—Other Securities.			
	Complete if the organization answered '	'Yes" on Form 990,	Part IV, line 11b. See Form 9	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year n	
	al derivatives	0		
	held equity interests	0		
(3) Other				
(A)				
(B) (C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	0		
Part VIII	Investments—Program Related. Complete if the organization answered '	'Yes" on Form 990,	Part IV, line 11c. See Form 9	90, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year n	luation:
(1)			,	
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.) . ►	0		
Part IX	Other Assets.			
	Complete if the organization answered '		Part IV, line 11d. See Form 9	
	(a) Descri	iption		(b) Book value
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1)			
Part X	umn (b) must equal Form 990, Part X, col. (B) li Other Liabilities.	ne 15.)		0
FaitA	Complete if the organization answered '	'Yes" on Form 990,	Part IV, line 11e or 11f. See	Form 990, Part X,
	line 25.	e ce tee	1	4) 5 / .
1. (1) Fadara	(a) Descrip	tion of liability		(b) Book value
(1) Federa (2)	Tillcome taxes			0
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	, , , , , , , , , , , , , , , , , , ,			
	umn (b) must equal Form 990, Part X, col. (B) li			0
	or uncertain tax positions. In Part XIII, provide the te 's liability for uncertain tax positions under FASB AS			F 1

57-0823063

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	T . T	_
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	-	
b	Donated services and use of facilities	_	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
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.)		
С	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0
Par	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1		0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		Ť
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	—	0
_	XIII Supplemental Information.	1 • 1	ŭ
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
			
			_

Schedule D (Fo		HILTON HEAD DANCE THEATRE	57-0823063	Page 5
Part XIII	Suppleme	ntal Information (continued)	 	
		1/		

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information

OMB No. 1545-0047

Employer identification number Name of the organization HILTON HEAD DANCE THEATRE 57-0823063 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events С Χ In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to b be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of contributions? (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization col. (i) Yes No 1 0 0 0 0 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 n 0 0 10 0 0 0 0 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.

	b Net gaming income summary. Subtract line 7 from line 1, column (d)
9	Enter the state(s) in which the organization conducts gaming activities:
a b	Is the organization licensed to conduct gaming activities in each of these states?
10a b	
	Schedule G (Form 990 or 990-EZ) 2020

Sched	ule G (Form 990 or 990-EZ) 2020 HILTON HEAD DANCE THEATRE	57-08	323063	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	[Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		_	<u> </u>
а	· · · · · · · · · · · · · · · · · · ·	13a		%
b 14	An outside facility	13b		%
1-4	records:	ı		
	Name ▶			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. [Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization amount of gaming revenue retained by the third party \blacktriangleright \$ 0 and the		_	
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation > \$0			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Г	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	· <u>L</u>] 163	
	spent in the organization's own exempt activities during the tax year 🕨 \$			0
Part		. ,	. ,	and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	moma	auon.	
_			.=	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 2020 Open to Public Inspection

Employer identification number HILTON HEAD DANCE THEATRE 57-0823063 Form 990, Part VI, Line 11B: ORGANIZATION'S PROCESS TO REVIEW FORM 990 BEFORE FORM 990 IS FILED. A PDF OF THIS TAX FORM IS SENT OUT BY EMAIL TO ALL DIRECTORS FOR REVIEW. ALL DIRECTORS MUST SEND BACK AN EMAIL INDICATION THAT THEY HAVE REVIEWED THE RETURN AND AGREE WITH IT'S CONTENTS OR THAT THEY DO NOT WISH TO REVIEW THE RETURN AND AGREE TO HAVE IT SENT WITHOUT REVIEW. Form 990, Part VI, Line 12C: ENFORCEMENT OF CONFLICT POLICY. THE POLICY FOR CONFLICTS IS CONTAINED IN THE BYLAWS AND IS ANNUALLY REVIEWED DURING THE ELECTION PROCESS. IN ADDITION, ANY TIME SOMEONE EXITS THE BOARD, THE POLICY IS REVIEWED. Form 990, Part VI, Line 15A: COMPENSATION PROCESS FOR TOP OFFICIALS. THE ENTITY HAS NEVER NEEDED TO USE THIS POLICY, BUT SUCH A POLICY WAS WRITTEN FOR US BY OUR ATTORNEY AND IS CONTAINED IN THE BYLAWS. EVERY BOARD MEMBER HAS A COPY. NO ONE ON THE BOARD RECEIVES ANY TYPE OF COMPENSATION. Form 990, Part VI, Line 19: THE PROCESS FOR OFFICERS. THE POLICY REGARDING CEO/OTHER OFFICERS CONTAINED IN THE BYLAWS IS THE SAME AS THE TOP OFFICIAL POLICY. Form 990, Part VI, Line 19: GOVERNING DOCUMENTS DISCLOSURE EXPLANATION. ALL REQUIRED DOCUMENTS ARE AVAILABLE TO THE PUBLIC IN THE ENTITY'S OFFICE DURING REGULAR BUSINESS HOURS SHOULD ANYONE WISH TO SEE THEM.

Schedule O (Form 990 or 990-EZ) 2020		Page	2
Name of the organization	Employer identification number	r	
HILTON HEAD DANCE THEATRE	57-0823063		

HILTON HEAD DANCE THEATRE 57-0823063

Summary of Unadjusted Basis of Qualified Property (4562)

7/31/2021

Summary of Qualified Property by Activity

																				Un	adjusted
	Activity																			Cos	t or Basis
1	990		 																		808,350

Detail of Qualified Property

			Date In	Recovery	Years in	Total Cost	Business/Time	Unadjusted
	Activity	Asset Description	Service	Period	Service	or Basis	Use Percent	Cost or Basis
2	990	BUILDING	8/1/2009	39	12	585,000	100.00%	585,000
3	990	SETS	8/1/2012	7	9	44,263	100.00%	44,263
4	990	PROPS	8/1/2012	7	9	1,400	100.00%	1,400
5	990	COSTUMES	8/1/2012	7	9	61,140	100.00%	61,140
6	990	STAGE FLOOR	8/1/2012	7	9	3,330	100.00%	3,330
7	990	EQUIPMENT	8/1/2012	7	9	3,747	100.00%	3,747
8	990	SPRUNG DANCE FLOOR	8/1/2012	7	9	19,391	100.00%	19,391
9	990	BUILDING IMPROVMENTS	8/1/2013	39	8	24,059	100.00%	24,059
10	990	BUILDING IMPROVEMENTS	8/1/2014	39	7	9,921	100.00%	9,921
11	990	COSTUMES	8/1/2014	7	7	5,350	100.00%	5,350
12	990	PROPS	8/1/2014	7	7	6,240	100.00%	6,240
13	990	FURNITURE AND FIXTURES	8/1/2014	7	7	2,006	100.00%	2,006
14	990	HVAC SYSTEM	7/25/2016	39	6	4,300	100.00%	4,300
15	990	PARKING LOT IMPROVEMEN	12/7/2015	15	6	15,360	100.00%	15,360
16	990	NEW ENTRY	12/7/2015	15	6	2,600	100.00%	2,600
17	990	SIDEWALKS	12/7/2015	15	6	2,840	100.00%	2,840
18	990	ISLAND ENVIRONMENTS-PA	9/12/2016	15	5	2,629	100.00%	2,629
19	990	HVAC	3/21/2018	39	4	5,388	100.00%	5,388
20	990	SIGN D SIGN	7/13/2018	7	4	2,432	100.00%	2,432
21	990	PROPS - HOUSE	4/30/2019	7	3	6,954	100.00%	6,954

(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)

OMB No. 1545-0047

Open to Public Inspection

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

► Go to www.irs.gov/Form990 for instructions and the latest information. 8/1/2019 7/31/2020 For the 2019 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: HILTON HEAD DANCE THEATRE Doing business as Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 57-0823063 Name change E Telephone number PO BOX 5761 Initial return City or town ZIP code (843) 842-3262 29938 HILTON HEAD Final return/terminated Foreign country name Foreign province/state/county Foreign postal code 197.591 Amended return G Gross receipts \$ F Name and address of principal officer: Application pending H(a) Is this a group return for subordinates? No LORI FINGER PO BOX 5761, HILTON HEAD, SC 29938 H(b) Are all subordinates included? X 501(c)(3) If "No," attach a list. (see instructions) Tax-exempt status: 501(c) () **(**insert no.) 4947(a)(1) or 527 Website: ► WWW.HILTONHEADDANCE.COM **H(c)** Group exemption number ▶ Trust Association Other > M State of legal domicile: Form of organization: Corporation L Year of formation: 1995 SC Part I Briefly describe the organization's mission or most significant activities: PROMOTE THE APPRECIATION FOR THE BALLET Activities & Governance TO THE GENERAL PUBLIC. if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Check this box ▶ Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 12 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0 6 Total unrelated business revenue from Part VIII, column (C), line 12. . . 0 7a Net unrelated business taxable income from Form 990-T, line 39. 0 **Current Year** 84,887 16,916 9 73,706 106,411 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,648 815 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 61.865 62,817 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). 226,106 186,959 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). 0 Professional fundraising fees (Part IX, column (A), line 11e) 0 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 285,196 234,263 17 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25). . . . 285,196 234,263 -59.090 19 Revenue less expenses. Subtract line 18 from line 12. -47.304Beginning of Current Year **End of Year** Total assets (Part X, line 16) 619.874 577,069 20 Total liabilities (Part X, line 26) 21 9,326 9,200 22 Net assets or fund balances. Subtract line 21 from line 20 610.548 567,869 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Type or print name and title Print/Type preparer's name Preparer's signature Paid Tina M Clark Tina M Clark 10/26/2020 self-employed **Preparer** ► Vital Business & Accounting Solutions, PC Firm's EIN ► XX-XXXXXXX

Firm's address ▶ P.O. Box 23403, Hilton Head Island, SC 29925-3403

X Yes

Phone no.

843-548-0052

Use Only

Pa	irt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	🖂
1		escribe the organization's mission: TE THE APPRECIATION FOR THE BALLET TO TO THE GENERAL PUBLIC.	
2	the prior	organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?	es X No
3	Did the o	describe these new services on Schedule O. organization cease conducting, or make significant changes in how it conducts, any program	es X No
4	If "Yes," o	describe these changes on Schedule O. the organization's program service accomplishments for each of its three largest program services, as measured	
-	expenses	es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other expenses, and revenue, if any, for each program service reported.	-
4a	(Code: PRODUC) (Expenses \$ 155,693 including grants of \$) (Revenue \$ CTION OF DANCE PROGRAMS TO CREATE APPRECIATION OF THE BALLET BY THE GENERAL PUBLIC.	106,411)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
44	Other pro	ragram carvisas (Dascriba an Sahadula O)	
40	(Expense	rogram services (Describe on Schedule O.) ses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
4-		ogram service expenses 155 603	

	990 (2019) HILTON HEAD DANCE THEATRE 57-0823	063	Р	age 3
Part	V 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,"			NO
	complete Schedule A	1	Х	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," complete Schedule C, Part I	3		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		Х
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	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII.</i>	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 assets reported in Part X, line 16? <i>If</i> "Yes," complete Schedule D, Part 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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	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		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X.</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete			
b	Schedule D, Parts XI and XII	12a		Χ
-	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	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate			.,
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		^
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
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	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II.	18	Х	

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

b 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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

19

19 20a

20b

Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ
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		Χ
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		Χ
	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		
	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	1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Χ
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%			\ \
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		<u> </u>
20	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? <i>If</i>			
u	If"Yes," complete Schedule L, Part IV	28a		Х
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>			Ť
	If"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	1	I	
	III, or IV, and Part V, line 1	34		Χ
	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 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		Х
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	-	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		.,	
D~	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	
Par	Statements Regarding Other IRS Filings and Tax Compliance			П
	Check if Schedule O contains a response or note to any line in this Part V	• •		ᆜ
4 -	Fortantha mumban namantal in Day 2 of Farms 4000 Fortan 0 its actional back.		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_		
b		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		

Part V

Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	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? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	١.		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	r-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u> 5b		X
b C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		1
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Ou		Ť
-	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 goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		┢
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
120	against amounts due or received from them.)	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa		
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.	100		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		Χ
	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 income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form 9	90 (2019) HILTON HEAD DANCE THEATRE 57-082			age 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	struct	_
Soct	ion A. Governing Body and Management	• •	• •	Х
Seci	IOII A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
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?	3		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ
6	Did the organization have members or stockholders?	6		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		
•	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Χ
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.		
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		_^_
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
40	describe in Schedule O how this was done	12c	Х	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
13	Did the organization have a written whistleblower policy?	13		X
14 15	Did the organization have a written document retention and destruction policy?	14		Х
13	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	
b	Other officers or key employees of the organization	15b	X	\vdash
	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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
Sect	ion C. Disclosure List the states with which a copy of this Form 000 is required to be filed.			

