## 2024 Accommodations Tax Funds Request Application

Organization Name: Arts Center of Coastal Carolina

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

### **Executive Summary**

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

### 2024

### **Accommodations Tax Funds Request Application**

Date Received: 08/30/2023 Time Received: 11:01 AM By: Online Submittal

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

#### A. SUMMARY OF GRANT REQUEST:

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

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

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

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

Email Address: jreeves@artshhi.com Contact Phone: 843-686-3945

Event Date: Event Location: Arts Center of Coastal Carolina

**Total Budget:** \$4,763,975.00 **Grant Requested:** \$430,000.00

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

The Arts Center requests \$430,000 for FY23-24 tourism operations support in two TERC eligible areas: 1) destination advertising/promotion of arts programs to tourists; 2) tourism-related cultural arts programming/events through Producing Theater, Great Performances, and Community Festivals.

These programming costs, as well as maintenance of our facility for visitors and community will be \$4,763,975. Our request represents **8.6% of our FY24 operating budget, and a mere 2.4% increase over our FY23 award yet below the current 3.2% inflation rate.** A multitude of inflationary challenges make this increase necessary. **This request excludes \$507,115 in maintenance costs (up 5%).** Appendix G.

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

Visitors attend our year-round multi-arts programming, festivals, and performances; thus, the Arts Center is a vital contributor to visitorship and a major cultural amenity. **Tracking of visitor statistics is through our robust ticketing system. Geographic attendance data quantifies impact.** 

Measuring FY23 attendance at 162 event performances, tourism from 50+ mile radius was: Theater 27%(9,386); Presenting 28%(1,202); Visual Arts 34%(92); and Festival Outreach 33%(1,953). Of the 44,929 total ATAX eligible attendees (out of 54,430 total patrons) served in these programs (not including education services and rentals) 14,247 (32%) were visitors and 12,633 (28%) tourists beyond 50+ mile radius totaling 26,880 (60%). Appendix A&C.

- A. Total Number of Physical Tourists Served: 12633
  - 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: 14247

  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: 18049

  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): 44929

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

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

In addition to detailed tracking through our ticketing system, for over 27 years various surveys and detailed reports have confirmed the exuberant programming appeal to island visitors and the greater community, along with informing national, regional, and local marketing strategies using proven methods.

In 2022-2023 the Arts Center did not produce virtual theatre as we were diligent to promote in-person performances and festivals. However, digital offerings that globally promote the Arts Center & Hilton Head Island received an additional 139,689 universal interactions in FY23: a grand total of 1 million+ views since inception! In FY23 these not only provided education and/or instruction but helped in FY23 to promote—and continues to promote—the Arts Center and Hilton Head Island.

Marketing continued to leverage the highly viewed virtual cast and show promos to our 17,727 global email addresses for each theater production and presenting performances, as well as our free outreach festivals. Again, these provided universal tourist promotions for the Arts Center and Hilton Head Island.

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

For 27+ years, the Arts Center's Mission has been "to enrich and benefit the community through the arts." The Arts Center is a core multi-arts venue at the heart of Hilton Head Island (HHI) and integral to its economic and cultural vitality. As South Carolina's largest professional theater and third largest arts organization, it's a significant economic engine for HHI and Beaufort County businesses/residents. Our FY23 total overall economic impact was \$13,324,880. Of that, our 50+ miles tourism generated \$3,502,848 in economic impact. We represent 34% of HHI cultural arts sector's economic impact as derived from the Town Office of Cultural Affairs "Arts & Economic Prosperity 5" Calculator.

Opening in 1996, we have realized over **1,699,216 overall attendees at 4,789 performances and programs.** FY23 saw us taking another step toward pre-covid attendance levels, achieving 54,430 overall attendees. Our incomparable 45,000sf facility operating year-round includes a 349-seat mainstage theater showcasing full-scale professional producing theater and world-class presenting artists. We provide visual arts and extensive education & outreach. Our facility is home to the Art League of HHI gallery, a black box rehearsal hall, an art studio, Reception Parlor, and Community Room. **393 active volunteers/interns** play major roles in operations. The Arts Center is consistently recognized as an award-winning professional organization with many local "Best of" awards, regional BroadwayWorld and Trip Advisor's "Award of Excellence" awards, and Broadway Magazine's Awards.

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

Our \$430,000 ATAX request (only 8.6% of our total operating budget) will be used to create diverse and multi-disciplined arts programs and marketing plans promoted to tourist and visitors.

The marketing and development of our programs require considerable financial resources. According to categories defined by TERC, the Arts Center is eligible under the provisions of the law at \$769,216 for visitor programming and marketing expenses. Eligible costs not included total \$531,729, of which Facility/Overhead expenses are \$157,401, and Program Administrative expenses are \$374,328.

Therefore, if \$531,729 was added to Total Estimated Eligible Visitor Expenses of \$769,216 the actual eligible total would be 1,300,945. Appendix B.

Highlights for marketing funds use include **100% designed and managed in-house (cost control measure) innovative marketing** strategies, such as redesigned cost-effective and flexible social media which sent 1,606,081 promotional e-blasts to our 17,727 global email list. Also, an upgraded OvationTix ticketing system facilitates tourist

reservations/communications, to name a few.

Highlights for the upcoming FY24 year-round theater series include 136 in-house produced Equity Theater performances from 2 plays and 3 large-scale musicals for a projected 60,150 overall patrons. Maintaining all public spaces of the Arts Center's 45,000sf space in **FY24 will cost \$507,115**; up 5% exceeding the current 3.2% inflation rate. While the facility is not part of this request, an integral part of the visitor experience is attending performances and events at a quality venue.

Funding sources planned for FY24 operations are earned income, \$2,944,832, and contributed income, \$1,819,143. Appendices G, H (at Presentation).

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

We have emerged from the marathon pandemic even stronger. And with that, an already appreciable momentum for an "at capacity" FY24 season.

The Arts Center's FY24 season was meticulously developed and set 18-months out. It's a complex process of coordinating dates, negotiating/securing performance licensing, contracting with productions/performers, load-ins/outs, and budgeting.

Partial funding potentially reverses momentum on the already committed/announced season. The demand for our regional live stage theater is high; partial funding results in cutting essential program/marketing components. Without quality performances or optimal advertising, fewer audiences mean less visitors, less revenue, and less economic impact!

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

Undeniably, the Arts Center significantly impacts cultural arts tourism as the only year-round arts venue, translating to a vital economic impact for HHI. Using data from the Town's Office of Cultural Affairs "Arts & Economic Prosperity 5" Calculator, FY23 generated a projected \$13,324,880 (including \$3,502,848 from tourism), representing 34% of the total economic impact of arts and culture on HHI at \$39.1M.

Our ATAX funding over a **6-year history translates to a \$72,011,651 overall economic impact with a \$17,534,881, 50+ mile tourism economic impact.** Investing in the Arts Center also advances HHI as a branded destination. Appendices A & C.

5. In order to comply with the State's Tourism Expenditure Reveiw Committee annual reporting

# requirements, please classify your current grant request into the following authorized categories:

Total:	100	%
7 - Operation of Visitor Information Centers  Operating visitor information centers.	0	%
6 - Waterfront Erosion/Control/Repair Control and repair of waterfront erosion.	0	%
5 - Tourist Public Transportation  Tourist shuttle transportation.	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	%
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	%
2 - Tourism-Related Events  Promotion of the arts and cultural events.	55	%
1 - Destination Advertising/Promotion  Advertising and promotion of tourism so as to develop and increase tourist attendence through the generation of publicity.	45	%

- 6. If not covered elsewhere in the application, please describe (a) how the organization will collaborate with other organizations to enhance tourism efforts, and (b) provide a venue or service not otherwise available to visitors to the Town of Hilton Head Island. (250 words or less)
  - a) Partnerships are the backbone of the Arts Center's sustainability. As a 27-year Hilton Head Island mainstay, the Arts Center actively fosters partnerships, in and out of the arts sector, and has built strong collaboratives with many organizations to enhance tourism efforts.

Centrally located and recognized as a cultural/tourism information hub, organizations and businesses utilize our extensive rack card/brochure system benefiting tourists and residents. Partnerships include Art League of Hilton Head, Island School Council for the Arts, HH Dance Theatre, NIBCAA, Gullah Museum, Lean Ensemble, Concours d 'Elegance, Island Writers' Network, and the Town Office of Cultural Affairs, to name a few. Many groups frequently utilize discounted venue rentals, marketing resources, and occasionally free services.

b) For a town with a small full-time population like HHI, it is rare to have a facility the size (45,000sf) and scope (year-round operations) of the Arts Center. It makes an impressive community statement reflective in the ability to produce 161 performances of mainstage theater, performing acts, and events for more than 60,150 projected overall attendees for FY24.

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

Also, we try to maintain a balance for patron ticket pricing. Because our patrons exhibit price and accessibility sensitivity, we charge accordingly to attract wide-ranging demographics. Tickets are frequently donated for many organizations' fundraising. Appendix D (at Presentation).

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

FY24 projects a \$14,043,419 overall economic impact and a \$3,952,980 tourism economic impact, based on 60,150 overall attendees: second in attendance to the RBC Heritage Tournament. This ambitious goal is attainable, yet not without mitigating the identified economic challenges and preparing for the unpredictable with the ever-changing health and financial climate. Two primary FY24 challenges are categorized as:

Inflationary: Consumers are still guarded in their discretionary spending and donating in the face of continued higher prices. Inflation also brings major cost increases in programming, marketing, and operations. For FY24, aside from everyday operating consumable's inflation, we again see several significant increases in our programming, marketing, and operating costs adding an additional \$336,700 in expenses beyond our historically normal levels. As in the past, expense controls will be a priority.

COVID: We are cautiously optimistic any flare-up of new variants will have very minor effects on our programming and operations due to the CDC's position that it will be less impactful than earlier variants. Although we have become highly adept at modifying our plans at a moment's notice, we have put sound strategies in place to mitigate the above challenges and unknowns.

It is vital that we can depend upon our long-standing partnership with HHI ATAX to grant our 2.4% increase. Our request is a sound investment at \$15.63 cost per attendee, calculated by 26,880 total ATAX eligible attendees (50+ Miles & Off Island, 60%) divided by \$430,000 ATAX, with similar ROI anticipated for FY24.

### C. FUNDING:

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

The FY23 Total Operating Budget included the following Contributed sources:

13%-Individuals; 11%-Government (State/County/Town); 5%-Gift-In-kind; 4%-Foundations; 3%-Events; 2%-Businesses. Contributed Income totals \$1,832,488, 38% of income budget. The remaining FY23 Operating Budget is Earned Income at \$2,998,743, 62%, from admissions/online fees/concessions/rentals. National studies indicate a healthy balance for producing theaters is a 55/45 split between earned and contributed income. We're heading in the right direction. Continued cultivation and growing our contributed line will restore us to the ideal earned/contributed balance. Going forward, the FY24 Budget is strong, yet conservative. Reliable strategies support FY24 projections at \$14,043,419 overall economic impact, \$3,952,980 tourism economic impact. Appendix N.

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

11	Government Sources	20	Private Contributions, Donations and Grants
7	Corporate Support, Sponsors	10	Membership, Dues, Subscriptions
43	Ticket Sales, or Sales and Services	9	Other

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

Yes <u>X</u> No \_\_\_

If so, please list top 3 sources and amounts.

South Carolina Arts Commission- FY23 Operating Support Grant \$46,525.00

South Carolina Arts Commission- FY23 Education - Summer Arts Education \$25,000.00

**Projects** 

The Kennedy Center-VSA Visual Arts Discovery Program \$21,906.00

#### D. FINANCIAL INFORMATION:

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

### **Financial Statement Requirements:**

1. The <u>upcoming fiscal year's</u> **operating budget** for the organization.

Budget Provided: Yes

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

Current fiscal year Profit Loss Report Provided: Yes Previous fiscal year Profit Loss Reports Provided: FY22- Previous FY 1 FY21- Previous FY 2 3. The <u>previous two fiscal years</u> and <u>current year-to-date</u> **balance sheets**. Current fiscal year Balance Sheet Provided: Yes Previous fiscal year Balanace Sheets Provided: FY22 - Previous FY 1 FY21 - Previous FY 2 4. The previous two years and current year IRS Form 990 or 990T. Current year IRS Form 990 or 990T Provided: Yes Previous IRS Form 990 or 990T Years Provided: 2021 - Previous FY 1 2020 - Previous FY 2 E. FINANCIAL GUARANTEES AND PROCEDURES: 1. Provide a copy of the official minutes wherein the organization approves the submission of this application. An official set of minutes have been attached to this application. 2. Indicate whether your organiztion 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 2022 or 2023 HHI ATAX funds

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

2021	\$325,000.00	Tourism Operating Support
2022	\$405,000.00	Tourism Operating Support
2023	\$420,000.00	Tourism Operating Support

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)

# FY23 ATAX funding afforded an outstanding reinvigoration of tourism through dedicated tourism marketing and program efforts.

There is an elevated growth rate in online usage overall. Recent data indicates that social media advertising is expanding, so we continue to expand social media. Targeted messages are sent geographically/by interest. In FY23 analytics across all methods include 105,656 website users and 325,832 page views; 1,606,081 promotional e-blasts were sent (up 2.7%) to the database's 17,727 deliverable emails with an excellent 37% open rate (up 11%); Facebook has 7,338 followers (up 7%) and thanks to our paid advertising on Facebook 496,852 ad campaigns were viewed; YouTube reached 2.5k+ (up 200%) over FY22 with 1.1 million views. Additionally, 35,000 season brochures and 15,000 rack cards were distributed state-wide.

The ATAX funds were used to drive and enhance tourism by promoting/presenting an exciting and innovative FY23 Season with these outcomes: Total 26,880 or 60% ATAX attendance, with 12,633 (28%) tourists >50miles and 14,247 (32%) off Island. Subsets include, 5 Theater Shows 20,265 (59%); 7 Presenting Artists, 2,456 (57%); 2 Events, 4,159 (69%). The 162 total performances were embraced as fresh and creative with notable increases over FY22 at 7% (150) and FY21 at 28% (127). Appendix A.

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

FY23 produced 5 theater shows, 7 presenting artists, 2 festivals, and other facility activities. FY23 evidenced the benefit by our \$13,324,880 in overall economic impact, with \$3,502,848 from 50+ miles tourism while operating 360 days/year.