List the states with which a copy of this Form 990 is required to be filed ► SC
Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain on Schedule O) X Upon request Own website Another's website 19

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records

HILTON HEAD DANCE THEATRE PO BOX 5761, HILTON HEAD, SC 29938

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

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.

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

				((C)					
				Pos	ition					
(A)	(B)	•				than or		(D)	(E)	(F)
Name and title	Average hours					is both a or/truste		Reportable compensation	Reportable compensation	Estimated amount of other
	per week	1000 1000	T					from the	from related	compensation
	(list any hours for	Individual to or director	Sti-	Officer	у е	ghes	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	related	ual	tion	•	nplo	yee	_	,		related organizations
	organizations below	Individual trustee or director	함		Key employee	mpe				
	dotted line)	tee	Institutional trustee		10.550	Highest compensated employee				
			ı w			ted				
(1) LORI FINGER	10.00									
PRESIDENT	0.00	Х		Х						
(2) KARENA BROCK-CARLYLE	5.00									
VICE PRESIDENT	0.00	Х		Χ						
(3) KELLY LUCKASEVIC	5.00									
SECRETARY	0.00	Χ		Χ						
(4) JOHN CARLYLE	5.00									
DIRECTOR	0.00	Χ								
(5) WENDY LYSINGER	5.00									
DIRECTOR	0.00	Χ								
(6) CYNTHIA CULLEN	5.00									
DIRECTOR	0.00	Χ								
(7) CAITLIN HOFFMAN	5.00									
DIRECTOR	0.00	Χ								
(8) CHRISTINE STAEBLER	5.00									
DIRECTOR	0.00	Χ								
(9) EMILY COOK	5.00									
DIRECTOR	0.00	Χ								
(10) BECKY ADELMAN	5.00									
DIRECTOR	0.00	Χ								
(11) KATIE GIRARDI	5.00									
DIRECTOR	0.00	Χ								
(12) JAMAL EDWARDS	5.00									
DIRECTOR	0.00	Χ								
(13)										
						\sqcup				
(14)										

loyees	57-082 (contin		Pa	age 8
(E) Reporta compens from rela organiza W-2/1099-	able ation ated tions	Estim cor orga	(F) nated am of other npensati from the nization I organiz	on and
	0			0
	0			0
000 of				0
			Yes	No
		3		X
 lual		4		X
		5		X
00,000 organiza		ax ye	ar.	
es		(C Comper)	
				0

Pa	art VII	Section A. Officers, Directors, Tru	ıstees, Key Em	ploye	es,	and	iH b	ghes	t Co	ompensated Em	ployees (c	ontini	ued)		
							C) ition								
		(B)	,		neck	more	than o		(D)	(E)					
		Name and title	Average hours				irecto	is both or/trust	ee)	Reportable compensation	compensati	Reportable compensation		f other	.t
			per week (list any	or d	Insti	Officer	Key	Highest compensated employee	Former	from the organization	from relate organizatio			pensation om the	
			hours for related	Individual trustee or director	tution	ĕ	Key employee	lest o	ner	(W-2/1099-MISC)	(W-2/1099-M	ISC)	•	ization and organizatio	
			organizations below	or trus	nal tr		loye	omp					Tolatou	organizatio	10
			dotted line)	stee	Institutional trustee		Ф	ensa							
					T. W			ted							
(15)															
(16)															
(17)															
(18)															
(19)															
(20)															
(22)															
(23)				,											
(24)															
(25)															_
1b	Subtotal								•	0		0			0
C		m continuation sheets to Part VII, S								0		0			0
d		ld lines 1b and 1c).							▶	0		0			0
2		nber of individuals (including but not li e compensation from the organization		sted a	abov	e) v	vho	recei	ved	more than \$100	,000 of				0
	теропал	e compensation from the organization												Yes N	-
3		rganization list any former officer, dire		-	-			_		•					
		e on line 1a? <i>If "Yes," complete Sched</i>											3)	X
4	-	ndividual listed on line 1a, is the sum on nization and related organizations grea	•							•	h				
	•	lization and related organizations grea l											4	,	X
5		person listed on line 1a receive or accr										Ī			
		es rendered to the organization? If "Y	es," complete So	chedu	ıle J	for	suc	h per	son	1			5)	X
Sec		dependent Contractors this table for your five highest compe	ensated indepen	dont (cont	ract	ore	that r	.000	ived more than	2100 000 of				
		ation from the organization. Report co											ax yea	ar.	
		(A) Name and business add	ress							(B) Description of ser	vices	С	(C) compens		
															0
															0
											+				0
															0
2		nber of independent contractors (inclunt should be shoul	-		tho	se l	iste	d abo	ve) 0						

Part VIII Statement of Revenue

		Check if Schedule O cor	ntains a res	ponse or	note to any line in	this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns		. 1a	0				
	b	Membership dues		. 1b	0				
	С	Fundraising events			0				
	d	Related organizations			0				
	е	Government grants (contrib		-	0				
	f	All other contributions, gifts							
utio		similar amounts not include	d above .	. 1f	16,916				
Contribut and Othe	g	Noncash contributions inclu	ıded in						
	_	lines 1a-1f		. 1g	\$ 0				
O e	h	Total. Add lines 1a-1f				16,916			
					Business Code				
င်	2a	DANCE PRODUCTIONS				45,498	45,498		
er ne	b	BALLET CHRISTMAS				1,495	1,495		
ıram Ser Revenue	С	MEMBERSHIP DUES/ADV				46,038	46,038		
an Sev	d	OTHER STUDENT PERFO	RMANCES	3		500	500		
Program Service Revenue	е	PERFORMANCE FEES				12,880	12,880		
ፈ	f	All other program service re				0			
_	<u>g</u>	Total. Add lines 2a–2f				106,411			
	3	Investment income (including	-			4.450			
	4	other similar amounts)				4,153			
	4 5	Income from investment of Royalties	tax-exempt	. bona pro	oceeds	0			
	5	Royallies	· · · · ·	i) Real	(ii) Personal	U			
	6a	Gross rents	6a	40,000	. ,				
	b	Less: rental expenses	6b	10,000					
	c d	Rental income or (loss)	6c	40,000	0				
		Net rental income or (loss)				40,000			
	7a	Gross amount from	(i) S	Securities	(ii) Other	,			
		sales of assets							
5900		other than inventory	7a	7,294	0				
ne	b	Less: cost or other basis							
/en		and sales expenses	7b	10,632	0				
Revenue	С	Gain or (loss)	7c	-3,338	0				
er	d	Net gain or (loss)		<u></u>		-3,338			
Other	8a	Gross income from fundrais	sing						
٥		events (not including \$		0_					
		of contributions reported on	-		00.047				
	h	See Part IV, line 18 Less: direct expenses			22,817				
	b	Net income or (loss) from fu		-	-	22,817			
	c 9a	Gross income from gaming		Vents .		22,017			
	Ju	See Part IV, line 19		. 9a	0				
	b	Less: direct expenses			0				
	C	Net income or (loss) from g			ű	0			
	10a	Gross sales of inventory, le	_						
		returns and allowances		. 10a	0				
	b	Less: cost of goods sold .			0				
	С		Net income or (loss) from sales of inventory						
SI			_		Business Code				
eor	11a					0			
scellaneo Revenue	b					0			
se se	С				<u> </u>	0			
Miscellaneous Revenue	d	All other revenue				0			
_	e	Total. Add lines 11a-11d.				0	100 111	-	-
	12	Total revenue. See instruct	tions			186,959	106,411	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	
Check if Schedule O contains a response or note to any line in this Part IX	

	Check if Schedule O contains a response or note t	o any line in this Pa	шт.х		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		,		
-	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic	ŭ			
-	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign	- U			
3	organizations, foreign governments, and foreign				
		0			
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	U			
5	Compensation of current officers, directors,				
_	trustees, and key employees	0		0	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	_			
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (nonemployees):				
а	Management	0			
b	Legal	0			
С	Accounting	2,072		2,072	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	2,904		2,904	
12	Advertising and promotion	3,096		3,096	
13	Office expenses	3,750		3,750	
14	Information technology	0		·	
15	Royalties	0			
16	Occupancy	27,462		27,462	
17	Travel	0			
18	Payments of travel or entertainment expenses	, and the second			
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	17,547	0	17,547	0
23	Insurance	11,339	0	11,339	0
24	Other expenses. Itemize expenses not covered	11,000		11,000	
4-7	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.)				
_	SCHOLARSHIP EXPENSE	8,767		8,767	
a	PROGRAM PRODUCTION EXPENSE		155 602	0,707	
b		155,693	155,693	1 622	
C C	MEMBERSHIP AND DUES	1,633 0		1,633	
d	OTHER EXPENSES				
e 25	All other expenses	0	1EE 600	70 570	
25 26	Total functional expenses. Add lines 1 through 24e	234,263	155,693	78,570	0
20	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				

57-0823063

Form 990 (2019) HILTON HEAD DANCE THEATRE

Balance Sheet

Pa	art X	Check if Schedule O contains a response of	r note to	any line in this Part X .			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			26,445	1	12,096
	2	Savings and temporary cash investments		[0	2	
	3	Pledges and grants receivable, net		0	3	0	
	4	Accounts receivable, net		5,000	4	7,500	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	0	5			
	6	Loans and other receivables from other disqualif		,			
		under section 4958(f)(1)), and persons describe	d in sect	ion 4958(c)(3)(B)	0	6	
Assets	7	Notes and loans receivable, net			0	7	0
\ss	8	Inventories for sale or use		 	15,934	8	18,534
•	9	Prepaid expenses and deferred charges			0	9	
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	808,850			
	b	Less: accumulated depreciation	10b	374,647	451,750		434,203
	11	Investments—publicly traded securities		-	120,245	11	104,236
	12	Investments—other securities. See Part IV, line		-	0	12	0
	13	Investments—program-related. See Part IV, lin		-	0	13	0
	14	Intangible assets		· · · · · · · · · · · · · · · · · · ·	0	14	0
	15	Other assets. See Part IV, line 11			500	15	500
	16	Total assets. Add lines 1 through 15 (must equ			619,874	16	577,069
	17	Accounts payable and accrued expenses		-	175	17	0
	18	Grants payable		-	0	18	
	19	Deferred revenue		-	0	19	
	20	Tax-exempt bond liabilities		-	0	20 21	
s	21 22	Escrow or custodial account liability. Complete Loans and other payables to any current or form	-	U	21		
Liabilities	22	trustee, key employee, creator or founder, subs					
Ξ		controlled entity or family member of any of the			0	22	
Ľ.	23	Secured mortgages and notes payable to unrel	-	-	9,151	23	9,200
	24	Unsecured notes and loans payable to unrelate			9,131	24	9,200
	25	Other liabilities (including federal income tax, p.			0		
		parties, and other liabilities not included on line	-				
		Part X of Schedule D		•	0	25	0
	26	Total liabilities. Add lines 17 through 25			9,326	26	9,200
s		Organizations that follow FASB ASC 958, ch			5,5=5	_,	-,
9		and complete lines 27, 28, 32, and 33.	eck iiei				
ā	27	Net assets without donor restrictions			610,548	27	567,869
Ba	28	Net assets with donor restrictions		-	010,040	28	007,000
Б	-0	Organizations that do not follow FASB ASC			J		
교		and complete lines 29 through 33.	000, 011				
ō	29	Capital stock or trust principal, or current funds			0	29	
ets	30	Paid-in or capital surplus, or land, building, or e			0	30	
SS	31	Retained earnings, endowment, accumulated in		-	0	31	
Net Assets or Fund Balances	32	Total net assets or fund balances			610,548		567,869
ž	33	Total liabilities and net assets/fund balances .		1	619,874		577,069
	_		_		,		