**44,929 ATAX** eligible patrons benefited from a more contemporary theater season. Little Shop of Horrors, a horror-comedy-rock musical, A Christmas Story: The Musical, a family-fun iconic musical with the infamous leg lamp, Guess Who's Coming to Dinner, a witty/insightful drama confronting prejudices, Stephen Sondheim's Company, an award-winning "relationship" sensation, and the attendance record-breaking Jersey Boys, about the legendary Four Seasons. Performances achieved 34,399 total ATAX attendees and presenting shows (1-2 nights) achieved 4,336.

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

Aside from tourism, the Arts Center supported over **188.8 FTE jobs for overall economic impact in FY23, and a significant total 1,009 FTE jobs over a 6-year history.** This economic impact in turn supports businesses: restaurants/lumber/paint sales/fitness centers/lodging/grocers/medical services/fuel stations—all local.

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

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

In FY23 we served 54,430 in spite of an unpredictable economy and COVID variants. We achieved 34% of overall HHI arts sector economic impact, and impacted economy over the past 6-years generating \$72,011,851 with \$17,534,881 from tourism.

Effectiveness measured through action: Operating 360 days/year, contributing to year-round HHI tourism (2018 Survey of Public Participation in the Arts, NEA, identified 49.7% "traveled more than 50+ miles from home to attend cultural activities and events despite the time of year."); Supporting 188.8 FTE jobs in FY23 for overall economic impact back to Hilton Head Island; Leading the industry and workforce development; Enriching the community through creating positive change and inspiration, as seen in progressive programs and services. "We walk the talk"; Imparting expertise & knowledge to organizations through tenured, educated staff (most management have specialized bachelor+ degrees/tenures 10+ years (several 20+), resulting in an award-winning organization with "Best of" Local Awards for Live Performance Venue, BroadwayWorld regional awards, Trip Advisor's "Award of Excellence", and BroadwayMagazine Southeast Awards, to name a few.

#### G. **EXECUTIVE SUMMARY**

Provide an executive summary using the "ATAX Effectiveness Measurement" form provided via the link on the left, or by utilizing the text area provided below to report uses of the organization's prior ATAX grant, if applicable. If creating your own format, please refer to the "ATAX Effectiveness Measurement" form and use the criteria as a guideline in developing your executive summary below. (1300 words or less)

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

Signature: Jeffrey S. Reeves

Title/Position: President/CEO

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

Email Address: jreeves@artshhi.com

Office Phone Number: 843-686-3945

Home Phone Number: 843-298-0144

	:	2023/2024
	P	ROPOSED
Earned Income:		
Subscriptions	\$	427,979
Admissions Group Sales	\$	1,574,491
Field Trips	\$	82,120 3,360
Tuition & Fees	\$	31,034
Food & Beverage Concessions	\$	94,390
Merchandise	\$	23,080
Event Commissions	\$	-
On-Center Patronage	\$	37,000
Venue Rental Equipment Rental	\$	53,080
Reimbursed Services	\$	7,000 33,248
Rental Subsidies	\$	(2,708
Ticketing Fee	\$	250,534
Online Ticket Fees	\$	116,488
Other	\$	15,520
Investment Income	\$	198,215
Total Earned Income		2,944,832
Contributed Income:		
Individual		F00 100
Annual Giving	\$	589,100
Designated Underwriting Sub-total Individual	\$	34,500 623,600
Gab-total individual		023,000
Business		
Business Partner	\$	117,400
Sub-total Corporate/Business		117,400
In Kind		
Gifts in Kind		64,465
Media in Kind Sub-total In Kind		171,400 235,865
Sub-total III Killu		235,605
Foundations		185,998
Government		513,280
Special Events		123,000
Special Major Gifts		20,000
Total Contributed Income		1,819,143
Total Income	\$	4,763,975
Program & Marketing Espenses:		
Theater - Total		1,777,036
Program Expenses		1,557,001
Marketing Expenses		220,035
Presenting - Total		236,807
Program Expenses  Marketing Expenses		174,730
Visual Arts - Total		62,077
Program Expenses		
Marketing Expenses		_
Education - Total		109,814
Program Expenses		99,602
Marketing Expenses		10,212
Outreach - Total		20,393
Program Expenses		4,566
Marketing Expenses		15,827
Rentals - Total		9,169
Program Expenses		1,762
Marketing Expenses		7,407
Development - Total Program Expenses		<b>137,162</b> 7,745
Marketing Expenses		129,417
Administration		6,332
Program Expenses		-,
Marketing Expenses		6,332
Total Program & Marketing Expenses		2,296,713
Fixed Expenses:		
Salaries		1,587,573
Taxes		125,382
Benefits		141,138
Overhead Expense		613,169
Total Fixed Expenses		2,467,262
Total Expenses	\$	4,763,975
Net Operating Earnings Before Interest	\$	(0
		160,038
Interest		

	2022/2023
	PROJECTED
Earned Income:	
Subscriptions	\$ 369,672
Admissions Group Sales	1,599,158
Field Trips	80,059 2,457
Tuition & Fees	27,389
Food & Beverage Concessions	77,734
Merchandise	26,726
Event Commissions	
On-Center Patronage	13,350
Venue Rental	55,330
Equipment Rental	7,565
Reimbursed Services	36,880
Rental Subsidies	(2,893)
Ticketing Fee	237,921
Online Ticket Fees	133,920
Other	64,913
Investment Income	268,562
Total Earned Income	2,998,743
Contributed Income:	
Individual	
Annual Giving	535,148
Designated Underwriting	17,687
Sub-total Individual	552,835
Business	
Business Partner	77,230
Sub-total Corporate/Business	77,230
In Kind	
Gifts in Kind	73,759
Media in Kind	175,250
Sub-total In Kind	249,009
Foundations	181,405
Government	544,996
Special Events	150,110
Special Major Gifts	76,903
Total Contributed Income	1,832,488
Total Income	\$ 4,831,231
Dragram Evnances	
Program Expenses: Theater	1,945,610
Presenting	185,207
Visual Arts	-
Education	92,378
Outreach	16,190
Rentals	8,905
Development	132,723
Administration	4,967
Total Program Expenses	2,385,980
Fixed Expenses:	
Salaries	1,465,706
Taxes	111,597
Benefits	122,552
Overhead Expense	631,383
Total Fixed Expenses	2,331,238
Total Expenses	\$ 4,717,218
Net Operating Earnings Before Interest	\$ 114,013
Interest	134,028
Net Earnings After Interest	\$ (20,015)

	2021/2022
	ACTUAL
Earned Income:	
Subscriptions	\$ 339,889
Admissions Group Sales	1,366,262
Field Trips	42,906 4,750
Tuition & Fees	37,784
Food & Beverage Concessions	69,590
Merchandise	26,460
Event Commissions	-
On-Center Patronage	17,750
Venue Rental	49,987
Equipment Rental	4,060
Reimbursed Services	17,772
Rental Subsidies	(1,003)
Ticketing Fee	211,268
Online Ticket Fees	120,340
Other	253,839
Investment Income	29,286
Total Earned Income	2,590,940
Contributed Income:	
Individual	
Annual Giving	592,893
Designated Underwriting	68,000
Sub-total Individual	660,893
Business	
Business Partner	47,489
Sub-total Corporate/Business	47,489
In Kind	
Gifts in Kind	59,353
Media in Kind	190,145
Sub-total In Kind	249,498
Foundations	207,666
Government	556,796
Special Events	51,854
Special Major Gifts	41,530
Total Contributed Income	1,815,726
Total Income	\$ 4,406,666
Program Expenses:	
Theater	1,866,718
Presenting	236,075
Visual Arts	-
Education	91,646
Outreach	17,155
Rentals	4,290
Development	82,245
Administration	1,552
Total Program Expenses	2,299,681
Fixed Expenses:	
Salaries	1,410,529
Taxes	105,178
Benefits	132,291
Overhead Expense	692,948
Total Fixed Expenses	2,340,946
Total Expenses	\$ 4,640,627
Net Operating Earnings Before Interest	\$ (233,961)
Interest	85,203
Net Earnings After Interest	\$ (319,164)

STATEMENT OF OPERATION	<b>V</b> 3	1
	2	2020/2021
	_	.020/2021
		ACTUAL
Earned Income:	Φ	74 400
Subscriptions Admissions	\$	71,102 684,159
Group Sales		9,725
Field Trips		8,519
Tuition & Fees		20,943
Food & Beverage Concessions		32,884
Merchandise		13,806
Event Commissions		-
On-Center Patronage		1,200
Venue Rental		64,161
Equipment Rental Reimbursed Services		890 33,967
Rental Subsidies		(9,739)
Ticketing Fee		105,906
Online Ticket Fees		65,980
Other		52,164
Investment Income		129,644
Total Earned Income		1,285,311
Contributed Income:		
Individual		450.000
Annual Giving		450,082
Designated Underwriting Sub-total Individual		37,500
Sub-total individual		487,582
Business		
Business Partner		43,156
Sub-total Corporate/Business		43,156
- 1		,
In Kind		
Gifts in Kind		127,733
Media in Kind		134,460
Sub-total In Kind		262,193
Farmedations		400.005
Foundations Government		163,885 430,843
Special Events		24,138
Special Major Gifts		61,273
Total Contributed Income		1,473,070
		.,,
Total Income	\$	2,758,381
Program Expenses:		
Theater		806,892
Presenting		272,438
Visual Arts		- -
Education		57,321
Outreach Rentals		10,456 5,521
Development		36,632
Administration		287
Total Program Expenses		1,189,547
		.,,
Fixed Expenses:		
Salaries		1,310,476
Taxes		98,531
Benefits		133,103
Overhead Expense		542,780
Total Fixed Expenses		2,084,890
Total Expenses	\$	3,274,437
Net Operating Earnings Before Interest	\$	(516,056)
Interest		88,891
	_	
Net Earnings After Interest	\$	(604,947)

## ARTS CENTER OF COASTAL CAROLINA BALANCE SHEET

	2022/2023
	PROJECTED
	FROJECIED
ASSETS CURRENT ASSETS	
Cash and Cash Equivalents	\$1,625,354
Accounts Receivable	245,186
Inventory	6,393
Prepaid Expenses	91,036
Total Current Assets	\$1,967,968
FIXED ASSETS	
Land	\$900,000
Buildings	8,923,498
Accumulated Depreciation - Buildings	(6,292,281)
Furniture & Fixtures	132,739
Production Equipment	1,587,815
Office Equipment	549,335
Vehicles	91,841
Facility Improvements	599,117
Machinery & Equipment	172,772
Accumulated Depreciation - All Other	(2,454,310)
Total Fixed Assets	\$4,210,525
	, ,
OTHER ASSETS	
Appreciable Gifts	203,700
Total Other Assets	\$203,700
Total Assets	\$6,382,193
LIABILITIES / CAPITAL	
LIABILITIES	
Accounts Payable	\$228,610
Taxes Payable	2,188
Deferred Revenue	746,738
Notes Payable (Line of Credit)	12,625
Notes Payable (Permanent Capital)	678,363
Notes Payable (LMA Operating)	1,000,778
Notes Payable (US SBA EIDL Loan)	500,000
Total Liabilities	\$3,169,300
CAPITAL	
Fund Balance	\$3,212,893
Total Capital	\$3,212,893
	<b>4</b>
Total Liabilities and Capital	\$6,382,193
ENDOWMENT	
Total Endowment Cash and Investments	\$2,794,685
Total Endowment	\$2,794,685

## ARTS CENTER OF COASTAL CAROLINA BALANCE SHEET

	2021/2022
	ACTUAL
	31313112
ASSETS CURRENT ASSETS	
Cash and Cash Equivalents	\$1,946,241
Accounts Receivable	321,934
Inventory	1,579
Prepaid Expenses	53,433
Total Current Assets	\$2,323,188
FIXED ASSETS	
Land	\$900,000
Buildings	8,923,498
Accumulated Depreciation - Buildings	(6,063,473)
Furniture & Fixtures	116,669
Production Equipment	1,576,771
Office Equipment	549,335
Vehicles	70,841
Facility Improvements	595,652
Machinery & Equipment	64,490
Accumulated Depreciation - All Other	(2,277,024)
Total Fixed Assets	\$4,456,757
OTHER ASSETS	
Appreciable Gifts	203,700
Total Other Assets	\$203,700
rotal other Addets	Ψ200,700
Total Assets	\$6,983,645
LIABILITIES / CAPITAL	
LIABILITIES	
Accounts Payable	\$154,445
Taxes Payable	1,908
Deferred Revenue	668,974
Notes Payable (Line of Credit)	0
Notes Payable (Permanent Capital)	741,056
Notes Payable (LMA Operating)	1,214,347
Notes Payable (US SBA EIDL Loan)	500,000
Total Liabilities	\$3,280,729
CAPITAL	
Fund Balance	\$3,702,916
Total Capital	\$3,702,916
Total Liabilities and Capital	\$6,983,645
,	
ENDOWMENT	
Total Endowment Cash and Investments	\$2,790,147
Total Endowment	\$2,790,147

## ARTS CENTER OF COASTAL CAROLINA BALANCE SHEET

	2020/2021
	ACTUAL
ASSETS CURRENT ASSETS	
Cash and Cash Equivalents	\$1,638,487
Accounts Receivable	458,791
Inventory	4,039
Prepaid Expenses	133,859
Total Current Assets	\$2,235,176
FIXED ASSETS	
Land	\$900,000
Buildings	8,923,498
Accumulated Depreciation - Buildings	(5,834,666)
Furniture & Fixtures	,
	116,669
Production Equipment	1,570,659
Office Equipment	488,921
Vehicles	70,841
Facility Improvements	490,046
Machinery & Equipment	62,994
Accumulated Depreciation - All Other	(2,085,723)
Total Fixed Assets	\$4,703,240
OTHER ASSETS	
Appreciable Gifts	203,700
Total Other Assets	\$203,700
Total Assets	\$7,142,117
LIABILITIES / CAPITAL	
LIABILITIES	
Accounts Payable	\$191,836
Taxes Payable	1,629
Deferred Revenue	787,527
Notes Payable (Line of Credit)	0
Notes Payable (Permanent Capital)	805,836
Notes Payable (LMA Operating)	1,214,347
Notes Payable (US SBA EIDL Loan)	500,000
Total Liabilities	\$3,501,175
CAPITAL	
Fund Balance	\$3,640,942
Total Capital	\$3,640,942
	70,010,042
Total Liabilities and Capital	\$7,142,117
ENDOWMENT	
Total Endowment Cash and Investments	\$3,299,647
Total Endowment	\$3,299,647