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

Form **990** (2019)

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172
2019
Attachment

Sequence No. 179

Business or activity to which this form relates Identifying number Name(s) shown on return HILTON HEAD DANCE THEATRE XX-XXXXXXX Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . 5 0 6 (a) Description of property (b) Cost (business use only) (c) Elected cost Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 0 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . . 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 **Note:** Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 Other depreciation (including ACRS). 16 MACRS Depreciation (Don't include listed property. See instructions.) Part III Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2019 17 17,547 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property year placed (business/investment use (e) Convention (f) Method (g) Depreciation deduction in service only-see instructions) **19 a** 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs. S/L **g** 25-year property h Residential rental 27.5 yrs. MM S/L 27.5 yrs. MM S/L property i Nonresidential real 39 yrs. MM S/L S/L MMSection C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20 a Class life **b** 12-year 12 yrs. S/L **c** 30-year 30 yrs. MM S/L d 40-vear 40 vrs. S/L Part IV Summary (See instructions.) 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 17,547 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization Employer identification number HILTON HEAD DANCE THEATRE 57-0823063

Pai	t I	Reason for Public Char	ity Status (All org	ganizations must co	mplete ti	nis part.)	See instructions.				
	orga	anization is not a private foundat	•		-		•				
1	Щ	A church, convention of church					(A)(i).				
2	Щ	A school described in section 1		·							
3	Щ	A hospital or a cooperative hos			•						
4	Ш	A medical research organization hospital's name, city, and state	•	nction with a hospital c	lescribed	in section	170(b)(1)(A)(iii). En	ter the			
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local govern	nment or governmer	ntal unit described in s e	ection 170)(b)(1)(A)(v).				
7	Χ	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	A)(vi). (Complete Part	II.)						
9		An agricultural research organi or university or a non-land-grar university:	zation described in a	section 170(b)(1)(A)(ixure (see instructions).	x) operate Enter the	d in conjur name, city	nction with a land-gra , and state of the co	ant college llege or			
10		An organization that normally receipts from activities related to support from gross investment acquired by the organization af	to its exempt function income and unrelated	ons—subject to certain ed business taxable in	exception come (les	s, and (2) s section (no more than 33 1/3 511 tax) from busine	3% of its	= 		
11		An organization organized and	operated exclusivel	ly to test for public safe	ety. See s e	ection 509)(a)(4).				
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	ted organizations de	escribed in section 509	9(a)(1) or	section 50	9(a)(2). See section	n 509(a)(3).			
а		Type I. A supporting organization (sorganization). You must con	s) the power to regundate Part IV, Section	llarly appoint or elect a tions A and B.	majority	of the direc	ctors or trustees of the	ne supporting			
b	. [Type II. A supporting organi control or management of the organization(s). You must o	ne supporting organi	ization vested in the sa							
С	[Type III functionally integrits supported organization(s						rated with,			
d		Type III non-functionally in that is not functionally integr	ated. The organizat	tion generally must sat	isfy a distr	ibution red	quirement and an att				
е	. [requirement (see instruction Check this box if the organize						e III			
Ŭ	L	functionally integrated, or Ty					1 ypo 1, 1 ypo 11, 1 yp				
f		Enter the number of supported	•						0		
g		Provide the following informatio Name of supported organization	n about the support	ed organization(s). (iii) Type of organization	(iv) lo the	organization	(v) Amount of monetary	(vi) Amount o	·f		
	(1)	Name of supported organization	(11) (11)	(described on lines 1–10 above (see instructions))	listed in you	ur governing ment?	support (see instructions)	other support (s instructions)	see		
					Yes	No					
A)						113					
B)											
C)											
-,											
D)											
= \											
E)											
ota	ı						0		0		

Yeart 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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	64,113	65,734	93,036	103,552	99,152	425,587	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0	
4 5	Total. Add lines 1 through 3	64,113	65,734	93,036	103,552	99,152	425,587	
6	Public support. Subtract line 5 from line 4						425,587	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4	64,113	65,734	93,036	103,552	99,152	425,587	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,993	5,294	4,989	5,648	4,153	27,077	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0	
11	Total support. Add lines 7 through 10						452,664	
12	Gross receipts from related activities, etc. (s	,				12		
13	First five years. If the Form 990 is for the o			-	` ' '	,	. –	
	organization, check this box and stop here					· · · · · · · · · · ·		
	ction C. Computation of Public Su						0.4.000/	
14	Public support percentage for 2019 (line 6, c					14	94.02%	
15	Public support percentage from 2018 Sched					15	92.17%	
16a	33 1/3% support test—2019. If the organiz and stop here. The organization qualifies as				•		▶ X	
b	33 1/3% support test—2018. If the organization qualification and stop here. The organization qualification and stop here.	ation did not check	a box on line 13 o	16a, and line 15 i	s 33 1/3% or more	, check this	<u> </u>	
17a	a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.							
b	10%-facts-and-circumstances test—2018 15 is 10% or more, and if the organization means are Explain in Part VI how the organization meensupported organization	neets the "facts-and- ts the "facts-and-cir	-circumstances" te cumstances" test.	st, check this box a The organization q	and stop here. Jualifies as a public	sly	. _	
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		<u>—</u>	
	instructions						•	

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

(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			, 1	·		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.")	-					0
_	Gross receipts from admissions, merchandise sold or services performed, or facilities	1					
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	-					0
3	Gross receipts from activities that are not an						•
	unrelated trade or business under section 513	-					0
4	Tax revenues levied for the						
	organization's benefit and either paid to						0
_	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						0
6	organization without charge	0	0	0	0	0	0
6 72	Total. Add lines 1 through 5	<u>_</u>	0	0	0	U	
<i>i</i> a	received from disqualified persons						0
h	Amounts included on lines 2 and 3						
J	received from other than disqualified						
	persons that exceed the greater of \$5,000	1					
	or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						0
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	<u> </u>					0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						•
	acquired after June 30, 1975		0				0
	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						0
12	or not the business is regularly carried on . Other income. Do not include gain or						0
12	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the or	~ 1	-				
	organization, check this box and stop here .	-		-			▶ 🗀
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2019 (line 8, c	olumn (f), divided b	y line 13, column ((f))		15	0.00%
16	Public support percentage from 2018 Sched	ule A, Part III, line 1	5			16	0.00%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2019 (line		-			17	0.00%
18	Investment income percentage from 2018 So					18	0.00%
19a	33 1/3% support tests—2019. If the organi						, -
J.	not more than 33 1/3%, check this box and s	-			-		▶ 🔼
b	33 1/3% support tests—2018. If the organi line 18 is not more than 33 1/3%, check this						. □
20	Private foundation. If the organization did r		=				
	ato roumaution. Il tilo organization ulu i	IOL OFFICIAL BOX OIL	i - , i Ja, Ui 18	~, oneon una bux c	สาเฉ อออ การถนอเบบปร		

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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** 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).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *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.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	24		
	3b		
	3c		
	00		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
_			

57-0823063

Part I	V 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		
	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		
Section	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		
Section	on C. Type II Supporting Organizations			<u> </u>
Occin	on o. Type it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (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		
Section	on E. Type III Functionally Integrated Supporting Organizations	<u> </u>	<u> </u>	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ction	c)	
' a	The organization satisfied the Activities Test. Complete line 2 below.	Clion	3).	
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	nstruc	tions).	
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	6.		
^	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
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>	20		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
IJ	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organizations.	ıg trus	t on Nov. 20, 1970 (explain	•
Section A - Adjusted Net Income	IIIZaliC	(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	0	0
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	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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	0	0
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	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount	_		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
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		0
7 Check here if the current year is the organization's first as a non-functional instructions).	ly inte	grated Type III supporting o	organization (see

Part '	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	<u> </u>			
Section	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe	empt purposes					
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported					
	organizations, in excess of income from activity						
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations						
4	4 Amounts paid to acquire exempt-use assets						
5	5 Qualified set-aside amounts (prior IRS approval required)						
6	6 Other distributions (describe in Part VI). See instructions.						
7	7 Total annual distributions. Add lines 1 through 6.						
8	8 Distributions to attentive supported organizations to which the organization is responsive						
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2019 from Section C, line 6			0			
10	Line 8 amount divided by line 9 amount	1		0.000			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6			0			
2	Underdistributions, if any, for years prior to 2019						
	(reasonable cause required—explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2019						
a	From 2014 0						
b	From 2015 0						
C	From 2016						
d	From 2017 0						
е	From 2018 0						
f	Total of lines 3a through e	0					
g	Applied to underdistributions of prior years		0				
h	Applied to 2019 distributable amount			0			
i	Carryover from 2014 not applied (see instructions)						
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0					
4	Distributions for 2019 from						
	Section D, line 7: \$ 0						
	Applied to underdistributions of prior years		0	_			
<u> </u>	Applied to 2019 distributable amount			0			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.	0					
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.		0				
6	Remaining underdistributions for 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in			_			
	Part VI. See instructions.			0			
7	Excess distributions carryover to 2020. Add lines 3j						
	and 4c.	0					
8	Breakdown of line 7:						
<u>a</u>							
<u>b</u>							
	Excess from 2017						
<u>d</u>							
е	Excess from 2019 0						

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

rm 990.
ctions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

name	e or the organization	mployer identification number
HILT(TON HEAD DANCE THEATRE	57-0823063
Part		ls or Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in d	lonor advised
	funds are the organization's property, subject to the organization's exclusive legal control? .	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur	
-	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
Dari	rt II Conservation Easements.	
ı aı	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
_		
1	Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of land for public use (for example, recreation or education)	of a historically important land area
	Protection of natural habitat Preservation of	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	n the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	. 2a
b	Total acreage restricted by conservation easements	. 2b
С	Number of conservation easements on a certified historic structure included in (a)	. 2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	. 2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	ated by the organization during
	the tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, have	andling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cor	nservation easements during the year
)	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserv	ration easements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of s	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue at	nd expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	ial statements that describes the
	organization's accounting for conservation easements.	
Part	t III Organizations Maintaining Collections of Art, Historical Treasures, or C	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 s	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 des	cribes these items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue state	ement 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	> \$
	(i) Revenue included on Form 990, Part VIII, line 1	> \$
2	If the organization received or held works of art, historical treasures, or other similar assets	
	following amounts required to be reported under FASB ASC 958 relating to these items:	•
а	Revenue included on Form 990, Part VIII, line 1	> \$
	Assets included in Form 990, Part X	► \$