### PUBLIC INSPECTION COPY

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For t	he 2021 calendar year, or tax year beginning $$ SEP $1,$ 2021 $$ and $$ e	ending A	UG 31, 2022	
В	Check applica	if C Name of organization		D Employer identific	cation number
	cha				
	Nan	Doing business as		57-10358	17
E	Initi retu Fina retu	n Number and street (of P.O. Dox if mail is not delivered to street address)	Room/suite	E Telephone number 84368639	
_	tern	nin-		G Gross receipts \$	5,020,592.
		ended UTIMON UEAD TOLAND OC 20029		H(a) Is this a group re	
		lica-		for subordinates	
		ding 14 SHELTER COVE LANE, HILTON HEAD ISLAND	D, SC	H(b) Are all subordinates in	0000000
ī	Tax-e	exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	r 527		list. See instructions
J	Web	site: WWW.ARTSHHI.COM		H(c) Group exemptio	
K	Form	of organization; X Corporation Trust Association Other	L Year o	of formation: 1995 N	A State of legal domicile: SC
P	art I				
	1	Briefly describe the organization's mission or most significant activities: TO EN	RICH A	AND BENEFIT	THE
Governance		COMMUNITY THROUGH THE ARTS			
r	2	Check this box  if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	17
Ü	4	Number of independent voting members of the governing body (Part VI, line 1b)			17
Se	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			136
ž	6	Total number of volunteers (estimate if necessary)		6	400
Activities &	7	a Total unrelated business revenue from Part VIII, column (C), line 12			17,750.
_		b Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
			-	Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		2,941,118.	1,526,062.
Revenue	9	Program service revenue (Part VIII, line 2g)		794,448.	1,791,591.
Rev	10			129,645.	29,286.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		682,370.	1,637,010.
-	12			4,547,581.	4,983,949.
	13			0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		1,755,164.	2,175,662.
965	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	10	a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)  ▶ 352, 20		0.	· ·
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_	2,065,055.	2,936,259.
	18			3,820,219.	5,111,921.
	19			727,362.	-127,972.
- 5	-	Prevende less expenses, cubitact line to from line 72		ginning of Current Year	End of Year
ets or	30	Total assets (Part X, line 16)		10,441,766.	9,773,791.
ASS	20 21 22	Total liabilities (Part X, line 26)		3,501,179.	3,280,730.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		6,940,587.	6,493,061.
P	art I	Signature Block		.,,	
Und	ler pe	nalties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is
		ect, and complete. Declaration of preparer (other than officer) is based on all information of which		N1 25095	•
		M Sm		10/7	2/2023
Sign		Signature of officer		Date	7
Here JEFFREY REEVES, PRESIDENT/CEO					
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	0	Date Check	PTIN
Paid	d	MICHAEL R. PUTICH, CPA	0	6/21/23 self-employ	P00853466
Pre	parer	Firm's name ROBINSON GRANT & CO., P.A.		Firm's EIN ▶	57-0735924
Use	Only	Firm's address ▶ P.O. DRAWER 22959			
		HILTON HEAD ISLAND, SC 29925		Phone no.84	3-815-6161
Ma	y the	IRS discuss this return with the preparer shown above? See instructions	**************		X Yes No

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE CULTURAL ENRICHMENT ON HILTON HEAD ISLAND AND ENABLE
	RESIDENTS AND VISITORS TO HAVE ACCESS TO CULTURAL ACTIVITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$2,766,681. including grants of \$) (Revenue \$2,143,264.)
	THEATRICAL PRODUCTIONS THAT ALLOW THE COMMUNITY TO EXPERIENCE LIVE
	THEATRE.
	COE FOC
4b	(Code:) (Expenses \$685,506. including grants of \$) (Revenue \$531,041.
	PRESENTING SERIES OF PERFORMING ARTIST TO ALLOW THE PUBLIC TO SEE LIVE
	PERFORMANCES BY RENOWNED ARTISTS.
4c	(Code:) (Expenses \$
	VISUAL ART PRESENTATIONS IN THE CENTER'S GALLERY
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 642,800 • including grants of \$ ) (Revenue \$ 497,958 • )
4e	Total program service expenses ► 4,402,738.

Page 3

# Form 990 (2021) ARTS CENTER OF COASTAL CAROLINA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<del>ا</del>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		1
8	, ,	8	х	
•	Schedule D, Part III	├ <del>°</del>	- 25	
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?	_		<b> </b> ₩
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b		174		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		X
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1-10		<del>  ^</del>
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		125
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			- v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<sub>V</sub>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		٦,	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2021) ARTS CENTER OF COASTAL CAROLINA
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	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			
		24a		X
h	Schedule K. If "No," go to line 25a	24b		<del></del>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		_
C		04-		
	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			<b>₩</b>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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		X
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? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
<b>0</b> _	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00		33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
2F ~	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	, , , , , , , , , , , , , , , , , , , ,	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
20	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?			_ v
~~	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Dav	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2021) ARTS CENTER OF COASTAL CAROLINA

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							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.							
3а	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	Х	<u> </u>				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Ь—				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l				
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
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		X				
	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			3,7				
	to file Form 8282?	7c		X				
	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 7f		├				
f								
g								
8	<ul> <li>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</li> <li>Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the</li> </ul>							
0		8						
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	Ů						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
	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 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 13b							
	Enter the amount of reserves on hand	44-		Х				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a						
р 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b						
IJ		15		X				
	excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.	13		Ė				
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.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes." complete Form 6069.							

Form 990 (2021) ARTS CENTER OF COASTAL CAROLINA 57-1035817 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.		·				
	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion 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 17						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent 15						
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		Х			
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		Х			
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	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?	7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	Х				
	Each committee with authority to act on behalf of the governing body?	8b	Х				
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		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	on Schedule O how this was done	12c	X				
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 approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Х				
b	Other officers or key employees of the organization	15b		X			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion 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)	availal	ole			
	for public inspection. Indicate how you made these available. Check all that apply						
	Own website X Another's website X Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial				
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	ACCOUNTING DEPT/OFFICE - 843-686-3945						
	14 SHELTER COVE LANE, HILTON HEAD ISLAND, SC 29928						

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

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

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

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

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

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nei	(B)	(C)					Sal	(D)	(E)	(F)
Name and title	Average	(40	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box,	box, unless person is both an officer and a director/trustee)				n an	compensation	compensation	amount of
	week		cer an	dad	irecto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		99/	npen		1099-NEC)	1099-NEO)	and related
	below	dual t	Institutional trustee	_	Key employee	Highest compensated employee	in in	10001120)		organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			· ·
(1) JEFFREY REEVES	40.00									
PRESIDENT, CEO		Х		Х				135,000.	0.	0.
(2) WILLIAM V. MCHUGH	5.00									
CHAIRMAN		Х		Х				0.	0.	0.
(3) ANN GRINDSTAFF	5.00									
FIRST VICE CHAIR		Х		Х				0.	0.	0.
(4) STEPHEN ALFRED	5.00									
SECRETARY		Х		Х				0.	0.	0.
(5) MICHAEL WATERS	5.00									
TREASURUER		Х		Х				0.	0.	0.
(6) ROBERT LEE	5.00									
IMMEDIATE PAST CHAIR		Х						0.	0.	0.
(7) RICHARD SPEER	5.00									
BOARD MEMBER		Х						0.	0.	0.
(8) FRED BEARD	5.00									
BOARD MEMBER		Х						0.	0.	0.
(9) BECCA EDWARDS	5.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(10) ROBERT CHELL	5.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(11) LESLIE RICHARDSON	5.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(12) SANDRA BERTHELSEN	5.00									
BOARD MEMBER		Х						0.	0.	0.
(13) HEATHER WILCAUSKAS	5.00									
BOARD MEMBER		Х						0.	0.	0.
(14) OPAL ABBINK	5.00									
BOARD MEMBER		Х						0.	0.	0.
(15) BETH MAYO	5.00									_
BOARD MEMBER		Х						0.	0.	0.
(16) MARC GRANT	5.00									_
BOARD MEMBER	F 22	Х						0.	0.	0.
(17) ALETTA BOND	5.00									_
BOARD MEMBER		Х						0.	0.	<b>0.</b>

Form **990** (2021)

Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	<u>j Hi</u>	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			(0	C)			(D)	(E)	1 (	(F)	
Name and title	Average	Position					one	Reportable	Reportable		mated	
	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)					n an	compensation	compensation			
	week		cer ar	nd a di	irecto	or/trus T	tee)	from	from related	of	ther	
	(list any	Individual trustee or director						the	organizations		ensation	
	hours for related	or dir	e e			ated		organization	(W-2/1099-MISC/		m the	
	organizations	ustee	truste		e.	bens		(W-2/1099-MISC/	1099-NEC)	1	nization	
	below	ual tr	tional		ploye	t con	_	1099-NEC)		1	related izations	
	line)	divid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organ	izations	
-	,	=	=	0	×	Ξ ω	ш.					
		•										
						$\vdash$						
		-										
		-										
		-										
						$\vdash$						
		•										
1b Subtotal	•						<b></b>	135,000.	0.		0.	
c Total from continuation sheets to Part VI							<b>•</b>	0.	0.		0.	
d Total (add lines 1b and 1c)							<b>•</b>	135,000.	0.		0.	
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable			
compensation from the organization						•			·		1	
										Y	es No	
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for si	uch individual									3	X	
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	),000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual		4	X	
5 Did any person listed on line 1a receive or a	ccrue comper	sati	on fr	rom	any	unre	elate	ed organization or individ	dual for services			
rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch r	oers	on				5	X	
Section B. Independent Contractors	-											
1 Complete this table for your five highest con	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compens	ation from	ı	
the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	<u>thin</u>	the organization's tax y	ear.			
(A)								(B)		(C)		
Name and business	address	N	INC	3				Description of s	ervices	Compens	ation	
							_					
							_					
							_					
							_					
2 Total number of independent contractors (in		ot lir	nited	d to t	_		ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	zation				(	J					90 (0001)	
										u	MII (0001)	

1 0		Check if Schodulo O contains a response or note to a	ay line in this Dort VIII			
		Check if Schedule O contains a response or note to a	(A)	(B)	(C)	(D)
			Total revenue	Related or exempt	Unrelated	Revenuè éxcluded
				function revenue	business revenue	from tax under
						sections 512 - 514
ts st	1 a	Federated campaigns1a				
ira	b	Membership dues				
Ĕ,	С	Fundraising events 10,99	5.			
ar f		Related organizations 1d				
a,e Bijo	е	Government grants (contributions) 1e 556,79	6.			
ë is		All other contributions, gifts, grants, and				
uti Je	-	similar amounts not included above 1f 958, 27	′1 .			
흕	~	ا با ا ح ح ح ح ح ح ح ح ح ح ح ح ح ح ح ح ح	3.			
Contributions, Gifts, Grants and Other Similar Amounts	g	· · · · · · · · · · · · · · · · · · ·	▶ 1,526,062.			
<u>0 a</u>	n	Total. Add lines 1a-1f  Business C				
				1 701 501		
Se	2 a	ADMISSION FEES, ETC	1,791,591.	1,791,591.		
Program Service Revenue	b					
S Z	С					
an eve	d					
og B	е					
Pr	f	All other program service revenue				
		Total. Add lines 2a-2f	<b>▶</b> 1,791,591.			
	3	Investment income (including dividends, interest, and				
	•	other similar amounts)	▶ 29,286.	29,286.		
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties (ii) Real (iii) Person	and			
		70 276	lai _			
		Gross rents 6a 70,276.				
	b	Less: rental expenses 6b 0 .				
	С	Rental income or (loss) 6c 70,276.				
	d	Net rental income or (loss)	<b>▶</b> 70,276.	70,276.		
	7 a	Gross amount from sales of (i) Securities (ii) Other	er			
		assets other than inventory <b>7a</b>				
	b	Less: cost or other basis				
ē		and sales expenses <b>7b</b>				
enr	С	Gain or (loss) 7c				
Revenue		Net gain or (loss)	<b>•</b>			
er		Gross income from fundraising events (not				
Ğ.	υu	including \$ 10,995. of				
٥						
		contributions reported on line 1c). See				
	_	Part IV, line 18 8a 40,85				
		Less: direct expenses 8b 11,39				20 460
		Net income or (loss) from fundraising events	<b>▶</b> 29,468.			29,468.
	9 a	Gross income from gaming activities. See				
		Part IV, line 199a				
	b	Less: direct expenses9b				
	С	Net income or (loss) from gaming activities	<b>•</b>			
	10 a	Gross sales of inventory, less returns				
		and allowances 10a 96,05	1.			
	b	Less: cost of goods sold 10b 25,25	52.			
		Net income or (loss) from sales of inventory	▶ 70,799.	70,799.		
$\overline{}$		Business C				
sn	11 ^	OTHER NON-OPERATING IN	798,730.	798,730.		
e e	ıı d	OTHER	253,839.			
Miscellaneous Revenue	a	FACILITY SUPPORT FEE	211,268.	211,268.		
Se Be	С	A II . II			17 750	
Ĕ	d	All other revenue	202,630.	184,880.	17,750.	
	е	Total. Add lines 11a-11d	<b>▶</b> 1,466,467.	2 410 660	10 000	20 462
	12	Total revenue. See instructions	► 4.903.949.	3,410,669.	17,750.	29,468.

# Form 990 (2021) ARTS CENTER OF COASTAL CAROLINA 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									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	135,000.	33,750.	27,000.	74,250.				
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	2,040,662.	1,722,159.	191,801.	126,702.				
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (nonemployees):								
a	Management								
b	Legal				_				
C	Accounting								
a	Lobbying Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25,								
9	column (A), amount, list line 11g expenses on Sch O.)								
12	Advertising and promotion	272,484.	265,729.	10.	6,745.				
13	Office expenses	7,296.	5,472.	730.	6,745. 1,094.				
14	Information technology								
15	Royalties	171,559.	171,559.						
16	Occupancy	105,810.	99,714.	4,931.	1,165.				
17	Travel	69,797.	69,248.	496.	53.				
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	0.5.000	<b>F</b> 0 (5-						
20	Interest	85,203.	72,655.	6,080.	6,468.				
21	Payments to affiliates	400 100	205 005	10 570	4 (05				
22	Depreciation, depletion, and amortization	420,109. 139,529.	395,905. 131,490.	19,579. 6,503.	4,625. 1,536.				
23	Insurance Other expenses, Itemize expenses not covered	139,349.	131,490.	0,303.	1,550.				
24	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 0.) PERFORMER HOUSING	411,395.	411,395.	0.	0.				
a L	PAYROLL TAXES & BENEFIT	381,426.	328,146.	30,121.	23,159.				
С	SCENERY, PROPS, AND COS	302,358.	302,295.	0.	63.				
d	MAINTENANCE	281,389.	265,177.	13,114.	3,098.				
_	All other expenses SEE SCH O	287,904.	128,044.	56,610.	103,250.				
25	Total functional expenses. Add lines 1 through 24e	5,111,921.	4,402,738.	356,975.	352,208.				
26	<b>Joint costs.</b> Complete this line only if the organization	. ,	•		•				
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)								
					- QQQ (0004)				

Form 990 (2021)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,619,674.	1	1,927,344.		
	2	Savings and temporary cash investments			18,812.	2	92,350.
	3	Pledges and grants receivable, net		442,795.	3	302,686.	
	4	Accounts receivable, net	15,996.	4	19,249.		
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali	fied per	ons sons (as defined			
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	
Ø	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			4,039.	8	1,579.
As	9	B ::			108,680.	9	44,912.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	12,797,255.			
	b	Less: accumulated depreciation	10b	8,340,498.	4,703,240.	10c	4,456,757. 2,716,694.
	11	Investments - publicly traded securities			3,299,647.	11	2,716,694.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	228,883.	15	212,220.		
	16	Total assets. Add lines 1 through 15 (must equ	10,441,766.	16	9,773,791.		
	17	Accounts payable and accrued expenses		187,898.	17	149,725.	
	18	Grants payable			18		
	19	Deferred revenue			729,591.	19	631,524.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Se	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	contributor, or 35%			
iab		controlled entity or family member of any of the				22	4 056 400
_	23	Secured mortgages and notes payable to unrela			2,020,183.	23	1,956,403.
	24	Unsecured notes and loans payable to unrelate		Г	500,000.	24	499,000.
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X	62 505		44 070
		of Schedule D			63,507.		44,078.
	26	Total liabilities. Add lines 17 through 25			3,501,179.	26	3,280,730.
S		Organizations that follow FASB ASC 958, che	eck her	e ▶ 🔼			
Ce		and complete lines 27, 28, 32, and 33.			2 (40 020		2 702 012
alar	27	Net assets without donor restrictions			3,640,939.	27	3,702,913.
Ä	28	Net assets with donor restrictions			3,299,648.	28	2,790,148.
Ĕ		Organizations that do not follow FASB ASC 9	58, che	eck here  L			
P. F		and complete lines 29 through 33.					
ıts (	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			6 010 507	31	6,493,061.
ž	32	Total net assets or fund balances			6,940,587.	32	
	33	Total liabilities and net assets/fund balances			10,441,/00.	33	9,773,791.

Form **990** (2021)

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Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	,983	3,9	49.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	,11:	1,9	21.		
3	Revenue less expenses. Subtract line 2 from line 1							
4								
5								
6	Donated services and use of facilities	6		19	0,1	46.		
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	6	,49	3,0	61.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
	•				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed							
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b		х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	consolidated basis, or both:	,						
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.						
	review, or compilation of its financial statements and selection of an independent accountant?			2c		x		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin							
	Act and OMB Circular A-133?	J. 5 7 101		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	dit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h				

#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

### **Employer identification number** Name of the organization ARTS CENTER OF COASTAL CAROLINA 57-1035817 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021	ARTS	CENTER	OF	COASTAL	CAROLINA	57-1035
Part II Support Schedul	e for Orgar	nizations D	escr	ibed in Secti	ions 170(b)(1)( <i>l</i>	4)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
_	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3								
	The portion of total contributions								
Ŭ	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,								
6	Public support. Subtract line 5 from line 4.								
_	etion B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Amounts from line 4	(4) 2011	(6) 2010	(0) 2013	(4) 2020	(6) 2021	(i) rotai		
	Gross income from interest.								
•	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
9	Net income from unrelated business								
9	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
10	or loss from the sale of capital								
	assets (Explain in Part VI.)								
44	Total support. Add lines 7 through 10								
	Gross receipts from related activities,	ata (aga inaturatio				12			
	First 5 years. If the Form 990 is for th			fourth or fifth toy			-		
13	organization, check this box and <b>stop</b>	· ·		·	•	. , . ,	ightharpoonup		
Sec	ction C. Computation of Public								
	Public support percentage for 2021 (li			column (fl)		14	%		
	Public support percentage from 2020					15	<del></del>		
	<b>33 1/3% support test - 2021.</b> If the o								
	<b>stop here.</b> The organization qualifies a								
b	<b>33 1/3% support test - 2020.</b> If the o		•						
_									
17a	and stop here. The organization qualifies as a publicly supported organization								
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
	mosts the facts and six umstances test. The organization qualifies as a publicly supported organization								
h	b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
~	more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the								
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
18	<b>Private foundation.</b> If the organization			•					
				,,, 111	,				

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

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

Section A. Public Support								
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Gifts, grants, contributions, and membership fees received. (Do not	(3) = 2 · · ·	(12)	(3) = 2 · 2	(-,	(-)	(1)	
	include any "unusual grants.")	1431155.	2175545.	1698404.	2941118.	1526062.	9772284.	
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	2028228.	2541100.	1027193.	794,448.	1791591.	8182560.	
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
	The value of services or facilities furnished by a governmental unit to the organization without charge						4=0=4044	
	Total. Add lines 1 through 5	3459383.	4716645.	2725597.	3735566.	3317653.	17954844.	
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
k	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.	
(	Add lines 7a and 7b						0.	
8	Public support. (Subtract line 7c from line 6.)						17954844.	
Se	ction B. Total Support				T			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 6	3459383.	4716645.	2725597.	3735566.		17954844.	
t	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	115,114.	25,528.	219,523.	129,645.	29,280.	519,096.	
	acquired after June 30, 1975							
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	115,114.	25,528.	219,523.	129,645.	29,286.	519,096.	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	712,251.	180,073.	470,928.	582,370.	1637010.		
13	Total support. (Add lines 9, 10c, 11, and 12.)	4286748.	4922246.	3416048.	4447581.	4983949.	22056572.	
14	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, t	fourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,	
_								
	ction C. Computation of Publi						01 40	
	Public support percentage for 2021 (li	, (,,	,			15	81.40 % 85.24 %	
<u>16</u>	Public support percentage from 2020					16	85.24 %	
	ction D. Computation of Investment Income Percentage Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))					17	2.35 %	
		tage for <b>2021</b> (line 10c, column (i), divided by line 13, column (ii)				18	2.35 % 2.86 %	
	33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 3							
	more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization							
k	b 33 1/3% support tests - 2020. If the organization did not check a box on line 19 a, and line 16 is more than 33 1/3%, and							
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20	Private foundation. If the organizatio	n did not check a l	oox on line 14, 19a	a, or 19b, check th	is box and see inst	tructions		

#### 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

- 1 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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.)

		Voo	Na
		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	Ŧ		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	J		
	9a		
	9b		
	9c		
	10a		
	10b		
ule	A (Forn	n 990)	2021

Par	Part IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following p	ersons?		
а	a A person who directly or indirectly controls, either alone or together with perso	ns described on lines 11b and		
	11c below, the governing body of a supported organization?	11a		
b	<b>b</b> A family member of a person described on line 11a above?	11b		
	c A 35% controlled entity of a person described on line 11a or 11b above? If "Ye	es" to line 11a 11b or 11c provide		
	detail in Part VI.	11c		
	Section B. Type I Supporting Organizations	•		
			Yes	No
1	1 Did the governing body, members of the governing body, officers acting in their	r official capacity, or membership of one or		
	more supported organizations have the power to regularly appoint or elect at le	1 21		
	directors, or trustees at all times during the tax year? If "No," describe in Part			
	effectively operated, supervised, or controlled the organization's activities. If the	7.7		
	organization, describe how the powers to appoint and/or remove officers, direct			
	<ul> <li>supported organizations and what conditions or restrictions, if any, applied to so</li> <li>Did the organization operate for the benefit of any supported organization other</li> </ul>	ion powers during the tax your.		
	organization(s) that operated, supervised, or controlled the supporting organization			
		,		
	Part VI how providing such benefit carried out the purposes of the supported o	rganization(s) that operated,		
Sect	supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations			
	o gameno.		Yes	No
4	1 Were a majority of the organization's directors or trustees during the tax year a	log a majority of the directors	163	NO
	or trustees of each of the organization's supported organization(s)? If "No," de			
	or management of the supporting organization was vested in the same persons	that controlled or managed		
Sect	the supported organization(s). Section D. All Type III Supporting Organizations			
	Social 217 iii Type iii eupperinig erganizatione		Vaa	Na
	d Did the approximation was into the cools of the approximation of the approximation of the cools of the approximation of the cools of the approximation of	day of the fifth was able of the	Yes	No
		•		
	organization's tax year, (i) a written notice describing the type and amount of si			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of n			
	organization's governing documents in effect on the date of notification, to the			
	organization(s) or (ii) serving on the governing body of a supported organization	· · ·		
	the organization maintained a close and continuous working relationship with th	,,		
	, , , , , , , , , , , , , , , , , , , ,			
	significant voice in the organization's investment policies and in directing the u	•		
	income or assets at all times during the tax year? If "Yes," describe in Part VI	the role the organization's		
Sact	supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizat	ione   3		
	,,	ral Part Test during the year (see instructions).		
а				
b		•		
С		ow you supported a governmental entity (see instructior	1' 1	
2			Yes	No
	, , , , , , , , , , , , , , , , , , , ,	· · ·		
	the supported organization(s) to which the organization was responsive?  f "Ye	·		
	those supported organizations and explain how these activities directly furth	ered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how	_		
	that these activities constituted substantially all of its activities.	2a		
	• • • • • • • • • • • • • • • • • • • •			
	one or more of the organization's supported organization(s) would have been e			
	Part VI the reasons for the organization's position that its supported organization			
	these activities but for the organization's involvement.			
3	3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	a Did the organization have the power to regularly appoint or elect a majority of t	he officers, directors, or		
	trustees of each of the supported organizations? If "Yes" or "No" provide details			
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies	-		
	of its supported organizations? If "Yes." describe in Part VI the role played by	the organization in this regard. 3b		

	dule A (Form 990) 2021 ARTS CENTER OF COASTAL			57-1035617 Page <b>6</b>
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

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

6

Schedule A (Form 990) 2021

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

emergency temporary reduction (see instructions).

instructions).

		F COASTAL CAROL		57-1035817	Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)		
Sect	ion D - Distributions			Current Yea	ır
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)	5		
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2021 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount		10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributabl Amount for 20	-

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

Schedule A (Form 990) 2021

132028 01-04-22 Schedule A (Form 990) 2021

### **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

Inspection

Name of the organization

ARTS CENTER OF COASTAL CAROLINA

**Employer identification number** 57-1035817

		(a) Donor advised funds	(1	b) Funds and other accounts
1	Total number at end of year		<u> </u>	
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 w		dvised fund	ls
	are the organization's property, subject to the organization's e	_		
6	Did the organization inform all grantees, donors, and donor ad			
_	for charitable purposes and not for the benefit of the donor or			
	• •			
Pa	t II Conservation Easements. Complete if the organization			
1	Purpose(s) of conservation easements held by the organization		,	
	Preservation of land for public use (for example, recreating		n of a histo	orically important land area
	Protection of natural habitat	· —		fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the fo	orm of a cor	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Yes
а				2a
b				2b
c	Number of conservation easements on a certified historic structure.			2c
	Number of conservation easements included in (c) acquired af			
_	listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			<u> </u>
	year	acca, examplification, or terminated by	ino organiz	tation daming the tax
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		of	
_	violations, and enforcement of the conservation easements it	·		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
_	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conse	ervation eas	sements during the year
	<b>▶</b> \$			Jennes danning and year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1	170(h)(4)(B)(	(i)
_	and section 170(h)(4)(B)(ii)?	•	. , . , . , .	
9	In Part XIII, describe how the organization reports conservatio			
-	balance sheet, and include, if applicable, the text of the footnot	•		
	organization's accounting for conservation easements.			
	t III Organizations Maintaining Collections of			
Pa	t iii   Organizations Manitanning Conections or	Art, Historical Treasures, or	Other Si	ımılar Assets.
Pa	Complete if the organization answered "Yes" on Form 9		Other Si	ımılar Assets.
		990, Part IV, line 8.		
	Complete if the organization answered "Yes" on Form 9.  If the organization elected, as permitted under FASB ASC 958	990, Part IV, line 8. 3, not to report in its revenue stateme	nt and bala	ince sheet works
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8. 3, not to report in its revenue stateme lic exhibition, education, or research	nt and bala in furtheran	ince sheet works
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publ service, provide in Part XIII the text of the footnote to its finance	990, Part IV, line 8.  B, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these	ent and bala in furtheran items.	unce sheet works uce of public
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958	990, Part IV, line 8.  B, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these B, to report in its revenue statement a	ent and bala in furtheran items. nd balance	nnce sheet works ace of public sheet works of
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publiservice, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public or the provided in the organization elected.	990, Part IV, line 8.  B, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these B, to report in its revenue statement a	ent and bala in furtheran items. nd balance	nnce sheet works ace of public sheet works of
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publiservice, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	990, Part IV, line 8.  3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is, to report in its revenue statement a exhibition, education, or research in the	ent and bala in furtheran items. nd balance furtherance	ance sheet works use of public sheet works of of public service,
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1	990, Part IV, line 8.  3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is, to report in its revenue statement a exhibition, education, or research in the	nt and bala in furtheran items. nd balance furtherance	sheet works sheet works of of public service,
1a b	Complete if the organization answered "Yes" on Form 9  If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X	990, Part IV, line 8.  3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is, to report in its revenue statement a exhibition, education, or research in the	nt and bala in furtheran items. nd balance furtherance	ance sheet works use of public sheet works of of public service,
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures.	990, Part IV, line 8.  3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is to report in its revenue statement a exhibition, education, or research in the light statement are statement and the light statement are statement and the light statement are statement and the light statement are statement as exhibition, education, or research in the light statement are statement as a statement as a statement are statement as a statement are statement as a statement are statement as a statement as a statement are statement as a statement are statement as a statement as a statement as a statement are statement as a statement are statement as a statement are statement as a statement as a statement are statement as a statement as a statement are statement as a statement a	nt and bala in furtheran items. nd balance furtherance	ance sheet works use of public sheet works of of public service,
1a b	Complete if the organization answered "Yes" on Form 9  If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X	990, Part IV, line 8.  3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is, to report in its revenue statement a exhibition, education, or research in the statement and exhibition, education, or research in the statement and statement and statement are statement and stat	ent and bala in furtheran items. nd balance furtherance	ance sheet works use of public sheet works of of public service,