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

Part	Organizations Maintaining Collect	ctions of Art, Histor	rical Treasures, or (Other Similar Asse	ts (continued)
3	Using the organization's acquisition, accession	on, and other records, o	check any of the following	ng that make significar	nt use of its
	collection items (check all that apply):				
а	Public exhibition	d	Loan or exchange pro	gram	
b	Scholarly research	e	Other		
С	Preservation for future generations	<u></u>			
4	Provide a description of the organization's co	illections and explain h	ow they further the oras	inization's exempt nurr	oose in Part
7	XIII.	ilicotions and explain in	ow they further the orga	inization's exempt purp	JOSC III I ait
5	During the year, did the organization solicit o	r receive donations of a	art historical treasures	or other similar	
J	assets to be sold to raise funds rather than to				Yes No
Part		•	. or the organization of		
rait	Complete if the organization answe		000 Part IV line 0 o	r renorted an amou	nt on Form
	990, Part X, line 21.	ied 163 offi offi s	990, 1 art IV, iiile 9, 0	r reported air airiodi	il on i onii
1a	Is the organization an agent, trustee, custodia	an or other intermediar	y for contributions or at	ner assets not	
ıa	included on Form 990, Part X?		=		Yes No
b	If "Yes," explain the arrangement in Part XIII				
			g		Amount
С	Beginning balance			1c	0
d	Additions during the year			1d	
е	Distributions during the year			1e	
f	Ending balance			1f	0
2a	Did the organization include an amount on Fo				Yes X No
_	_			-	_ =
b	If "Yes," explain the arrangement in Part XIII.	Check here if the expi	anation has been provid	ied on Part XIII	· · · · <u> </u>
Part					
	Complete if the organization answe				
		Current year (b) Prio			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1a	Beginning of year balance	0	0	0	0 0
b	Contributions				
С	Net investment earnings, gains,				
_	and losses				
d	Grants or scholarships				
е	Other expenditures for facilities				
_	and programs				
f	Administrative expenses	2			2 2
g	End of year balance	0	0	0	0 0
2	Provide the estimated percentage of the curr		line 1g, column (a)) neic	as:	
a	Board designated or quasi-endowment	<u>%</u>			
b	Permanent endowment Term endowment %	70			
С	The percentages on lines 2a, 2b, and 2c sho	uld oqual 100%			
3a	Are there endowment funds not in the posses	•	n that are held and adn	ninistered for the	
Ja	organization by:	ssion of the organizatio	ili iliai ale lielu aliu auli	iii iisterea ioi tire	Yes No
	(i) Unrelated organizations				3a(i)
	(ii) Related organizations				
b	If "Yes" on line 3a(ii), are the related organization				3b
4	Describe in Part XIII the intended uses of the	•			
Part			nent fanas.		
ı art	Complete if the organization answe		000 Part IV line 11a	See Form 990 Pa	rt X line 10
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
	резсприон огргорену	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	depreciation	(u) book value
1a	Land	0	500		500
b	Buildings	0	628,668	203,267	425,401
C	Leasehold improvements	0	23,429	16,037	7,392
d	Equipment	0	156,253	155,343	910
e	Other	0	0	0	0

434,203

Part VII	Investments—Other Securities. Complete if the organization answered '	"Ves" on Form 990	Part IV line 11h See Form (000 Part Y line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	luation:
(1) Financia	al derivatives	0	•	Tarret Value
	held equity interests	0		
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	0		
Part VIII	Investments—Program Related. Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11c. See Form 9	990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year n	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.).	0		
Part IX	Other Assets.			
	Complete if the organization answered		Part IV, line 11d. See Form 9	
	(a) Descri	iption		(b) Book value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) li	ine 15.)		(
Part X	Other Liabilities.	,		
	Complete if the organization answered line 25.	"Yes" on Form 990,	Part IV, line 11e or 11f. See	Form 990, Part X,
1.		tion of liability		(b) Book value
	il income taxes	· · · · · · · · · · · · · · · · · · ·		(0) = ==================================
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) li	ine 25.)	 	C
2. Liability fo	or uncertain tax positions. In Part XIII, provide the te	xt of the footnote to the c	organization's financial statements th	at reports the
organization'	's liability for uncertain tax positions under FASB AS	SC 740. Check here if the	text of the footnote has been provide	led in Part XIII

Par		N / P			
	Complete if the organization answered "Yes" on Form 990, Part				
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		i		
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	0
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			
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			5	0
Part	XII Reconciliation of Expenses per Audited Financial Statement			r Return.	-
	Complete if the organization answered "Yes" on Form 990, Part				
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
2 a	Donated services and use of facilities	2a			
-	Prior year adjustments	2b		_	
b					
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			0
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1	i	 I	3	0
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
4					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a b	Other (Describe in Part XIII.)	4b			
a b c	Other (Describe in Part XIII.)	4b		4c	0
a b c 5	Other (Describe in Part XIII.)	4b			0
a b c 5 Part	Other (Describe in Part XIII.)	4b		5	0
a b c 5 Part	Other (Describe in Part XIII.)	4b 	ines 1b and 2b; I	5 Part V, line 4; Pa	0
a b c 5 Part	Other (Describe in Part XIII.)	4b 	ines 1b and 2b; I	5 Part V, line 4; Pa	0
a b c 5 Part	Other (Describe in Part XIII.)	4b 	ines 1b and 2b; I	5 Part V, line 4; Pa	0
a b c 5 Part	Other (Describe in Part XIII.)	4b 	ines 1b and 2b; I	5 Part V, line 4; Pa	0
a b c 5 Part	Other (Describe in Part XIII.)	4b 	ines 1b and 2b; I	5 Part V, line 4; Pa	0
a b c 5 Part	Other (Describe in Part XIII.)	4b 	ines 1b and 2b; I	5 Part V, line 4; Pa	0
a b c 5 Part	Other (Describe in Part XIII.)	4b 	ines 1b and 2b; I	5 Part V, line 4; Pa	0
a b c 5 Part	Other (Describe in Part XIII.)	4b 	ines 1b and 2b; I	5 Part V, line 4; Pa	0
a b c 5 Part	Other (Describe in Part XIII.)	4b 	ines 1b and 2b; I	5 Part V, line 4; Pa	0
a b c 5 Part	Other (Describe in Part XIII.)	4b 	ines 1b and 2b; I	5 Part V, line 4; Pa	0
a b c 5 Part	Other (Describe in Part XIII.)	4b 	ines 1b and 2b; I	5 Part V, line 4; Pa	0
a b c 5 Part	Other (Describe in Part XIII.)	4b 	ines 1b and 2b; I	5 Part V, line 4; Pa	0
a b c 5 Part	Other (Describe in Part XIII.)	4b	ines 1b and 2b; I y additional infor	Part V, line 4; Pamation.	ort X, line
a b c 5 Part	Other (Describe in Part XIII.)	4b	ines 1b and 2b; I y additional infor	Part V, line 4; Pamation.	ort X, line
a b c 5 Part	Other (Describe in Part XIII.)	4b	ines 1b and 2b; I y additional infor	Part V, line 4; Pamation.	ort X, line
a b c 5 Part	Other (Describe in Part XIII.)	4b	ines 1b and 2b; I y additional infor	Part V, line 4; Pamation.	ort X, line
a b c 5 Part	Other (Describe in Part XIII.)	4b	ines 1b and 2b; I y additional infor	Part V, line 4; Pamation.	ort X, line
a b c 5 Part	Other (Describe in Part XIII.)	4b	ines 1b and 2b; I y additional infor	Part V, line 4; Pamation.	ort X, line
a b c 5 Part	Other (Describe in Part XIII.)	4b	ines 1b and 2b; I y additional infor	Part V, line 4; Pamation.	ort X, line
a b c 5 Part	Other (Describe in Part XIII.)	4b	ines 1b and 2b; I y additional infor	Part V, line 4; Pamation.	ort X, line
a b c 5 Part	Other (Describe in Part XIII.)	4b	ines 1b and 2b; I y additional infor	Part V, line 4; Pamation.	ort X, line
a b c 5 Part	Other (Describe in Part XIII.)	4b	ines 1b and 2b; I y additional infor	Part V, line 4; Pamation.	ort X, line
a b c 5 Part	Other (Describe in Part XIII.)	4b	ines 1b and 2b; I y additional infor	Part V, line 4; Pamation.	ort X, line
a b c 5 Part	Other (Describe in Part XIII.)	4b	ines 1b and 2b; I y additional infor	Part V, line 4; Pamation.	ort X, line
a b c 5 Part	Other (Describe in Part XIII.)	4b	ines 1b and 2b; I y additional infor	Part V, line 4; Pamation.	ort X, line

Schedule D (Fo		TRE	57-0823063	Page 5
Part XIII	Supplemental Information (continued	d)		
	·	·		·

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Inspection Employer identification number

HILTON HEAD DANCE THEATRE 57-0823063 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events С Х In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be b compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) (ii) Activity custody or control of contributions? or entity (fundraiser) from activity fundraiser listed in organization col. (i) Yes No 1 0 0 0 0 0 0 3 0 0 0 0 0 5 0 0 0 0 0 0 0 0 0 0 0 0 n 0 0 10 0 0 0 0 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.

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II 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 **FUNDRAISING** NONE (add col. (a) through col. (c)) (total number) (event type) (event type) Revenue Gross receipts 22,817 22,817 Less: Contributions . . . 0 Gross income (line 1 minus 22.817 0 line 2) 22,817 Cash prizes 0 Noncash prizes 0 0 Direct Expenses Rent/facility costs 0 0 Food and beverages . . . 0 0 Entertainment Other direct expenses . . 0) Net income summary. Subtract line 10 from line 3, column (d). Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue . . 0 Direct Expenses Cash prizes 0 2 Noncash prizes 0 Rent/facility costs 0 Other direct expenses . 5 Yes Yes Yes Volunteer labor 0) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . If "Yes," explain:

Schedu	ule G (Form 990 or 990-EZ) 2019 HILTON HEAD DANCE THEATRE	57-	0823063	3 Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	[Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:	•		
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books at records:	าต		
	Name ▶			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	I	Yes	□No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ 0 and the			
	amount of gaming revenue retained by the third party \$ 0			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation \$0			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	•		
Part	spent in the organization's own exempt activities during the tax year ► \$ Supplemental Information. Provide the explanations required by Part I, line 2b, column	c (iii) c	and (v/):	0 and
rarı	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional			anu
	See instructions.		nation.	
			-	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number Name of the organization HILTON HEAD DANCE THEATRE 57-0823063 Form 990, Part VI, Line 11B: ORGANIZATION'S PROCESS TO REVIEW FORM 990 BEFORE FORM 990 IS FILED. A PDF OF THIS TAX FORM IS SENT OUT BY EMAIL TO ALL DIRECTORS FOR REVIEW. ALL DIRECTORS MUST SEND BACK AN EMAIL INDICATION THAT THEY HAVE REVIEWED THE RETURN AND AGREE WITH IT'S CONTENTS OR THAT THEY DO NOT WISH TO REVIEW THE RETURN AND AGREE TO HAVE IT SENT WITHOUT REVIEW. Form 990, Part VI, Line 12C: ENFORCEMENT OF CONFLICT POLICY. THE POLICY FOR CONFLICTS IS CONTAINED IN THE BYLAWS AND IS ANNUALLY REVIEWED DURING THE ELECTION PROCESS. IN ADDITION, ANY TIME SOMEONE EXITS THE BOARD, THE POLICY IS REVIEWED. Form 990, Part VI, Line 15A: COMPENSATION PROCESS FOR TOP OFFICIALS. THE ENTITY HAS NEVER NEEDED TO USE THIS POLICY, BUT SUCH A POLICY WAS WRITTEN FOR US BY OUR ATTORNEY AND IS CONTAINED IN THE BYLAWS. EVERY BOARD MEMBER HAS A COPY. NO ONE ON THE BOARD RECEIVES ANY TYPE OF COMPENSATION. Form 990, Part VI, Line 19: THE PROCESS FOR OFFICERS. THE POLICY REGARDING CEO/OTHER OFFICERS CONTAINED IN THE BYLAWS IS THE SAME AS THE TOP OFFICIAL POLICY. Form 990, Part VI, Line 19: GOVERNING DOCUMENTS DISCLOSURE EXPLANATION. ALL REQUIRED DOCUMENTS ARE AVAILABLE TO THE PUBLIC IN THE ENTITY'S OFFICE DURING REGULAR BUSINESS HOURS SHOULD ANYONE WISH TO SEE THEM.