		NTER OF COA						3581		age 🛂
Pai	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, o	r Othe	r Similar <i>i</i>	Assets	(contin	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that	make s	ignificant us	e of its			
	collection items (check all that apply):									
а	X Public exhibition	d	Loan or exc	change progra	am					
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further t	ne organizatio	n's exer	mpt purpose	in Part	XIII.		
5	During the year, did the organization solicit o	•	•	· ·						
Ŭ	to be sold to raise funds rather than to be ma		•	•				Yes	X	No
Pai	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Pai		te ii tile organizatio	on answered	103 011	11 01111 000, 1	i aitiv, i	ii ic 5, 6i		
12	Is the organization an agent, trustee, custodi	-	iany for contribution	s or other ass	eets not	included				
ıu	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII							] 163	L	_ 140
	Tes, explain the arrangement in rait Ain	and complete the for	lowing table.					Amoun		
С	Beginning balance					1c				
	Additions during the year					•				
u o										
•	Distributions during the year					1 1				
t 20	Ending balance  Did the organization include an amount on Fe							Yes		No
	_					•		_		_ NO
Par	If "Yes," explain the arrangement in Part XIII.  To V Endowment Funds. Complete in the complet					10				
	Zilaevillelit allaei Complete i	(a) Current year	(b) Prior year	(c) Two yea		(d) Three yea	are hack	(e) Four	veare	hack
4	Decimal of wear belongs	3,299,647.	2,752,389.	+	7,201.		8,219.		, 440 ,	
	Beginning of year balance	200.	550.	<del> </del>	7,201.	2,300	0,219.			250.
b	Contributions			+	2 422	1.6	6 072		<u>.</u>	
С	Net investment earnings, gains, and losses	-459,779.	584,391.	33.	3,433.	40	6,073.		137,	515.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	49,920.	37,683.		3,245.		7,091.			284.
g	End of year balance	2,790,148.	3,299,647.	2,75	2,389.	2,57	7,201.	2	,588,	219.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	i)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment >	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administe	ed for th	ne organizati	on			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)	X	
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o	ther <b>(b)</b> Cos	t or other	(c) A	ccumulated		(d) Boo	k valu	е
		basis (investn	nent) basis	(other)	de	preciation				
1a	Land		90	0,000.				90	0,0	00.
	Buildings		9,51	9,150.	6,	423,42	7.	3,09	5,7	23.
	Leasehold improvements									
	Equipment		2,26	1,436.	1,	803,84	1.	45	7,5	95.
	Other		11	6,669.		113,23	0.		3,4	39.

Schedule D (Form 990) 2021

4,456,757.

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

Schedule D (Form 990) 2021 ARTS CENTER	OF COASTAL C	AROLINA 57	-1035817 Page
Part VII Investments - Other Securities.			rugu
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	F 000 D+ IV line	11d Coo Forms 000 Book V line 15	
Complete if the organization answered "Yes" (		11d. See Form 990, Part X, line 15.	(h) Dook value
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total (Column /b) must agual Form 000. Port V. col. (R) line	15\	<b>.</b>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	10.)	······	
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability		222. 2 233, 1 4.1.7, 1110 23.	(b) Book value
			, , ,

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ACCRUED SALARIES	4,720.
(3)	SALES TAX PAYABLE	1,908.
(4)	MISCELLAENOUS OTHER LIABILITIES	37,450.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990 Part X col (B) line 25.)	44,078.

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

Pa	rt XI Reconciliation of Revenue per Audited Financial S	Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b				
С	Recoveries of prior year grants	2c		
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line	12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial	Statements With Expense	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I	/, 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	2a		
b	Prior year adjustments	2b		
С				
d		1 1		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	41		
	Other (Describe in Fait Ain.)	4b		
С			4c	
c 5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. lir			
c 5	Add lines <b>4a</b> and <b>4b</b>			
с 5 <b>Ра</b>	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. lir	ne 18.)	5	XI,
<b>5</b> Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, linut XIII Supplemental Information.	ne 18.) nd 4; Part IV, lines 1b and 2b; Par	5	XI,
<b>5</b> Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, liner XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Par	5	XI,
<b>5</b> Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, liner XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Par	5	XI,
<b>5</b> Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, liner XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Par	5	XI,
<b>5</b> Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, liner XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Par	5	XI,
<b>5</b> Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, liner XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Par	5	XI,
<b>5</b> Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, liner XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Par	5	XI,
<b>5</b> Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, liner XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Par	5	XI,
<b>5</b> Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, liner XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Par	5	XI,
<b>5</b> Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, liner XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Par	5	XI,
<b>5</b> Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, liner XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Par	5	XI,
<b>5</b> Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, liner XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Par	5	XI,
<b>5</b> Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, liner XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Par	5	XI,
<b>5</b> Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, liner XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Par	5	XI,
<b>5</b> Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, liner XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Par	5	XI,
<b>5</b> Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, liner XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Par	5	XI,
<b>5</b> Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, liner XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Par	5	XI,
<b>5</b> Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, liner XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Par	5	XI,
<b>5</b> Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, liner XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Par	5	XI,
<b>5</b> Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, liner XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Par	5	XI,
<b>5</b> Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, liner XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Par	5	XI,
<b>5</b> Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, liner XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Par	5	XI,
<b>5</b> Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, liner XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Par	5	XI,
<b>5</b> Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, liner XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Par	5	XI,

#### **SCHEDULE G** (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number 57-1035817

ARTS CE	NTER OF COASTAL CA	ROL:	ΝA		57-1035	817			
	Complete if the organization answe			ı Form 990, Part IV, I					
Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No						
otal			<b>&gt;</b>						
List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration			

Schedule G (Form 990) 2021 ARTS CENTER OF COASTAL CAROLINA 57-1035817 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. **(b)** Event #2 (c) Other events (a) Event #1 (d) Total events

			AUCTION (event type)	AUCTION (event type)	(total number)	(add col. <b>(a)</b> through col. <b>(c)</b> )
nue			(Overtitype)	(event type)	(total Hambor)	
Revenue	1	Gross receipts	55,332.	3,501.		58,833.
	2	Less: Contributions	9,645.	1,350.		10,995.
	3	Gross income (line 1 minus line 2)	45,687.	2,151.		47,838.
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
D	8	Entertainment				
	9	Other direct expenses	9,972.	1,419.		11,391.
		Direct expense summary. Add lines 4 through	. ,		<b>&gt;</b>	11,391.
Da	rt I	Net income summary. Subtract line 10 from li  Gaming. Complete if the organization a		. 000 D-+ N/ E 40		36,447.
		\$15,000 on Form 990-EZ, line 6a.	answered fes on Form	1990, Part IV, line 19, or i	eported more than	
nue		\$10,000 0111 01111 000 EE, III10 0a.	(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming ac				Yes No
b	It "	No," explain:				
	_					
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No
J		Too, oxpiain.				

Sch	edule G (Form 990) 2021 ARTS CENTER OF COASTAL CAROLINA 57-1	_033	<u>0 T /</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	O No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	o An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	f "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	, Ш	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
<b>D</b> -	organization's own exempt activities during the tax year > \$			
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	rt III, lir	ies 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

132083 10-21-21 Schedule G (Form 990) 2021

Schedule G	(Form 990)	ARTS	CENTER	OF	COASTAL	CAROLINA	57-1035817	Page 4
Part IV	(Form 990) Supplemental Infor	mation <sub>(</sub>	continued)					

### **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ARTS CENTER OF COASTAL CAROLINA

Employer identification number 57-1035817 1035817

ARTS CENTER OF COASTAL CAROLINA 57	-1033017
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
OTHER ACTIVITIES	
EXPENSES \$ 642,800. INCLUDING GRANTS OF \$ 0. REVENUE \$ 497	,958.
FORM 990, PART VI, SECTION A, LINE 7A:	
THE CURRENT BOARD OF DIRECTORS ELECTS THE NEXT INCOMING BOARD.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE TAX RETURN IS REVIEWED BY BOTH MANAGEMENT AND THE ORGANIZA	TION'S
TREASURER PRIOR TO BEING FILED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION CONSISTENTLY HAS DISCUSSIONS WITH THEIR OFFIC	ERS AND BOARD
OF DIRECTORS REGARDING THE POLICY.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE PRESIDENT/CEO IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTO	RS AND
COMPENSATION IS BASED ACCORDINGLY.	
FORM 990, PART VI, SECTION C, LINE 19:	
INFORMATION IS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:	
BANK AND CREDIT CARD FEES:	
PROGRAM SERVICE EXPENSES	58,695.
MANACEMENT AND CENEDAL EVDENCES	0

Schedule O (Form 990) 2021 Page **2** 

Schedule O (Form 990) 2021  Name of the organization	Page 2 Employer identification number
ARTS CENTER OF COASTAL CAROLINA	57-1035817
FUNDRAISING EXPENSES	39,130.
TOTAL EXPENSES	97,825.
PUBLICATIONS AND PRINTING:	
PROGRAM SERVICE EXPENSES	16,868.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	59,395.
TOTAL EXPENSES	76,263.
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	51,740.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	51,740.
MISCELLANEOUS OTHER NON-OPERATING EXPENSES:	
PROGRAM SERVICE EXPENSES	39,666.
MANAGEMENT AND GENERAL EXPENSES	3,384.
FUNDRAISING EXPENSES	3,163.
TOTAL EXPENSES	46,213.
EVENT SERVICES:	
PROGRAM SERVICE EXPENSES	12,815.
MANAGEMENT AND GENERAL EXPENSES	1,486.
FUNDRAISING EXPENSES	1,562.
TOTAL EXPENSES	15,863.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	287,904.

#### PUBLIC INSPECTION COPY

Form **991** 

# 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

Inspection

Department of the Treasury Internal Revenue Service

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

Department of the Ireasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

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

Open to Public

B	Check if	C Name of organization		D Employer identif	ication number						
	Addr	ARTS CENTER OF COASTAL CAROLINA									
H	chan			−   57-10358	R17						
F	chan _Initia	3									
F	returi ∏Fiṇal	1/ CUETTED COVE TAND	Room/suit	E Telephone numb							
_	—returi termi			G Gross receipts \$	4,561,921.						
Г	ated Amer	nded HTTTON HEAD TOTAND CC 20028		H(a) Is this a group							
F	lreturi ∏Appli			for subordinate							
_	pend	14 SHELTER COVE LANE, HILTON HEAD ISLA	ND. S	C H(b) Are all subordinates							
_	Γαν.αν	xempt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) $4947(a)(1)$		- ' '	a list. See instructions						
		ite: WWW.ARTSHHI.COM	01 02	H(c) Group exempti							
		f organization: X Corporation Trust Association Other	I Yea		M State of legal domicile: SC						
		Summary	_   _	ar or formation.	W State of logal dofficile.						
_	1	Briefly describe the organization's mission or most significant activities: TO El	NRICH	AND BENEFIT	THE						
Governance	Ι'	COMMUNITY THROUGH THE ARTS									
'n	2	Check this box if the organization discontinued its operations or dispose	sed of mo	ore than 25% of its net a	nssets						
ĕ	3			3	15						
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)									
တ္တ	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			136						
itie	6	Total number of volunteers (estimate if necessary)			400						
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.						
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11									
				Prior Year	Current Year						
Ф	8	Contributions and grants (Part VIII, line 1h)	ontributions and grants (Part VIII, line 1h)								
ž	9	Program service revenue (Part VIII, line 2g)		1,027,193	794,448.						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		219,523	129,645.						
<b>E</b>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	470,928	682,370.							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,416,048	4,547,581.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0 .	0.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.								
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	[	1,840,070	1,755,164.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0 .	0.						
xbe	b	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  310, 4	48.								
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,096,912							
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,936,982							
	19	Revenue less expenses. Subtract line 18 from line 12		-520,934							
Net Assets or Fund Balances			<u> </u>	Beginning of Current Year							
sets	20	Total assets (Part X, line 16)		8,965,888							
t As	21	Total liabilities (Part X, line 26)		3,369,109							
	22	Net assets or fund balances. Subtract line 21 from line 20		5,596,779	6,940,587.						
	art II										
		alties of perjury, I declare that I have examined this return, including accompanying schedule			ny knowledge and belief, it is						
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepar		•						
		Signature of officer		July 13 Date	, 2022						
Sig				Date							
Her	e	JEFFREY REEVES, PRESIDENT/CEO Type or print name and title									
				Date Check	PTIN						
Da!		Print/Type preparer's name  Preparer's signature		OHOOK							
Pai		MICHAEL R. PUTICH, CPA		07/13/22 if self-emplo	pod P00853466						
	parer	Firm's name ROBINSON GRANT & CO., P.A.		Firm's EIN	57-0735924						
use	Only	Firm's address P.O. DRAWER 22959		Dha 0 /	13-815-6161						
N 4 -	. 41 1	HILTON HEAD ISLAND, SC 29925  RS discuss this return with the preparer shown above? See instructions		Phone no. 0 4	X Yes No						
ivia	v uie l	no diocuss this return with the preparer shown above? See instructions			L44 162 L NO						

Page 2

<u> </u>	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE CULTURAL ENRICHMENT ON HILTON HEAD ISLAND AND ENABLE
	RESIDENTS AND VISITORS TO HAVE ACCESS TO CULTURAL ACTIVITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	Typ Typ
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No.
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 2,011,388 • including grants of \$ ) (Revenue \$ 922,809 •
	THEATRICAL PRODUCTIONS THAT ALLOW THE COMMUNITY TO EXPERIENCE LIVE
	THEATRE.
4b	(Code:) (Expenses \$ 498, 366 • including grants of \$) (Revenue \$ 228, 646 • ]
	PRESENTING SERIES OF PERFORMING ARTIST TO ALLOW THE PUBLIC TO SEE LIVE
	PERFORMANCES BY RENOWED ARTISTS.
4c	(Code: ) (Expenses \$ 223,737 • including grants of \$ ) (Revenue \$ 102,649 •
	VISUAL ART PRESENTATIONS IN THE CENTER'S GALLERY
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 467,318. including grants of \$ ) (Revenue \$ 214,402.)
4e	Total program service expenses ► 3,200,809.