Schedule O (Form 990 or 990-EZ) (2019)		Page	2
Name of the organization	Employer identification number	er	
HILTON HEAD DANCE THEATRE	57-0823063		

Summary of Unadjusted Basis of Qualified Property (4562)

7/31/2020

Summary of Qualified Property by Activity

 Activity
 Cost or Basis

 1
 990
 808,350

Detail of Qualified Property

			Date In	Recovery	Years in	Total Cost	Business/Time	Unadjusted
	Activity	Asset Description	Service	Period	Service	or Basis	Use Percent	Cost or Basis
2	990	BUILDING	8/1/2009	39	11	585,000	100.00%	585,000
3	990	SETS	8/1/2012	7	8	44,263	100.00%	44,263
4	990	PROPS	8/1/2012	7	8	1,400	100.00%	1,400
5	990	COSTUMES	8/1/2012	7	8	61,140	100.00%	61,140
6	990	STAGE FLOOR	8/1/2012	7	8	3,330	100.00%	3,330
7	990	EQUIPMENT	8/1/2012	7	8	3,747	100.00%	3,747
8	990	SPRUNG DANCE FLOOR	8/1/2012	7	8	19,391	100.00%	19,391
9	990	BUILDING IMPROVMENTS	8/1/2013	39	7	24,059	100.00%	24,059
10	990	BUILDING IMPROVEMENTS	8/1/2014	39	6	9,921	100.00%	9,921
11	990	COSTUMES	8/1/2014	7	6	5,350	100.00%	5,350
12	990	PROPS	8/1/2014	7	6	6,240	100.00%	6,240
13	990	FURNITURE AND FIXTURES	8/1/2014	7	6	2,006	100.00%	2,006
14	990	HVAC SYSTEM	7/25/2016	39	5	4,300	100.00%	4,300
15	990	PARKING LOT IMPROVEMEN	12/7/2015	15	5	15,360	100.00%	15,360
16	990	NEW ENTRY	12/7/2015	15	5	2,600	100.00%	2,600
17	990	SIDEWALKS	12/7/2015	15	5	2,840	100.00%	2,840
18	990	ISLAND ENVIRONMENTS-PA	9/12/2016	15	4	2,629	100.00%	2,629
19	990	HVAC	3/21/2018	39	3	5,388	100.00%	5,388
20	990	SIGN D SIGN	7/13/2018	7	3	2,432	100.00%	2,432
21	990	PROPS - HOUSE	4/30/2019	7	2	6,954	100.00%	6,954

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury

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

Open to Public

A		ue Service 2018 cal	lendar year, or tax year beginning	8/1/2018				1/2019	mspection	
		applicable:		D DANCE THEATRE	, αι	iu ci			cation number	
$\overline{}$	Address		Doing business as	DANGE ITILATIVE						
	Addiess	criarige	Number and street (or P.O. box if mail is not	delivered to street address)	Room/suit	te	57-0823063	R		
Ш	Name ch	ange	PO BOX 5761	400.04 to 0001 444.000)			E Telephone		•	
П	Initial retu	ırn	City or town	State	ZIP code		· ·			
=	iiiidai i Ctt	4111	HILTON HEAD	SC	29938		(843) 842-3	262		
Ш	Final return	n/terminated		province/state/county	Foreign po	ostal	code			
\Box	Amended	d return		,	9		G Gross rece	eipts \$	226,106	
<u> </u>	, unondo	a rotarri						-		
Ш	Application	on pending	F Name and address of principal officer:				H(a) Is this a group return f	or subord	inates? Yes X No	
			LORI FINGER PO BOX 5761, HILTO	N HEAD, SC 29938			H(b) Are all subordinate	s include	ed? Yes No	
1 1	Tax-exem	npt status:	X 501(c)(3) 501(c) ()	(insert no.) 4947(a)	(1) or 5	527	If "No," attach a lis	t. (see in	structions)	
		•	/W.HILTONHEADDANCE.COM	((1/010		11/-> 0			
						!	H(c) Group exemption r	number I		
KF	orm of o	rganization:	Corporation Trust Associa	tion X Other ▶	L	_ Yea	r of formation: 1995	M St	tate of legal domicile: SC	
P	art I	Sui	mmary							
	1	Briefly d	escribe the organization's mission or	most significant activi	ies: P	PRO	MOTE THE APPRE	CIATI	ON FOR THE BALLET	
ဗ္ဗ		-	GENERAL PUBLIC.	J						
В										
err		Chaalet	nis box F if the organization dis	antinuad ita anaratia		اممم	of mare than 250/			
<u></u>	2			•	•		i			
<u>ن</u>	3		of voting members of the governing by	,				3	13	
S	4		of independent voting members of th	• • • •		,		4	13	
Ę	5		mber of individuals employed in caler		•			5	0	
Activities & Governance	6		mber of volunteers (estimate if neces					6		
Ā	7a		related business revenue from Part V					7a	0	
	b	Net unre	elated business taxable income from F	orm 990-T, line 38 .				7b	0	
							Prior Year		Current Year	
ā	8	Contribu	itions and grants (Part VIII, line 1h) .			.	77	7,829	84,887	
Revenue	9	Program	n service revenue (Part VIII, line 2g) .			.]	82	2,073	73,706	
ĕ	10	Investm	ent income (Part VIII, column (A), line	s 3, 4, and 7d)			6	3,361	5,648	
œ	11	Other re	venue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 1	1e)		69	9,088	61,865	
	12	Total rev	enue—add lines 8 through 11 (must equ	al Part VIII, column (A)	line 12)		235	5,351	226,106	
	13		and similar amounts paid (Part IX, colu					0	0	
	14		paid to or for members (Part IX, colu			•		0	0	
S	15		other compensation, employee benefits					0	0	
Se	16a		onal fundraising fees (Part IX, column	, , ,		1		0	0	
Expenses	b		ndraising expenses (Part IX, column (. 0			J	
Ä	17		openses (Part IX, column (A), lines 11				267	7,009	285,196	
	18		penses. Add lines 13–17 (must equal	·		·		7,009	285,196	
	19			. , ,	•	. 1				
		Revenu	e less expenses. Subtract line 18 fron	Tille IZ		•	Beginning of Current	,658	-59,090 End of Year	
ts o	20	Tatalaa	acts (Dort V. line 16)			†			619,874	
\sse	20		sets (Part X, line 16)			•		3,691		
Net Assets or Fund Balances	21		bilities (Part X, line 26)			- 1		3,768	9,326	
			ets or fund balances. Subtract line 21	from line 20			008	9,923	610,548	
	art II		nature Block y, I declare that I have examined this return, inclu	.P		4 .				
			y, i declare that i have examined this return, incit ect, and complete. Declaration of preparer (other	0 , , ,			•			
<u> </u>	200., 10.	10 11 40, 00.110	ot, and complete. Declaration of proparer (cure	and one on the same				ougo.		
Siç	gn		Signature of officer				Date			
He	re		Signature of officer				Date			
			Towns and sink as a second field.							
		Deim	Type or print name and title	Propararia signatura			Data		DTIN	
D-	: A	Prim	t/Type preparer's name	Preparer's signature			Date	heck	PTIN	
Pa		Tina	a M Clark	Tina M Clark				elf-emplo		
	eparei	·	's name ► Vital Business & Accounti				Firm's EIN ▶	27-44	•	
US	e Only	y	s address ► P.O. Box 23403, Hilton H		3/03				48-0052	
	41 . 15						Phone no.	0+0-04		
ıvla	v tne IF	S discus	s this return with the preparer shown	apove / (see instructio	DΠS)				. X Yes No	

Pa	rt III	Check if Schedule O contains a response		this Part III...........	
1		scribe the organization's mission: FE THE APPRECIATION FOR THE BALLET	•	HIC.	
	11101110			LIO.	
2	Did the o	rganization undertake any significant progra	m services during the year wh	ich were not listed on	
-	the prior	Form 990 or 990-EZ?			es X No
3	•	rganization cease conducting, or make signi		ucts, any program	
	services?	describe these changes on Schedule O.			es X No
4	Describe	the organization's program service accompl		- · · -	-
		s. Section 501(c)(3) and 501(c)(4) organizati expenses, and revenue, if any, for each prog		amount of grants and allocations to oth	ers,
			•		
4a	(Code: PRODUC) (Expenses \$ 181,7 CTION OF DANCE PROGRAMS TO CREAT	717 including grants of \$ E APPRECIATION OF THE I) (Revenue \$ BALLET BY THE GENERAL PUBLIC.	79,353)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	-	ogram services. (Describe in Schedule O.)	г. ф.	- :	
4-	(Expense			Revenue \$ 0)	
4e	ı otal pro	gram service expenses 🕨	181,717		

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3)

			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		Х
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		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		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? <i>If</i>			
_	"Yes," complete Schedule D, Part I	6		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> 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? <i>If "Yes," complete Schedule D, Part IV</i>	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		Х
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		11a	Х	
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		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 assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	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		Χ
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? <i>If "Yes," complete</i>	420		~
h	Schedule D, Parts XI and XII	12a		Х
	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	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	3 33 3 1 7 7 7 7 7 3 7 3 7 7 7 7 7 7 7 7			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			.,
1 E	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "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?			
00	If "Yes," complete Schedule G, Part III	19		X
_	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	domestic government on Part IX. column (A). line 1? If "Yes." complete Schedule I. Parts I and II.	21		Х

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Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines</i>			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
Ь	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			
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	23a		
b	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		Х
20		250		^
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			V
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Χ
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			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Χ
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Χ
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		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Χ
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		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Χ
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		Χ
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 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		Χ
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
J 0	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par		30	Λ	
ાલા	Check if Schedule O contains a response or note to any line in this Part V			
	Check in Concount C contains a response of flote to any line in this rait v		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		1 62	NO
1a h	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
С	gaming (gambling) winnings to prize winners?	1c		
	garning (garnomy) willings to prize williers:	10		1

Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
L	Statements, filed for the calendar year ending with or within the year covered by this return	2b		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		
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 O</i>	3b		$\stackrel{\wedge}{}$
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
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?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-		V
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	Х
g h	If the organization received a contribution of qualified intellectual property, and the organization file organization file a Form 1098-C?.	7g 7h	-	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources	4		
~	against amounts due or received from them.)			
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			
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			
C 1/1a	Enter the amount of reserves on hand	14a		X
14a b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a		┢
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1.75		T
	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	13		Ê
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes " complete Form 4720. Schedule O	10		É
	n rea. complete i unii 4720. ocheude U.			

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	THE TOTAL TOTAL THE TITLE	01 002000	o rage
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	, and for a "N	lo"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched	lule O. See in	nstructions
	Check if Schedule O contains a response or note to any line in this Part VI		X

Sect	ion A. Governing Body and Management						
_				Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 13					
	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 13					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship with					
	any other officer, director, trustee, or key employee?		2		Χ		
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		3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		Χ		
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		Χ		
6	Did the organization have members or stockholders?		6		Χ		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or						
	one or more members of the governing body?	* *	7a		Х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members						
	stockholders, or persons other than the governing body?						
8	stockholders, or persons other than the governing body?						
	the year by the following:	3					
а	The governing body?		8a	Х			
b	Each committee with authority to act on behalf of the governing body?		8b	Χ			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	eached					
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		9		Х		
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue C	ode.)			
				Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10a		Χ		
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 pu		10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?.	11a	Χ			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Χ			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12b	Χ			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If						
	describe in Schedule O how this was done		12c	Χ			
13	Did the organization have a written whistleblower policy?		13		X		
14	Did the organization have a written document retention and destruction policy?		14		X		
15	Did the process for determining compensation of the following persons include a review and appro	•					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation						
a	The organization's CEO, Executive Director, or top management official.		15a	X			
b	Other officers or key employees of the organization		15b	Х			
40	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 arrang		40-		V		
	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 evalu- participation in joint venture arrangements under applicable federal tax law, and take steps to safe						
	the organization's exempt status with respect to such arrangements?		16b				
Sect	ion C. Disclosure		100				
17	List the states with which a copy of this Form 990 is required to be filed SC						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990,	and 990-T (Section 5	01(c)				
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap	•	(-)				
		(plain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	•	cy, an	d			
	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 k	oooks and records:	•				
	HILTON HEAD DANCE THEATRE	(0.40) 0.40 0000					
	PO BOX 5761, HILTON HEAD, SC 29938						

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

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.

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

							,	,	,	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe	rson	than o Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) LORI FINGER	10.00									
PRESIDENT	0.00	•		Х						
(2) KARENA BROCK-CARLYLE	5.00									
VICE PRESIDENT	0.00	Х		Х						
(3) ELIZABETH BELLER	5.00									
TREASURER	0.00	Х		Х						
(4) CHRISTINE STAEBLER	5.00									
DIRECTOR	0.00	Х								
(5) JOHN CARLYLE	5.00									
DIRECTOR	0.00	Χ								
(6) WENDY LYSINGER	5.00									
DIRECTOR	0.00	Χ								
(7) MEGAN KAELIN	5.00									
DIRECTOR	0.00	Χ								
(8) CHERYL SULLIVAN	5.00									
DIRECTOR	0.00	_								_
(9) CYNTHIA CULLEN	5.00	1								
DIRECTOR	0.00									
(10) CAITLIN HOFFMAN	5.00	1								
DIRECTOR	0.00	+								
(11) KELLY LUCKASEVIC	5.00	1								
DIRECTOR	0.00	_								
(12) EMILY COOK	5.00	1								
DIRECTOR	0.00									
(13) BECKY ADELMAN	5.00	1								
DIRECTOR	0.00	Х	ļ		ļ					
(14)										

Form	990 (2018) HILTON HEAD DANCE THEA	TRF								57-082	3063 Page 8
	art VII Section A. Officers, Directors, Tru		ploye	es,	and	iH k	ghes	t Co	ompensated Em		<u> </u>
	(A) Name and title	(B) Average hours per	box,	unles er an	Pos neck ss pe	rson	than o	an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b	Sub-total		<u> </u>	<u> </u>		<u> </u>		>	0		0
C	Total from continuation sheets to Part VII, So								0	0	0
<u>d</u> 2	Total (add lines 1b and 1c)	mited to those lis		bov	e) v			ived		· ·	0
	reportable compensation from the organization				0						Yes No
3	Did the organization list any former officer, dire employee on line 1a? <i>If</i> "Yes," complete Sched		•		-		_		•		3 X
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual.		-						•	h	4
5	Did any person listed on line 1a receive or accr	•			-			_			4 X
800	for services rendered to the organization? If "Yo	es," complete So	chedu	ıle J	for	suc	h pei	rson	<u> </u>		5 X
1	tion B. Independent Contractors Complete this table for your five highest compe compensation from the organization. Report co year.										ax
	(A) Name and business add	ress							(B) Description of ser	vices ((C) Compensation
											0
											0
											0

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 of compensation from the organization

Form	990	(2018)
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Part VIII Statement of Revenue

		Check if Schedule O contains	a response or r	ote to any line in	this Part VIII			📙
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	0				
	b	Membership dues		0				
p, E	С	Fundraising events		0				
ifts ar A	d	Related organizations		0				
s, G mik	е	Government grants (contributions		0				
tion	f	All other contributions, gifts, gran	<i>'</i>					
ibut		similar amounts not included abo		84,887				
ontr od C	g	Noncash contributions included in li	<u> </u>	0				
a Ö	h	Total. Add lines 1a–1f	· ·		84,887			
σ				Business Code	- 1,001			
eun	2a	DANCE PRODUCTIONS			71,262	71,262		
Şe	b	DALLET CUDICTMAC			2,444	2.444		
Program Service Revenue	С				0	_,		
eΖ	d				0			
E S	е				0			
gra	f	All other program service revenue			0			
Pro	a	Total. Add lines 2a–2f		•	73,706			
	3	Investment income (including div			70,700			
		other similar amounts)			5,648	5,648		
	4	Income from investment of tax-ex			0	0,0.0		
	5	Royalties			0			
		,	(i) Real	(ii) Personal	J			
	6a	Gross rents	43,200					
	b	Less: rental expenses	.0,200					
	C	Rental income or (loss)	43,200	0				
	d 7a	Net rental income or (loss)			43,200			
		Gross amount from sales of	(i) Securities	(ii) Other	.0,200			
		assets other than inventory	0	0				
	b	Less: cost or other basis	Ū	Ŭ				
	~	and sales expenses	0	0				
	С	Gain or (loss)	0					
	d	Net gain or (loss)			0			
	u	rvot gam or (1999)			Ü			
ıne	8a	Gross income from fundraising						
/er			0					
Re		of contributions reported on line	•					
er		See Part IV, line 18	a	18,665				
Other Revenue		Less: direct expenses		0				
٦		Net income or (loss) from fundrai	-	▶	18,665			
	9a	Gross income from gaming activi						
		See Part IV, line 19		0				
	b	Less: direct expenses		0				
		Net income or (loss) from gaming	activities	▶	0			
	10a	Gross sales of inventory, less						
		returns and allowances	a	0				
	b	Less: cost of goods sold	b	0				
	С	Net income or (loss) from sales of	f inventory		0			
		Miscellaneous Revenue		Business Code				
	11a				0			
	b				0			
	С				0			
	d	All other revenue			0			
	е	Total. Add lines 11a-11d			0			
	12	Total revenue. See instructions.			226,106	79,354	0	0

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete

ection 501(c)(3)	and 501(c)(4)	organizations must con	iplete all columns.	All other organizations m	nust complete column (A).
	· · · · · · · · · · · · · · · ·				(* .).

	Check if Schedule O contains a response or note t	o any line in this Pa	rt IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0		0	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
·	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):	Ü			
a	Management	0			
b	Legal	700		700	
0	Accounting	6,055		2,040	
d		0,033		2,040	
	Lobbying	0			
e f	Investment management fees	0			
	Other. (If line 11g amount exceeds 10% of line 25, column	U			
g	(A) amount, list line 11g expenses on Schedule O.)	3,352		7,367	
40				3,990	
12	Advertising and promotion	3,990			
13	Office expenses	3,107		3,107	
14	Information technology	0			
15	Royalties	0		24.070	
16	Occupancy	24,078		24,078	
17	Travel	0			
18	Payments of travel or entertainment expenses	0			
40	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0		40.000	
22	Depreciation, depletion, and amortization	43,633	0	43,633	0
23	Insurance	11,170		11,170	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	SCHOLARSHIP EXPENSE	4,932		4,932	
b	PROGRAM PRODUCTION EXPENSE	181,717	181,717		
С	MEMBERSHIP AND DUES	2,162		2,162	
d	OTHER EXPENSES	300		300	
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	285,196	181,717	103,479	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	52,043	1	26,445
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	1,500	4	5,000
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	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			
ets		organizations (see instructions). Complete Part II of Schedule L	0	6	
Assets	7	Notes and loans receivable, net	0	7	0
⋖	8	Inventories for sale or use	15,440	8	15,934
	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 808,850			
	b	Less: accumulated depreciation	487,929	10c	451,750
	11	Investments—publicly traded securities	120,529	11	120,245
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	1,250	15	500
	16	Total assets. Add lines 1 through 15 (must equal line 34)	678,691	16	619,874
	17	Accounts payable and accrued expenses	175	17	175
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L	0	22	
Ï	23	Secured mortgages and notes payable to unrelated third parties	8,593	23	9,151
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	8,768	26	9,326
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
ės		complete lines 27 through 29, and lines 33 and 34.			
Ë	27	Unrestricted net assets	669,923	27	610,548
als	28	Temporarily restricted net assets	000,020	28	010,010
8	29	Permanently restricted net assets	0	29	
Fund Balances			J. Company		
F		Organizations that do not follow SFAS 117 (ASC958), check here			
S		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds	0	30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	
et,	32	Retained earnings, endowment, accumulated income, or other funds	0	32	
Z	33	Total net assets or fund balances	669,923	33	610,548
	34	Total liabilities and net assets/fund balances	678.691	34	619.874

Form **990** (2018)

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information.

Sequence No. 179

Business or activity to which this form relates Identifying number Name(s) shown on return HILTON HEAD DANCE THEATRE 57-0823063 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1.000.000 2 6,954 3 2.500.000 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . 5 1,000,000 6 (a) Description of property (c) Elected cost Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 0 9 0 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 **Note:** Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 6,954 14 15 **16** Other depreciation (including ACRS). . 16 MACRS Depreciation (Don't include listed property. See instructions.) Part III Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2018 17 36,679 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property year placed (business/investment use (e) Convention (f) Method (g) Depreciation deduction in service only-see instructions) **19 a** 3-year property **b** 5-year property **c** 7-year property 7 HY 200DB **d** 10-year property e 15-year property f 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. MM S/L 27.5 yrs. MM property i Nonresidential real 39 yrs. MM S/L MM S/L Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20 a Class life **b** 12-year S/L 12 yrs. 30 yrs. S/L **c** 30-year MM **d** 40-year 40 yrs. S/L Part IV Summary (See instructions.) 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 43.633 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