## Form 990 (2020) ARTS CENTER Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	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?  If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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? 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? If "Yes," complete Schedule D, Part VIII	11c		х
	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	37	Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		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	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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.5		
-	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

## Form 990 (2020) ARTS CENTER OF COA Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			,,
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			3,7
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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			X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	054		x
06	Schedule L, Part I	25b		
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%	26		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	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	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?			
•	"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		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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		,	
Da	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		 	
_			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 36	_		
	Litter the number of Forms wize included in line 1a. Litter 10- in not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_	Х	
	(gambling) winnings to prize winners?	1c	$\Gamma \nabla$	Ц

# Form 990 (2020) ARTS CENTER OF COASTAL CAROLINA Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	136			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	its (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					١
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		-			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_		v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		X
	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			7-		X
	to file Form 8282?			7с		
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d	×+2	70		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7e 7f		
t g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of qualified intellectual property, and the organization in received a contribution of cars, boats, airplanes, or other vehicles, did the organization in the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization in the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
•	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	51.11			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	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> 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	401-				
_	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		14-		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14a 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			מדיו		
IJ	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			,0		_
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco	me?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
	· · · · · · · · · · · · · · · · · · ·			-	200	(0000

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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	5		
	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 15	<u> </u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, 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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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	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?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
a	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			X
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		_ ^
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	N <sub>2</sub>
100	Did the exception have level charters branches as affiliates?	100	Yes	No X
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		25
ь	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ha		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 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	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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)(c)	3)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ACCOUNTING DEPT/OFFICE - 843-686-3945  14 SHELTER COVE LANE HILTON HEAD ISLAND SC 29928			

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

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

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

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

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

See instructions for the order in which to list the persons above.

(A)	(B)	J. gc		((	C)		100	(D)	(E)	(F)
Name and title	Average	(do			ition more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rsoni	is bot or/trus	h an	compensation	compensation	amount of
	week (list any	_					<u> </u>	from the	from related organizations	other compensation
	hours for	Individual trustee or director				Đ		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** = ** * * * * * * * * * * * * * * * *	organization
	organizations	trust	nal tru		oyee	ompe				and related
	below	vidua	Institutional trustee	Ser	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	Hig	윤			
(1) JEFFREY REEVES	40.00			l				425 000	•	
PRESIDENT, CEO		Х		Х				135,000.	0.	0.
(2) WILLIAM V. MCHUGH	5.00			l					•	
CHAIRMAN		Х		Х				0.	0.	0.
(3) ANN GRINDSTAFF	5.00			l					•	
FIRST VICE CHAIR		Х		Х				0.	0.	0.
(4) STEPHEN ALFRED	5.00			l					•	
SECRETARY		Х		Х				0.	0.	0.
(5) MICHAEL WATERS	5.00			l					•	
TREASURUER		Х		Х				0.	0.	0.
(6) ROBERT LEE	5.00									
IMMEDIATE PAST CHAIR		Х						0.	0.	0.
(7) RICHARD SPEER	5.00									
BOARD MEMBER		Х						0.	0.	0.
(8) FRED BEARD	5.00									
BOARD MEMBER		Х						0.	0.	0.
(9) EMORY S. CAMPBELL, PH. D	5.00									
BOARD MEMBER		Х						0.	0.	0.
(10) ROBERT CHELL	5.00									
BOARD MEMBER		Х						0.	0.	0.
(11) LESLIE RICHARDSON	5.00									
BOARD MEMBER		Х						0.	0.	0.
(12) SANDRA BERTHELSEN	5.00								•	
BOARD MEMBER		Х						0.	0.	0.
(13) HEATHER WILCAUSKAS	5.00									
BOARD MEMBER		Х						0.	0.	0.
(14) OPAL ABBINK	5.00									
BOARD MEMBER		Х						0.	0.	0.
(15) BETH MAYO	5.00									
BOARD MEMBER		Х						0.	0.	0.
		1								
		_		_			_			
		ļ								
										- 000

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Page 8

Section A. Officers, Directors, Tru	1	ploy	ees			ghe	st C						
(A)	(B)			(C	-			(D)	(E)			(F)	
Name and title	Average	(do not check more than one						Reportable	Reportable			timate	
	hours per week	veek box, unless person is both an officer and a director/trustee)										nount o other	)f
	(list any	tor					Г	the	organization			otner pensat	tion
	hours for	Individual trustee or director				DE .		organization	(W-2/1099-MI			om the	
	related	tee or	ustee			ensat		(W-2/1099-MISC)	•	,	org	anizati	on
	organizations	al trus	Institutional trustee		loyee	Highest compensated employee						d relate	
	below line)	lividu	stitutic	Officer	key employee	jhest ploye	Former				orga	anizatio	วทร
	iii ic)	Ĕ	ŝi.	₽	Ş.	E E	요						
		_											
								125 000					
1b Subtotal								135,000.		0.0			0.
c Total from continuation sheets to Part V								135,000.		0.			0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but									1000 of reportab	_			<u> </u>
compensation from the organization	iot iii iii toa to ti	1030	iiott	Ju ai	50 V	C) WI	10 11	cocived more than \$100	,,ooo or reportab				1
												Yes	No
3 Did the organization list any former officer	,	,	,		,	,	_	, , ,	,				
line 1a? If "Yes," complete Schedule J for	such individual										3		X
4 For any individual listed on line 1a, is the s			-						the organization				77
and related organizations greater than \$15											4		X
5 Did any person listed on line 1a receive or	-				-			-		5	E		х
rendered to the organization? If "Yes," cor Section B. Independent Contractors	ripiete Scriedui	e J i	or st	ucn	pers	SOII .					5		
Complete this table for your five highest co										npens	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir T		year.				
( <b>A</b> ) Name and busines:	s address	NI	ONE	7.				<b>(B)</b> Description of s	ervices	C	(C ompe	;) nsatior	า
- Name and pasiness		14/	J141					Boompton or c	0111000		- Ciripo		
							$\dashv$						
2 Total number of independent contractors	includina but r	not li	mite	d to	tho	se li	sten	d above) who received m	nore than				
\$100,000 of compensation from the organ		"				0		,			_	000 (c	2006

ARTS CENTER OF COASTAL CAROLINA 57-1035817 Page 9 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues ..... 1b 12,948. c Fundraising events ..... 1c d Related organizations 1d 2,065,934. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 862,236 similar amounts not included above 1f 127,733. 1g \$ g Noncash contributions included in lines 1a-1f 2,941,118. h Total. Add lines 1a-1f **Business Code** 900099 794,448. 794,448. 2 a ADMISSION FEES, ETC Program Service Revenue f All other program service revenue 794,448. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 129,645. 129,645. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) \_\_\_\_\_\_7c d Net gain or (loss) ..... 8 a Gross income from fundraising events (not including \$ 12,948. of contributions reported on line 1c). See 11,190. Part IV, line 18 2,878. **b** Less: direct expenses \_\_\_\_\_ 8,312. 8,312. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns 46,690. and allowances 11,462. **b** Less: cost of goods sold ..... 35,228. 35,228. c Net income or (loss) from sales of inventory **Business Code** 11 a OTHER NON-OPERATING IN 900099 289,302. 289,302. b FACILITY SUPPORT FEE 900099 105,905. 105,905. c RENTAL INCOME 900099 88,739. 88,739. 154,884.

900099

638,830.

547,581.

154,884.

468,506.

d All other revenue

Total revenue. See instructions

e Total. Add lines 11a-11d

### 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 respon	se or note to any line in	thic Part IY		X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		схропосо	general expenses	СХРСПОСО
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
4					
5	Compensation of current officers, directors,	135,000.	33,750.	27,000.	74,250.
6	trustees, and key employees	133,000.	33,730.	21,000	74,250.
O	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	1,620,164.	1,303,543.	179,792.	136,829.
7 o	Other salaries and wages Pension plan accruals and contributions (include	1,020,104.	1,000,040.	117,174	130,023.
8	section 401(k) and 403(b) employer contributions)				
•	· · · · · · · · · · · · · · · · · · ·				
9	Other employee benefits				
10 11	Payroll taxes				
	Fees for services (nonemployees):				
a					
b	Legal				
	Accounting				
d	Lobbying Professional fundraising services. See Part IV, line 17				
e •	Investment management fees				
f g					
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	198,127.	191,740.		6,387.
13	Office expenses	6,136.	4,602.	614.	920.
14	Information technology	0,200	-,00-0	V=-V	
15	Royalties	79,077.	79,077.		
16	Occupancy	102,544.	97,850.	3,858.	836.
17	Travel	29,926.	29,602.	324.	
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	88,891.	73,222.	7,598.	8,071.
21	Payments to affiliates	,	- ,	,	-,
22	Depreciation, depletion, and amortization	468,502.	447,056.	17,626.	3,820.
23	Insurance	125,578.	119,830.	4,724.	1,024.
24	Other expenses. Itemize expenses not covered	-	-	,	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PAYROLL TAXES & BENEFIT	298,887.	245,751.	29,202.	23,934.
b	MAINTENANCE	213,343.	203,577.	8,026.	1,740.
С	PERFORMER HOUSING	179,532.	179,532.		
d	SCENERY, PROPS, AND COS	125,468.	125,468.		
е	All other expenses SEE SCH O	149,044.	66,209.	30,198.	52,637.
25	Total functional expenses. Add lines 1 through 24e	3,820,219.	3,200,809.	308,962.	310,448.
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)				
02001	12-23-20				Form <b>990</b> (2020)

# Form 990 (2020) Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			222,374.	1	1,619,674.
	2	Savings and temporary cash investments			83,765.	2	18,812.
	3	Pledges and grants receivable, net	540,710.	3	442,795.		
	4	Accounts receivable, net		4	15,996.		
	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		5			
	6	Loans and other receivables from other disqual	ified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe				6	
ţ	7	Notes and loans receivable, net		Г		7	
Assets	8	Inventories for sale or use			6,122.	8	4,039.
Ä	9			Г	40,741.	9	108,680.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	12,623,629.			
	b	Less: accumulated depreciation	10b	7,920,389.	5,161,743.	10c	4,703,240.
	11	Investments - publicly traded securities			2,752,389.	11	3,299,647.
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	158,044.	15	228,883.		
	16	Total assets. Add lines 1 through 15 (must equ			8,965,888.	16	10,441,766.
	17	Accounts payable and accrued expenses		97,823.	17	187,898.	
	18	Grants payable				18	
	19	Deferred revenue			783,261.	19	729,591.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form	ner offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
iab		controlled entity or family member of any of the	se pers	ons		22	
_	23	Secured mortgages and notes payable to unrel	ated thi	ird parties	2,054,312.	23	2,020,183.
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	500,000.
	25	Other liabilities (including federal income tax, pa	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24)	). Complete Part X			
		of Schedule D			433,713.		63,507.
	26	Total liabilities. Add lines 17 through 25			3,369,109.	26	3,501,179.
S		Organizations that follow FASB ASC 958, che	eck her	e ▶ X			
၁င		and complete lines 27, 28, 32, and 33.			0 004 540		2 (12 22
ala	27				2,931,719.	27	3,640,939. 3,299,648.
Ä	28	Net assets with donor restrictions			2,665,060.	28	3,299,648.
Ĕ		Organizations that do not follow FASB ASC 9	958, che	eck here 🕨 📖			
Ž.		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		F	E E O C E E O C	31	6 040 505
Š	32	Total net assets or fund balances			5,596,779.	32	6,940,587.
	33	Total liabilities and net assets/fund balances .			8,965,888.	33	10,441,766.

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
	Tatal was a second Dart VIII as home (A) line (O)		4,54	7 5	Ω1
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,82		
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3			62.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,59		
5	Net unrealized gains (losses) on investments	5		1,7	
6	Donated services and use of facilities	6	13	4,4	<u>60.</u>
7	Investment expenses	7			
8	Prior period adjustments	8		2	31.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,94	0,5	87.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	,	2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	J	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
_	are quitte, explain where a Cabacitic O and describe any characteristic and describe		26	x	i

Form **990** (2020)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization ARTS CENTER OF COASTAL CAROLINA 57-1035817 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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,						
6	Public support. Subtract line 5 from line 4.						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(a) 2010	(6) 2017	(0) 2010	(u) 2019	(6) 2020	(I) Total
	Gross income from interest,						
0	,						
	dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	,	,			12	
13	First 5 years. If the Form 990 is for the	•	irst, second, third	, fourth, or fifth tax	year as a section	501(c)(3)	. $\Box$
<u> </u>	organization, check this box and stop						<u></u> ▶∟⊥
	ction C. Computation of Publ			. (2)		T T	
	Public support percentage for 2020 (I					14	<u>%</u>
	Public support percentage from 2019						<u>%</u>
16a	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the o						nis box
	and stop here. The organization quali						▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact		·	-	•	VI how the organiz	zation
	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		. —
	organization meets the facts-and-circu	umstances test. T	he organization q	ualifies as a publicl	y supported orgar	nization	▶∐
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruction	ıs ▶Ш_

### 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.)

Se	ction A. Public Support	elow, please comp	nete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(,	(-, : :	(-/ : :	(-) =	(-,	(-)
-	membership fees received. (Do not						
	include any "unusual grants.")	1,409,628.	1,431,155.	2,175,545.	1,698,404.	2,941,118.	9,655,850.
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	1,975,728.	2,028,228.	2,541,100.	1,027,193.	794,448.	8,366,697.
3	Gross receipts from activities that	, ,	, , -	, , -	, , ,	- ,	, , -
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	3,385,356.	3,459,383.	4,716,645.	2,725,597.	3,735,566.	18,022,547.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
k	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.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						18,022,547.
Se	ction B. Total Support						, ,
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	3,385,356.	3,459,383.	4,716,645.	2,725,597.	3,735,566.	18,022,547.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	114,669.		25,528.		129,645.	
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	114 660	115 114	05 500	010 500	100 645	604 450
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	114,669.	115,114.	25,528.	219,523.	129,645.	604,479.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	569,698.	712,251.	180,073.	470,928.	582,370.	2,515,320.
13	Total support. (Add lines 9, 10c, 11, and 12.)	4,069,723.	4,286,748.	4,922,246.	3,416,048.	4,447,581.	21,142,346.
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizati	ion,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	85.24 %
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	84.57 %
Se	ction D. Computation of Inves						
17	Investment income percentage for 20	20 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	2.86 %
	Investment income percentage from 2					18	2.91 %
	a 33 1/3% support tests - 2020. If the						
•	more than 33 1/3%, check this box a						►X
k	33 1/3% support tests - 2019. If the						and
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	<b>op here.</b> The organ	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organizatio						

### 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

- 1 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.)