Name	יו וט	ie organization					Employer identification	number
HILT	LTON HEAD DANCE THEATRE 57-0823063						23063	
Par	τl	Reason for Public Char	ity Status (All org	ganizations must co	mplete th	nis part.)	See instructions.	
The	orga	nization is not a private foundat	ion because it is: (F	or lines 1 through 12, o	check only	one box.)	
1		A church, convention of church	es, or association o	f churches described in	n section	170(b)(1)	(A)(i).	
2	П	A school described in section 1	170(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990 or 99	0-EZ).)		
3	Ħ	A hospital or a cooperative hos		•		, ,	i).	
1	H	A medical research organizatio	-		-			tor the
-		hospital's name, city, and state	:					
5	Ш	An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in
6		A federal, state, or local govern	ment or governmen	ital unit described in se	ection 170	(b)(1)(A)((v).	
7	Χ	An organization that normally redescribed in section 170(b)(1)			m a gove	rnmental ι	unit or from the gene	ral public
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)			
9		An agricultural research organic or university or a non-land-granuniversity:						
10		An organization that normally receipts from activities related t support from gross investment acquired by the organization af	to its exempt functio income and unrelate	ns—subject to certain ed business taxable inc	exception come (les	s, and (2) s section (no more than 33 1/3 511 tax) from busine	3% of its
11		An organization organized and	operated exclusivel	y to test for public safe	ety. See s e	ection 509	9(a)(4).	
12	П	An organization organized and	operated exclusivel	y for the benefit of, to p	oerform th	e function	is of, or to carry out t	he purposes
		of one or more publicly support Check the box in lines 12a thro	ed organizations de	scribed in section 509	(a)(1) or s	section 50	09(a)(2). See section	n 509(a)(3).
а		Type I. A supporting organiz the supported organization(sorganization. You must con	s) the power to regu	larly appoint or elect a				
b		Type II. A supporting organic control or management of the organization(s). You must o	ie supporting organi	zation vested in the sa				
С		Type III functionally integr						rated with,
اء		its supported organization(s						:
d	Ĺ	Type III non-functionally in that is not functionally integr						
	_	requirement (see instruction						
е		Check this box if the organiz					Type I, Type II, Typ	e III
_		functionally integrated, or Ty	•	lly integrated supportir	ng organiz	ation.		
f		Enter the number of supported	-					0
g		Provide the following information Name of supported organization	n about the support	ed organization(s). (iii) Type of organization	(iv) Is the c	organization	(v) Amount of monetary	(vi) Amount of
	(.,	Name of supported organization	(11) = 11 4	(described on lines 1–10	listed in you	ır governing	support (see	other support (see
				above (see instructions))	docur	ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
• •								
(E)								
_								

57-0823063 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	65,619	64,113	65,734	93,036	103,552	392,054
3	The value of services or facilities furnished by a governmental unit to the organization without charge						(
4 5	Total. Add lines 1 through 3	65,619	64,113	65,734	93,036	103,552	392,054
6	Public support. Subtract line 5 from line 4						392,054
_	tion B. Total Support		ı	ı			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4	65,619	64,113	65,734 5,294	93,036 4,989	103,552 5,648	392,054 33,306
9	Net income from unrelated business activities, whether or not the business is regularly carried on .	10,302	0,993	0,294	4,909	3,040	(
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						425,360
12 13	Gross receipts from related activities, etc. (se First five years. If the Form 990 is for the or organization, check this box and stop here.	ganization's first, s	econd, third, fourth		s a section 501(c)	,	▶
	ction C. Computation of Public Sup	•					
	Public support percentage for 2018 (line 6, co	• • • • • • • • • • • • • • • • • • • •	,	**		14 15	92.17%
15 16a	Public support percentage from 2017 Schedu 33 1/3% support test—2018. If the organization qualifies as	ation did not check	the box on line 13	and line 14 is 33	1/3% or more, che	ck this box	92.01% · · · · · ▶ X
b	33 1/3% support test—2017. If the organization qualified box and stop here. The organization qualified					•	. [
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—2017 15 is 10% or more, and if the organization metaplain in Part VI how the organization meet supported organization	eets the "facts-and- s the "facts-and-cir	-circumstances" te cumstances" test.	st, check this box a The organization q	and stop here. Jualifies as a public	ely	▶
18	Private foundation. If the organization did n instructions	ot check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		▶□

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(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.")						0
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						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	_			_	_	0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						_
	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						0
_	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
_	Add lines 7a and 7b	U	U	0	U	U	<u> </u>
8	Public support (Subtract line 7c from						0
Sac	tine 6.)						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
	Gross income from interest, dividends,	Ü			0	o l	
···	payments received on securities loans, rents,						
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the o	-		-		: :	. —
	organization, check this box and stop here						>
Sec	ction C. Computation of Public Su		_			[
15	Public support percentage for 2018 (line 8, c		-			15	0.00%
	Public support percentage from 2017 Sched					16	0.00%
	ction D. Computation of Investmer					4=	0.000/
17	Investment income percentage for 2018 (line					17	0.00%
18	Investment income percentage from 2017 Se					18	0.00%
ıya	33 1/3% support tests—2018. If the organi not more than 33 1/3%, check this box and s						▶□
h	33 1/3% support tests—2017. If the organi	-			-		
J	line 18 is not more than 33 1/3%, check this						• 🗖
20	Private foundation. If the organization did r						

57-0823063

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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** 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).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *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.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

ı		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	90		
	9c		
	10a		
	10b		

Part	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)	44-		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
b c	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	1110		
00011	on D. Type I capperang 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,			
04	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations		Vaa	Na
1	Were a majority of the arganization's directors or trustees during the tax year also a majority of the directors		Yes	No
'	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	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (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	ion 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 instr	uction	s)	
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		5).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
		inateur	atio no	.1
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	Juoris).
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	0-		
h	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. <i>Answer (a) and (b) below.</i>	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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	0	0
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	0	0
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	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount	•		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		

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

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

0

Schedul	A (Form 990 or 990-EZ) 2018 HILTON HEAD DANCE THEAT	RE	5	7-0823063 Page 7		
Part '	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)			
Section	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish exe					
2	Amounts paid to perform activity that directly furthers exemple	pt purposes of supported				
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations			
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.			0		
8	Distributions to attentive supported organizations to which t	he organization is respor	nsive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2018 from Section C, line 6			0		
10	Line 8 amount divided by line 9 amount	T		0.000		
	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			0		
2	Underdistributions, if any, for years prior to 2018					
	(reasonable cause required—explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2018					
a	From 2013					
b	From 2014					
c	From 2015					
d	From 2016					
<u> </u>	From 2017					
f	Total of lines 3a through e	0				
g	Applied to underdistributions of prior years		0			
h	Applied to 2018 distributable amount			0		
i	Carryover from 2013 not applied (see instructions)					
<u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0				
4	Distributions for 2018 from					
	Section D, line 7: \$ 0					
<u>a</u>	Applied to underdistributions of prior years		0			
b		-		0		
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.	0				
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.		0			
6	Remaining underdistributions for 2018. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.			0		
7	Excess distributions carryover to 2019. Add lines 3j	_				
	and 4c.	0				
8	Breakdown of line 7: Excess from 2014					
<u>a</u>						
<u>b</u>						
<u>d</u> e						
e e	LAUG33 II UIII 20 I U					

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

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

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name	of the organization		Employer identification number
HILT	ON HEAD DANCE THEATRE		57-0823063
Par	Organizations Maintaining Donor Complete if the organization answer		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don		
	funds are the organization's property, subject	-	
6	Did the organization inform all grantees, donor		
	only for charitable purposes and not for the be		
	conferring impermissible private benefit?		Yes No
Par			<u>_</u>
	Complete if the organization answer		
1	Purpose(s) of conservation easements held by	` - ::	• /
	Preservation of land for public use (e.g., r	ecreation or education) Prese	ervation of a historically important land area
	Protection of natural habitat	Prese	ervation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contr	ibution in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation ease	ments	2b
С	Number of conservation easements on a certif	ied historic structure included in (a).	2c
d	Number of conservation easements included i		
	historic structure listed in the National Registe		
3	Number of conservation easements modified,	transferred, released, extinguished, o	or terminated by the organization during
	the tax year		_
4	Number of states where property subject to co		• • • • • • • • • • • • • • • • • • •
5	Does the organization have a written policy re-		
6	violations, and enforcement of the conservation Staff and volunteer hours devoted to monitoring, in		Yes No
U	Stan and volunteer flours devoted to monitoring, in	specting, nandling of violations, and enio	ording conservation easements during the year
7	Amount of expenses incurred in monitoring, inspec	ting handling of violations and enforcing	r conservation easements during the year
•	► \$	ang, nanamig or violations, and ornoroni	g conservation casements during the year
8	Does each conservation easement reported or	n line 2(d) above satisfy the requirem	ents of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·	Yes No
9	In Part XIII, describe how the organization rep		
	balance sheet, and include, if applicable, the to		·
	organization's accounting for conservation eas		
Part	III Organizations Maintaining Collect	ions of Art, Historical Treasur	es, or Other Similar Assets.
	Complete if the organization answer	ed "Yes" on Form 990, Part IV, li	ne 8.
1a	If the organization elected, as permitted under	SFAS 116 (ASC 958), not to report i	n its revenue statement and balance sheet
	works of art, historical treasures, or other simil	ar assets held for public exhibition, e	ducation, or research in furtherance of
	public service, provide, in Part XIII, the text of	the footnote to its financial statement	s that describes these items.
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil		ducation, or research in furtherance of
	public service, provide the following amounts r		
	(i) Revenue included on Form 990, Part VIII, I	ne 1	> \$
	(ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works of a		<u> </u>
	following amounts required to be reported und		
а	Revenue included on Form 990, Part VIII, line		
b	Assets included in Form 990, Part X		▶ \$

Part	t III Organizations Maintaining Collection	ctions of Art, Histor	rical Treasures, or (Other Similar Asset	t s (continued)	
3	Using the organization's acquisition, accessi	on, and other records,	check any of the following	ng that are a significant	use of its	
	collection items (check all that apply):					
а	Public exhibition	d	Loan or exchange pro	ograms		
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explain h	ow they further the oras	nization's exempt num	ose in Part	
7	XIII.	oliections and explain in	ow they further the orga	inization's exempt purp	OSE IIII ait	
5	During the year, did the organization solicit of	or receive donations of a	art historical treasures	or other similar		
Ū	assets to be sold to raise funds rather than to				Yes No	
Part		•	. o o.gaa			_
Fair	Complete if the organization answer		000 Part IV line 0 o	r reported an amour	at on Form	
	990, Part X, line 21.	eled les dilloillis	990, Fait IV, lille 9, 0	i reported air airiodi	it off i offit	
1a	Is the organization an agent, trustee, custodi	ian or other intermediar	y for contributions or at	har assats not		_
ıa	included on Form 990, Part X?		=		Yes No	
b	If "Yes," explain the arrangement in Part XIII					
-	in 100, Oxplain the arrangement in 1 arrytin	and complete the follow	ming table.		Amount	_
С	Beginning balance			1c		0
d	Additions during the year			1d		Ť
e	Distributions during the year			1e		_
f	Ending balance			1f		0
2a	Did the organization include an amount on F			al account liability?	Yes X No	_
				-		
b	If "Yes," explain the arrangement in Part XIII	. Check here if the expi	anation has been provid	ded on Part XIII	· · · · <u> </u>	_
Part			000 D 1 N 1 H 10			
	Complete if the organization answer			1		_
_			or year (c) Two years	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_
1a	Beginning of year balance	0	0	0	0 (0
b	Contributions					_
С	Net investment earnings, gains,					
	and losses					_
d	Grants or scholarships					_
е	Other expenditures for facilities					
	and programs					_
T	Administrative expenses	0	0	0	0 (_
g	End of year balance Leave Provide the estimated percentage of the current state.				0	0
a	Board designated or quasi-endowment	► %	inie 19, column (a)) neid	a as.		
b	Permanent endowment	%				
C	Temporarily restricted endowment	%				
·	The percentages on lines 2a, 2b, and 2c sho					
3a	Are there endowment funds not in the posse	•	on that are held and adn	ninistered for the		
-	organization by:	osion of the organization	in that are here and adm		Yes No	_
	(i) unrelated organizations				3a(i)	_
	(ii) related organizations				3a(ii)	_
b	If "Yes" on line 3a(ii), are the related organiz				3b	_
4	Describe in Part XIII the intended uses of the	•				_
Part						_
	Complete if the organization answer		990. Part IV. line 11a	. See Form 990. Pai	rt X. line 10.	
-	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value	_
	pass. o. p. apoy	(investment)	(other)	depreciation	(, 200	
1a	Land	0	500		500	0
b	Buildings	0	628,668	187,149	441,519	_
C	Leasehold improvements	0	23,429	15,216	8,213	_
d	Equipment	0		154,735	1,518	_
е	Other	0		0		0

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

451,750

Part VII Investments—Other Securities.