	Yes	No
1		
2		
За		
3b		
3c		
10		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
_		
8		
9a		
3.0		
9b		
9c		
10a		
IUa		
10b		
m 990 or 99	90-EZ	2020

Par	t IV Suppo	orting Organizations (continued)			
	•			Yes	No
11	Has the organiz	zation accepted a gift or contribution from any of the following persons?			
а	-	directly or indirectly controls, either alone or together with persons described in lines 11b and			
		governing body of a supported organization?	11a		
b		er of a person described in line 11a above?	11b		
	-	ed entity of a person described in line 11a or 11b above?If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part V		11c		
Sec		I Supporting Organizations			
				Yes	No
1	Did the governi	ing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supporte	d organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		istees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		ated, supervised, or controlled the organization's activities. If the organization had more than one supported escribe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	•	inizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ation operate for the benefit of any supported organization other than the supported			
		that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how pro	oviding such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or o	controlled the supporting organization.	2		
Sec		II Supporting Organizations			
				Yes	No
1	Were a majority	of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of e	ach of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or managemen	t of the supporting organization was vested in the same persons that controlled or managed			
	the supported	organization(s).	1		
Sec	tion D. All T	ype III Supporting Organizations			
				Yes	No
1	Did the organiz	ation provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's t	ax 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	e 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	n maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of th	e relationship described in line 2, above, did the organization's supported organizations have a			
	significant voic	e in the organization's investment policies and in directing the use of the organization's			
	income or asse	ts at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		nizations played in this regard.	3		
Sec	tion 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 yea <b>(see instructions)</b>			
а	The orga	nization satisfied the Activities Test. Complete line 2 below.			
b	The orga	nization is the parent of each of its supported organizations. Complete line 3 below.			
С	L The orga	nization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see in	structio		
2		Answer lines 2a and 2b below.		Yes	No
а		ly all of the organization's activities during the tax year directly further the exempt purposes of			
		organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		ed organizations and explain how these activities directly furthered their exempt purposes,			
		zation was responsive to those supported organizations, and how the organization determined			
		ities constituted substantially all of its activities.	2a		
b		es described in line 2a, above, constitute activities that, but for the organization's involvement,			
		the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		sons for the organization's position that its supported organization(s) would have engaged in			
		but for the organization's involvement.	2b		
3		orted Organizations. Answer lines 3a and 3b below.			
а	_	ation have the power to regularly appoint or elect a majority of the officers, directors, or			
		h of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	_	ation exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported	d organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u> </u>	

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on I	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</sub>	ued)	
Secti	ion D	- Distributions		•		Current Year
1	Amou	unts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amou	unts paid to perform activity that directly furthers exemp				
	orgar	nizations, in excess of income from activity		2		
3	Admi	nistrative expenses paid to accomplish exempt purpose	ns	3		
4	Amou	ınts paid to acquire exempt-use assets			4	
5	Quali	fied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Othe	distributions (describe in Part VI). See instructions.			6	
7	Total	annual distributions. Add lines 1 through 6.			7	
8	Distri	butions to attentive supported organizations to which the	ne organization is responsiv	е		
	(provi	de details in Part VI). See instructions.			8	
9	Distri	butable amount for 2020 from Section C, line 6			9	
10	Line 8	3 amount divided by line 9 amount			10	
Secti	ion E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distri	butable amount for 2020 from Section C, line 6				
2	Unde	rdistributions, if any, for years prior to 2020 (reason-				
	able o	cause required - explain in Part VI). See instructions.				
3	Exces	ss distributions carryover, if any, to 2020				
а	From	2015				
b	From	2016				
С	From	2017				
d	From	2018				
е	From	2019				
f	Total	of lines 3a through 3e				
g	Appli	ed to underdistributions of prior years				
h	Appli	ed to 2020 distributable amount				
i	Carry	over from 2015 not applied (see instructions)				
j	Rema	ainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distri	outions for 2020 from Section D,				
	line 7	: \$				
а	Appli	ed to underdistributions of prior years				
b	Appli	ed to 2020 distributable amount				
С	Rema	ainder. Subtract lines 4a and 4b from line 4.				
5	Rema	aining underdistributions for years prior to 2020, if				
	any. S	Subtract lines 3g and 4a from line 2. For result greater				
	than	zero, explain in Part VI. See instructions.				
6	Rema	aining underdistributions for 2020. Subtract lines 3h				
	and 4	b from line 1. For result greater than zero, explain in				
	Part '	VI. See instructions.				
7	Exce	ss distributions carryover to 2021. Add lines 3j				
	and 4	C.				
8_	Break	kdown of line 7:				
а	Exces	ss from 2016				
b	Exces	ss from 2017				
С	Exces	ss from 2018				
d	Exces	ss from 2019				

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

Schedule A	(Form 990 or 990-E2							57-1035817	Page 8
Part VI	Part IV, Section A, line 1; Part IV, Section 1	lines 1, 2, 3b, 3c, tion D, lines 2 and	4b, 4c, 5a, 6, 3; Part IV, Se	9a, 9b ction B	o, 9c, 11a, 11 E, lines 1c, 2a	b, an a, 2b,	d 11c; Part IV, Se 3a, and 3b; Part	rt II, line 17a or 17b; Part III, line 12; action B, lines 1 and 2; Part IV, Sectio V, line 1; Part V, Section B, line 1e; F	on C, art V,
	Section D, lines 5, (See instructions.)	6, and 8; and Par	t V, Section E,	lines 2	2, 5, and 6. A	lso c	omplete this part	for any additional information.	

#### **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 Open to Public Inspection

Name of the organization

ARTS CENTER OF COASTAL CAROLINA

Employer identification number 57-1035817

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other S	Similar Funds o	or Accou	nts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.			
		(a) Donor advise	d funds	(b) Fund	ls 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 he	eld in donor advised	d funds	
	are the organization's property, subject to the organization's	exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gra	ant funds can be us	sed only	
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for ar	ny other purpose co	onferring	
	impermissible private benefit?				Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Ye	s" on Form 990, Pa	rt IV, line 7.	
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	_		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically i	mportant land area
	Protection of natural habitat		Preservation of a	certified his	toric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contrib	ution in the form of	a conserva	tion 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 str	ructure included in (a)		2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not or	a historic structure	e	
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, re			rganization	during the tax
	year ▶				
4	Number of states where property subject to conservation ea	sement is located			
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspec	tion, handling of		
	violations, and enforcement of the conservation easements	it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, ar	nd enforcing conse	rvation ease	ements during the year
	<b>&gt;</b>				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and en	forcing conservation	n easement	ts during the year
	<b>▶</b> \$				
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requiremen	ts of section 170(h)	)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its reve	nue and expense s	tatement an	d
	balance sheet, and include, if applicable, the text of the foot	note to the organization's	financial statemen	its that desc	cribes the
_	organization's accounting for conservation easements.			<u> </u>	
Pai	t III Organizations Maintaining Collections o	•	easures, or Oth	ier Simila	ır Assets.
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 98	,			
	of art, historical treasures, or other similar assets held for pu	,	,	•	oublic
	service, provide in Part XIII the text of the footnote to its fina				
b	If the organization elected, as permitted under FASB ASC 98				
	art, historical treasures, or other similar assets held for public	c exhibition, education, o	r research in furthe	rance of pub	olic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				
2	If the organization received or held works of art, historical tre			jain, provide	)
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1			> \$	
b	Assets included in Form 990, Part X			> \$	

	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or	r Othe	r Similar	Asse	<b>ts</b> (continu	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that	make si	gnificant us	e of its		
	collection items (check all that apply):								
а	X Public exhibition	d	Loan or exc	hange progran	n				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further th	he organization	n's exen	npt purpose	in Par	t XIII.	
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma	aintained as part of the	ne organization's co	ollection?			$\square$	Yes	X No
Pai	t IV Escrow and Custodial Arran							line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other ass	ets not i	included			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								
	, ,	•	· ·					Amount	
С	Beginning balance					1c			
	Additions during the year								
	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on Fo							Yes	□ No
	If "Yes," explain the arrangement in Part XIII.					-,			
	t V Endowment Funds. Complete it					0.			
	.	(a) Current year	(b) Prior year	(c) Two years		<b>d)</b> Three year	s back	(e) Four y	ears back
1a	Beginning of year balance	2,752,389.	2,577,201.	2,588		2,440		` ,	200,719.
b	Contributions	550.	, , ,	, ,	<del>'</del>		,250.	,	85,929.
	Net investment earnings, gains, and losses	584,391.	333,433.	46	,073.		,515.	-	35,602.
d		,			,		,•		,
	Other expenditures for facilities								
C									
	. •	37,683.	158,245.	57	,091.	_ 9	,284.		17,920.
	Administrative expenses	3,299,647.	2,752,389.			2,588		2 /	40,170.
_	End of year balance				, 201.	2,500	,210.	۵,	110,170.
2	Board designated or quasi-endowment	ent year end balance	•	i)) Held as.					
a	Permanent endowment	0/	_%						
		%							
С		%							
0-	The percentages on lines 2a, 2b, and 2c sho	· ·	At Al A I I - I		1 6 41-				
Зa	Are there endowment funds not in the posse	ssion of the organiza	ition that are held a	na administere	ea tor tn	ie organizat	ion	<u></u>	/ N-
	by:								res No X
	(i) Unrelated organizations							(-)	X
	(ii) Related organizations							3a(ii)	<u>^</u> _
	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm		D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		D	ı. 40			
	Complete if the organization answered								
	Description of property	(a) Cost or ot		or other		cumulated		(d) Book	value
		basis (investm	,	(other)	dep	reciation		000	000
1a	Land			0,000.		CE 400	$\leftarrow$		,000.
b	Buildings		9,41	3,545.	6,1	65,402	4 •	3,248	<u>,143.</u>
С	Leasehold improvements			2 415	1 -	10 10			050
d	Equipment			3,415.		43,165			,250.
	Other			6,669.	1	11,822			<u>,847.</u>
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part 2	X, column (B), line 1	0c.)			<b>▶</b>	4,703	,240.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 ARTS CENTER  Part VII Investments - Other Securities.	OL COMPINE	CALCUINA 3/-	1035817 Page 3
	on Form 900 Part IV line	o 11h Soo Form 990 Part V line 12	
Complete if the organization answered "Yes" of a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
	(b) Book value	(b) Method of Valuation. Cost of ond	or your market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	on Form 990. Part IV. line	e 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ACCRUED SALARIES			3,938

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

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

Sche	dule D (Form 990) 2020 ARTS CENTER OF COASTAL CAI				1035817	Page 4
Par	•		Revenue per R	eturn	<b>).</b>	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				F 100	126
1	Total revenue, gains, and other support per audited financial statements			1	5,178	<u>,136.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	101 755			
а	Net unrealized gains (losses) on investments		481,755. 134,460.			
b	Donated services and use of facilities		134,400.			
С.	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)			0-	616	,215.
e	Add lines 2a through 2d			2e 3	4,561	
3 4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990. Part VIII. line 12, but not on line 1:			3	1,301	, , , , , ,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)		-14,340.			
	Add lines <b>4a</b> and <b>4b</b>	•	-	4c	-14	,340.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form</i> 990, <i>Part I, line</i> 12.)			5	4,547	,581.
	t XII   Reconciliation of Expenses per Audited Financial Stater			_		,
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12					
1	Total expenses and losses per audited financial statements			1	3,834	,559.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-		•
а	Donated services and use of facilities	2a				
b	Prior year adjustments					
С	Other losses					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		0.
3	Subtract line <b>2e</b> from line <b>1</b>			3	3,834	<u>,559.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)		-14,340.			
С	Add lines 4a and 4b	•		4c		,340.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,820	,219.
Par	t XIII Supplemental Information.					
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	•		4; Part	X, line 2; Part :	XI,
PAF	T XI, LINE 4B - OTHER ADJUSTMENTS:					
FUI	DRAISING COSTS NETTED AGAINST REVENUES -	FORM 9	90, PAGE			
9,	LINE 8B				-2	<u>,878.</u>
COG	S NETTED AGAINST REVENUES - FORM 990, PAGE	GE 9, I	INE 10B		-11	,462.
TOT	AL TO SCHEDULE D, PART XI, LINE 4B				-14	,340.
	T XII, LINE 4B - OTHER ADJUSTMENTS:					
	DRAISING COSTS NETTED AGAINST REVENUES -					070
	LINE 8B				-2	
COC	S NETTED AGAINST REVENUES - FORM 990, PAGE	GE 9, I	INE 10B		-11	,462.

-14,340.

TOTAL TO SCHEDULE D, PART XII, LINE 4B

Schedule D	(Form 990) 2020	ARTS	CENTER	OF	COASTAL	CAROLINA	57-1035817	Page 5
Part XIII	(Form 990) 2020  Supplemental Info	rmation (	continued)					
-								

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization Employer identification number ARTS CENTER OF COASTAL CAROLINA 57-1035817 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations ☐ Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

57-1035817 Page 2 Schedule G (Form 990 or 990-EZ) 2020 ARTS CENTER OF COASTAL CAROLINA Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events ONLINE NONE (add col. (a) through AUCTION col. (c)) (event type) (event type) (total number) Revenue 24,138. 1 Gross receipts 24,138. 12,948. 12,948. 2 Less: Contributions 11,190. 11,190. 3 Gross income (line 1 minus line 2) ........ 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 2,190. 2,190. 7 Food and beverages 8 Entertainment 688. 688. 9 Other direct expenses 2,878. 10 Direct expense summary. Add lines 4 through 9 in column (d) 8,312 11 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses ..... Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?