	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11b. See Form	n 990, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
1) Financia	al derivatives	0	,	
•	held equity interests	0		
-				
(B)				
(C)				
(D)				
(E)				
(F)				
(H)				
tal. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)	0		
art VIII				
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11c. See Form	n 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-year	ar market value
l)				
2)				
3)				
<u>4)</u>				
5)				
6) -				
8)				
(7) (8) (9) otal. (Colum Part IX	on (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answere	0 d "Yes" on Form 990.	Part IV. line 11d. See Form	1 990. Part X. line 15
8) 9) otal. (Colum Part IX	Other Assets. Complete if the organization answere		Part IV, line 11d. See Form	n 990, Part X, line 15
8) 9) otal. (Colum Part IX	Other Assets. Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11d. See Form	
8) 9) otal. (Column Part IX 1)	Other Assets. Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11d. See Form	
8) 9) otal. (Colum Part IX 1) 2)	Other Assets. Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11d. See Form	
8) 9) otal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11d. See Form	
8) 9) otal. (Column Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11d. See Form	
8) 9) otal. (Column Part IX 1) 2) 3) 4) 5)	Other Assets. Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11d. See Form	
8) 9) otal. (Column Part IX 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11d. See Form	
3) 3) 4) 5) 5) 6) 7) 8)	Other Assets. Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11d. See Form	
8) 9) otal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answere (a) De	d "Yes" on Form 990,		(b) Book value
8) 9) otal. (Column 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column	Other Assets. Complete if the organization answere (a) De	d "Yes" on Form 990,		(b) Book value
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Par	Reconciliation of Revenue per Audited Financial Statements	-	Return.	
	Complete if the organization answered "Yes" on Form 990, Part		 	
1	Total revenue, gains, and other support per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	i i		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		. 2e	0
3	Subtract line 2e from line 1		. 3	0
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		
С	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .		5	0
Part	XII Reconciliation of Expenses per Audited Financial Statement	ts With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part			
1	Total expenses and losses per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		. 2e	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
		4b		
a h	()ther () rescribe in Part XIII)			
b	Other (Describe in Part XIII.)		4c	0
b c	Add lines 4a and 4b		4c	0
b c 5 Part	Add lines 4a and 4b		. 5	0
b c 5 Part	Add lines 4a and 4b	Part IV, lines 1b and 2b;	Part V, line 4; Pa	0
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b;	Part V, line 4; Pa	0
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b;	Part V, line 4; Pa	0
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b;	Part V, line 4; Pa	0
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b;	Part V, line 4; Pa	0
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b;	Part V, line 4; Pa	0
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b;	Part V, line 4; Pa	0
b c 5 Part	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b;	Part V, line 4; Pa	0

Schedule D (Fo		HILTON HEAD DANCE THEATRE	57-0823063	Page 5
Part XIII	Suppleme	ental Information (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.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

HILTO	N HEAD DANCE THEATRE					57-082	23063		
Par	Fundraising Activities. Co Form 990-EZ filers are not				ered "Yes" on For	m 990, Part IV, li	ne 17.		
1	Indicate whether the organization ra				ng activities Check	all that apply			
a	Mail solicitations	ilood rarido timot			of non-government g				
b	. 🗖								
	Phone solicitations				raising events	3			
C			g X S	peciai iunu	raising events				
d	X In-person solicitations	_							
2a	Did the organization have a written of						¬., ¬		
	key employees listed in Form 990, F						Yes No		
b	If "Yes," list the 10 highest paid indiv		s (fundrais	sers) pursua	ant to agreements u	nder which the fund	raiser is to be		
	compensated at least \$5,000 by the	organization.							
		1	_			1			
	(i) Names and address of individual		(iii) Did fur	draiser have	(ha) Cross resints	(v) Amount paid to	(vi) Amount paid to		
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	or control of outions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)		
			COITIIII	outions:		col. (i)	organization		
			Yes	No					
1									
					0	0	0		
2					0	0	0		
3					0	0			
4			+		0	0	0		
4					0	0	0		
5			<u> </u>		0	0			
					0	0	0		
6					J				
					0	0	0		
7									
					0	0	0		
8									
					0	0	0		
9									
					0	0	0		
10							•		
					0	0	0		
Total					0	0	0		
3		ion is registered	or license	d to solicit	•	been notified it is a			
J	registration or licensing.	ion is registered	Of ficcingo	a to solicit	contributions of mas	been notified it is e.	Kompt Irom		
	region and incomoning.								
					·				

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II 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 **FUNDRAISING** NONE (add col. (a) through col. (c)) (total number) (event type) (event type) Revenue Gross receipts 18,665 18,665 Less: Contributions . . . 0 Gross income (line 1 minus line 2) <u>. . .</u> . . . 18,665 0 18,665 Cash prizes 0 Noncash prizes 0 0 Direct Expenses Rent/facility costs 0 0 Food and beverages . . . 0 0 Entertainment Other direct expenses . . 0) Net income summary. Subtract line 10 from line 3, column (d). Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo Gross revenue . . 0 Direct Expenses Cash prizes 2 0 Noncash prizes 0 Rent/facility costs 0 Other direct expenses . 5 Yes Yes Yes Volunteer labor 0) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . If "Yes," explain:

Schedu	ule G (Form 990 or 990-EZ) 2018 HILTON HEAD DANCE THEATRE	57-08	323063	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	[Yes	No
13	Indicate the percentage of gaming activity conducted in:	_	-	
a	· · · · · · · · · · · · · · · · · · ·	13a		%
b 14	An outside facility	13b		%
1-4	records:	1		
	Name ▶			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. [Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization amount of gaming revenue retained by the third party \blacktriangleright \$ 0 and the			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation \$ 0			
	Description of services provided •			
	□ Director/officer □ Employee □ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	· _] 163	
	spent in the organization's own exempt activities during the tax year \$			0
Part				nd
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	intorm	ation.	
	See instructions.			
				
				

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
HILTON HEAD DANCE THEATRE

Employer identification number 57-0823063

Form 990, Part VI, Line 11B: ORGANIZATION'S PROCESS TO REVIEW FORM 990 BEFORE FORM 990 IS
FILED. A PDF OF THIS TAX FORM IS SENT OUT BY EMAIL TO ALL DIRECTORS FOR REVIEW. ALL DIRECTORS
MUST SEND BACK AN EMAIL INDICATION THAT THEY HAVE REVIEWED THE RETURN AND AGREE WITH IT'S
CONTENTS OR THAT THEY DO NOT WISH TO REVIEW THE RETURN AND AGREE TO HAVE IT SENT WITHOUT
REVIEW.
Form 990, Part VI, Line 12C: ENFORCEMENT OF CONFLICT POLICY. THE POLICY FOR CONFLICTS IS
CONTAINED IN THE BYLAWS AND IS ANNUALLY REVIEWED DURING THE ELECTION PROCESS. IN ADDITION, ANY
TIME SOMEONE EXITS THE BOARD, THE POLICY IS REVIEWED.
Form 990, Part VI, Line 15A: COMPENSATION PROCESS FOR TOP OFFICIALS. THE ENTITY HAS NEVER
NEEDED TO USE THIS POLICY, BUT SUCH A POLICY WAS WRITTEN FOR US BY OUR ATTORNEY AND IS
CONTAINED IN THE BYLAWS. EVERY BOARD MEMBER HAS A COPY. NO ONE ON THE BOARD RECEIVES ANY TYPE
OF COMPENSATION.
Form 990, Part VI, Line 19: THE PROCESS FOR OFFICERS. THE POLICY REGARDING CEO/OTHER OFFICERS
CONTAINED IN THE BYLAWS IS THE SAME AS THE TOP OFFICIAL POLICY.
Form 990, Part VI, Line 19: GOVERNING DOCUMENTS DISCLOSURE EXPLANATION. ALL REQUIRED DOCUMENTS
ARE AVAILABLE TO THE PUBLIC IN THE ENTITY'S OFFICE DURING REGULAR BUSINESS HOURS SHOULD ANYONE
WISH TO SEE THEM.

Schedule O (Form 990 or 990-EZ) (2018)	I	Page	2
Name of the organization	Employer identification number		
HILTON HEAD DANCE THEATRE	57-0823063		
			· -

HILTON HEAD DANCE THEATRE 57-0823063

Summary of Unadjusted Basis of Depreciable Property (4562)

7/31/2019

Summary of Depreciable Property by Activity

		Unadjusted
	Activity	Cost or Basis
1	990	801,396

Detail of Depreciable Property

			Date In	Recovery	Years in	Total Cost	Business/Time	Unadjusted
	Activity	Asset Description	Service	Period	Service	or Basis	Use Percent	Cost or Basis
2	990	BUILDING	8/1/2009	39	10	585,000	100.00%	585,000
3	990	SETS	8/1/2012	7	7	44,263	100.00%	44,263
4	990	PROPS	8/1/2012	7	7	1,400	100.00%	1,400
5	990	COSTUMES	8/1/2012	7	7	61,140	100.00%	61,140
6	990	STAGE FLOOR	8/1/2012	7	7	3,330	100.00%	3,330
7	990	EQUIPMENT	8/1/2012	7	7	3,747	100.00%	3,747
8	990	SPRUNG DANCE FLOOR	8/1/2012	7	7	19,391	100.00%	19,391
9	990	BUILDING IMPROVMENTS	8/1/2013	39	6	24,059	100.00%	24,059
10	990	BUILDING IMPROVEMENTS	8/1/2014	39	5	9,921	100.00%	9,921
11	990	COSTUMES	8/1/2014	7	5	5,350	100.00%	5,350
12	990	PROPS	8/1/2014	7	5	6,240	100.00%	6,240
13	990	FURNITURE AND FIXTURES	8/1/2014	7	5	2,006	100.00%	2,006
14	990	HVAC SYSTEM	7/25/2016	39	4	4,300	100.00%	4,300
15	990	PARKING LOT IMPROVEMEN	12/7/2015	15	4	15,360	100.00%	15,360
16	990	NEW ENTRY	12/7/2015	15	4	2,600	100.00%	2,600
17	990	SIDEWALKS	12/7/2015	15	4	2,840	100.00%	2,840
18	990	ISLAND ENVIRONMENTS-PA	9/12/2016	15	3	2,629	100.00%	2,629
19	990	HVAC	3/21/2018	39	2	5,388	100.00%	5,388
20	990	SIGN D SIGN	7/13/2018	7	2	2,432	100.00%	2,432

FROM : ELIZABETH-ANNE FAX 1 003 703 2008 NO. : 843-342-4860

DEPARTMENT OF THE TREASURY

INTERNAL REVENUE SERVICE DISTRICT DIRECTOR C - 1130 ATLANTA, GA 30301

Dates

JUN 1 6 199Z

HILTON HEAD DANCE THEATRE PO DRAMER 7049 18 POPE AVENUE HILTON HEAD ISLAND, SC 27928 Employer Identification Number: 57-0823063
Contact Person:
LORETTA HANZLTON
Contact Telephone Number: (404) 381-0170

Our Letter Dated: November 2, 1987 Addendum Applies: Yes

__Dear Applicants

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Intersal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a) (2).

Grantors and contributors may rely on thes determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(2) status, a grantor or contributor may not rely on this determination if he or who was in part responsible for, or was aware of the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(2) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your parament records.

Letter 1060 (00/CB)