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

**b** If "No," explain:

**b** If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2020 ARTS CENTER OF COASTAL CAROLINA 57-1	L0358T	/ Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	No.
	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
40		1es	
	Indicate the percentage of gaming activity conducted in:	1 1	
	a The organization's facility	13a	%
ŀ	b An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ŀ	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party  \$\bigs\\$		
	c If "Yes," enter name and address of the third party:		
(	in res, entername and address of the third party.		
	Name ►		
	Address ▶		
16	Gaming manager information:		
10	daning manager information.		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
Ċ			
	retain the state gaming license?	L Yes	└── No
ŀ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III, lines 9	), 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990 or 990-EZ)	ARTS	CENTER C	OF COASTAL	CAROLINA	57-1035817	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Infor	mation (	continued)				

#### **SCHEDULE 0**

(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 Open to Public Inspection

Name of the organization

ARTS CENTER OF COASTAL CAROLINA

**Employer identification number** 57-1035817

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER ACTIVITIES INCLUDING GRANTS OF \$ 0. REVENUE \$ 214,402. EXPENSES \$ 467,318. FORM 990, PART VI, SECTION A, LINE 7A: THE CURRENT BOARD OF DIRECTORS ELECTS THE NEXT INCOMING BOARD. FORM 990, PART VI, SECTION B, LINE 11B: THE TAX RETURN IS REVIEWED BY BOTH MANAGEMENT AND THE ORGANIZATION'S TREASURER PRIOR TO BEING FILED. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION CONSISTENTLY HAS DISCUSSIONS WITH THEIR OFFICERS AND BOARD OF DIRECTORS REGARDING THE POLICY. FORM 990, PART VI, SECTION B, LINE 15A: THE PRESIDENT/CEO IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS AND COMPENSATION IS BASED ACCORDINGLY. FORM 990, PART VI, SECTION C, LINE 19: INFORMATION IS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: BANK AND CREDIT CARD FEES: 37,721. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 0.

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

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	₋ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND	06/30/95	L				900,000.				900,000.			0.	
2	BUILDING	06/30/95		.000	ну1	.6	8,932,481.				8,932,481.	3,097,956.		0.	3,097,956.
3	EQUIPMENT	06/30/95	SL	7.00	1	.6	1,872,148.				1,872,148.	1,299,692.		0.	1,299,692.
	* TOTAL 990 PAGE 10 DEPR						11704629.				11704629.	1,397,648.		0.	4,397,648.

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

(Rev. January 2020) Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year.

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.

Open to Public Inspection

-		and	enumy A	00 31, 2020	
В	Check if applicab	C Name of organization		D Employer identifi	cation number
	Addre	P ARTS CENTER OF COASTAL CAROLINA			
	chan	ge Doing business as		57-10358	17
	Initial returr Final	Number and street (or P.U. box it mail is not delivered to street address)  1.4. CHELTER COVE LANE	Room/suite	E Telephone numbe 84368639	
	— returr termii				
	ated Amer return	City or town, state or province, country, and ZIP or foreign postal code  HILTON HEAD ISLAND, SC 29928		G Gross receipts \$ H(a) Is this a group re	3,467,376.
〒	Appli			for subordinates	
	Ition pend	14 SHELTER COVE LANE, HILTON HEAD ISLAN	ND. SC	H(b) Are all subordinates in	
ī	Tax-ex	empt status: X 501(c)(3)		1 ''	list. (see instructions)
		te: WWW.ARTSHHI.COM		H(c) Group exemptio	no our
		f organization; X Corporation Trust Association Other	I Voor		State of legal domicile: SC
	art I	Summary	L I GAI	or formation. 1999	A State of legal doffliche. DC
	Ta '	Briefly describe the organization's mission or most significant activities: TO El	NRICH	AND BENEFIT	THE
Activities & Governance		COMMUNITY THROUGH THE ARTS			
e.r	2	Check this box  if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	
ò	3			3	15
প্ৰ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	15
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	183
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	250
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	Ь	Net unrelated business taxable income from Form 990-T, line 39		7Ь	0.
				Prior Year	Current Year
n	8	Contributions and grants (Part VIII, line 1h)		2,108,439.	1,698,404.
Ž	9	Program service revenue (Part VIII, line 2g)		2,016,301.	1,027,193.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	25,528.	219,523.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		650,379.	470,928.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,800,647.	3,416,048.
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0,110,010.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	II			2,367,530.	1,840,070.
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,307,330.	0.
Expenses	l loa	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
X	B			2,669,845.	2,096,912.
	11/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,037,375.	3,936,982.
- 0	19	Revenue less expenses. Subtract line 18 from line 12		-236,728.	-520,934.
Ssets or Balances			Be	ginning of Current Year	End of Year
SSet	20	Total assets (Part X, line 16)	222200097	9,503,933.	8,965,888.
Net As Fund B	21	Total liabilities (Part X, line 26)	*******	3,616,782.	3,369,109.
		Net assets or fund balances. Subtract line 21 from line 20	*******	5,887,151.	5,596,779.
_	art II	Signature Block			
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	/knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		1 Mus ()		41	7/2021
Sig	n	Signature of officer Signature		Date	/
Hei	re	JEFFREY REEVES, PRESIDENT/CEO			
		Type or print name and title			
7		Print/Type preparer's name Preparer's signature		ate Check	PTIN
Pai	d	C. THOMAS DEWITT, CPA	0	4/07/21 self-employe	₽00853970
Pre	parer	Firm's name ROBINSON GRANT & CO., P.A.		Firm's EIN	57-0735924
Use	Only	Firm's address P.O. DRAWER 22959			
		HILTON HEAD ISLAND, SC 29925		Phone no.84	3-815-6161
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

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Form 990 (2019) ARTS CENTER OF COASTAL CAROLINA
Part III Statement of Program Service Accomplishments

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO PROVIDE CULTURAL ENRICHMENT ON HILTON HEAD ISLAND AND ENABLE
	RESIDENTS AND VISITORS TO HAVE ACCESS TO CULTURAL ACTIVITIES.
	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?  Yes X No
	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(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,996,098 • including grants of \$) (Revenue \$932,327 • )
	THEATRICAL PRODUCTIONS THAT ALLOW THE COMMUNITY TO EXPERIENCE LIVE
	THEATRE.
4b	(Code:) (Expenses \$ 494,577. including grants of \$) (Revenue \$)
	PRESENTING SERIES OF PERFORMING ARTIST TO ALLOW THE PUBLIC TO SEE LIVE
	PERFORMANCES BY RENOWED ARTISTS.
4c	(Code: ) (Expenses \$ 222,036 · including grants of \$ ) (Revenue \$ 103,707 · )
	VISUAL ART PRESENTATIONS IN THE CENTER'S GALLERY
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 463,765 • including grants of \$ ) (Revenue \$ 216,613 • )
4e	Total program service expenses ▶ 3,176,476.

Form 990 (2019) ARTS CENTER OF COASTAL CAROLINA
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			.,
_	during the tax year? If "Yes," complete Schedule C, Part II	4	_	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	_	
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	Ŭ		_
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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		To l	
	as applicable.	- 1		
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? /f "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	_X_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			Х
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
124		12a		х
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	120		<u> </u>
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			47
45	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
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	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		_X_
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	255	<u>X</u>
200000	04.00.00	F	DOO /	0040

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			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	00	x	
24 2	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
D	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			
		25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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, Part IV	ing.		
	instructions, for applicable filing thresholds, conditions, and exceptions):	L X		15
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	l		- V
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete	<u> </u>		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			х
35.	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	-	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	358		
-	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 19?			
Da	Note: All Form 990 filers are required to complete Schedule O  t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	,
Par	Charlett Cabadala Coartains a state and the compliance			
	Check if Schedule O contains a response or note to any line in this Part V			ليا
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1a 32  1b 00			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	х	

Form 990 (2019) ARTS CENTER OF COASTAL CAROLINA

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

	v 10		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 183	ST.		OF.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		v	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	_
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b	_	-
40	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country	44		-
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			5.1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			-
	any contributions that were not tax deductible as charitable contributions?	6a		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).			
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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с	_	X
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	_	_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			,a D
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	Ž,		
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:	- 5		
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 10b	111	24	
1	Section 501(c)(12) organizations. Enter:		130	
а	Gross income from members or shareholders		-11	
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1	
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	-	
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	6.0		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	-
a	Note: See the instructions for additional information the organization must report on Schedule O.	ISa		5
ь	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		- 1	
С	Enter the amount of reserves on hand		9.11	
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	1 = 7	110	
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2019) ARTS CENTER OF COASTAL CAROLINA 57-1035817 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Section A. Governing Body and Management  1a Enter the number of voing members of the governing body at the end of the tax year   1a   15   15   15   15   16   16   16   16		Check if Schedule O contains a response or note to any line in this Part VI			X
these zer nestebil differences in untiling lights among members of the powering body, or the governing body of the generoling body of the governing body of the generoling body of the properties of the generoling body of the cognization because one of the generoling body of the organization because of the generoling body of the organization because of the generoling body of the organization because the generoling body of the organization because the generoling body of the organization body of the generoling body of the properties of the governing body?  In the case of the governing body of the properties of the governing body of the properties of the governing body of the organization body of the generoling body of the properties of the governing body of the properties of the governing body of the organization body of the generoling body of the properties of the governing body of the generoling body of the	Sec			21110	
Hither are material differences in voting rights among members of the governing body of the control of the governing body of the governing body?  3 Did the organization become aware during the year of a significant changes to its governing documents since the prior Form 990 was filed?  4 Did the organization become aware during the year of a significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization become aware during the year of a significant diversion of the organization the same aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization has seed to governing body?  5 Did the organization have members or stockholders?  6 Did the organization have members of the governing body?  7 Did the organization have members of the governing body?  8 Did the organization have members of the governing body?  9 Did the organization that the governing body?  10 Did the organization that authority to act on behalf of the governing body?  11 Did the organization that authority to act on behalf of the governing body?  12 Is there are yolficer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have bodd the prior that the governing body?  12 Is the are stripping body?  13 Is the are stripping body?  14 Is been committee with authority to act on behalf of the governing body?  15 Is the organization have be local chapters, branches, or affiliates?  16 Did the organization have wither process if any, used by the organization is exempt purposes?  18 Did the organization have		21 70 7		Yes	No
body delegated troad authority to an executive committee or similar committee, explain an Schedule 0.    Effect the number of voting members included on line 1a, above, who are independent.	1a	Enter the number of voting members of the governing body at the end of the tax year 15	30	E	1
b Enter the number of voting members included on line 1a, above, who are independent. 1b		If there are material differences in voting rights among members of the governing body, or if the governing			1000
2					
a Dick the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization have members as cycleholders?  5 Did the organization have members as cycleholders, or other persons who had the prower to elect or appoint one or more members of the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  6 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporariously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  8 Back and the organization outerporariously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  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 numes and addresses on Schedule O.  9 If Yes, "idd the organization have local chapters, branches, or affiliates?  10 If the organization have local chapters, branches, or affiliates?  11 If a Has the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  11 If a Has the organization have a written conflict of interest policy? If "No," go to line 13 Did the organization have a written countlet of t	b	Enter the number of voting members included on line 1a, above, who are independent 15		100	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, fusultees, or key employees to a management company or other person?  3 X X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  4 X S Did the organization become aware during the year of a significant diversion of the organization's assets?  5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  6 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization corresponsations of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization corresponsations the meetings held or written actions undertaken during the year by the following:  8 A X B Each committee with authority to act on behalf of the governing body?  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 authorises on Schedule O to propagation seems of the persons of	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		100	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, rustees, or key employees to a management company or other person?  3		officer, director, trustee, or key employee?	2		Х
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  6 Did the organization have members or stockholders?  7a Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporazeously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  8 Did the organization contemporazeously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  8 Did the organization contemporazeously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  8 Did the organization in the governing body?  8 Did the organization in the governing body?  8 Did the organization in the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is addresses on Schedule O  8 Section B. Politicies (This Section B requests information about policies not required by the Internal Revenue Code)  10a Did the organization have local chapters, branches, or affiliates?  10b If Yes, 'did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization of such chapters, affiliates, and branches to ensure their operations are consistent with the organization of such chapters, affiliates, and branches to onsure their operations are consistent with the organization to the organization to review this Form 990 to all members of its governing	3				
Did the organization make any significant changes to its governing documents since the prior Form 980 was filed?   X   X		of officers, directors, trustees, or key employees to a management company or other person?	3		Х
Solid the organization become aware during the year of a significant diversion of the organization's assets?  5	4		4		Х
5 Did the organization have members or stockholders?  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?  7b Avanay governance decisions of the organization reserved to (or subject to approvel by) members, stockholders, or persons other than the governing body?  7b X  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 Did the organization in a will an address of the sea of the governing body?  8 Did the organization have undertaken or the personal addresses on Schedule O  9 Did the organization have verified the amena and addresses on Schedule O  9 Did the organization have unitten policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is exempt purposes?  10b Did the organization have a written policie of interest picely? If *No.* go to fine 13  10b Did the organization regularly and consistently monitor and enforce compliance with the policy? If *Yes,* describe in Schedule O how this was done  10c Did the organization have a written policie of interest picely? If *No.* go to fine 13  10c Did the organization have a written policy or procedure requiring the organization to evaluate its participation in pinit venture arrangements under applicable federal tax law, and take steps to safeguard the organization in pinit venture arrangements under applicable federal tax law, an	5		5		Х
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b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶SC  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  ☐ Own website X Another's website X Upon request ☐ Other (explain on Schedule O)  19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ ACCOUNTING DEPT/OFFICE − 843-686-3945			16a		Х
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exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶SC  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  ☐ Own website X Another's website X Upon request ☐ Other (explain on Schedule O)  19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ ACCOUNTING DEPT/OFFICE - 843-686-3945	_			177	
Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶SC  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website X Another's website X Upon request Other (explain on Schedule O)  19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶  ACCOUNTING DEPT/OFFICE - 843-686-3945		2 2 W 844 0W AI W/2	16b		
<ul> <li>List the states with which a copy of this Form 990 is required to be filed ►SC</li> <li>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.         <ul> <li>Own website</li></ul></li></ul>	Sec		.00		
<ul> <li>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.</li></ul>					
for public inspection. Indicate how you made these available. Check all that apply.  Own website X Another's website X Upon request Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records ACCOUNTING DEPT/OFFICE - 843-686-3945		,,	s only	) avail	ahle
Own website X Another's website X Upon request Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records ACCOUNTING DEPT/OFFICE - 843-686-3945			- Or my	, avail	IG
<ul> <li>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.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records ACCOUNTING DEPT/OFFICE - 843-686-3945</li> </ul>					
statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records ACCOUNTING DEPT/OFFICE - 843-686-3945	19		l finar	ncial	
State the name, address, and telephone number of the person who possesses the organization's books and records ACCOUNTING DEPT/OFFICE - 843-686-3945			ııııaı	ioidi	
ACCOUNTING DEPT/OFFICE - 843-686-3945	20				
	-0				
					_

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

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

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

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than is bot or/trus	h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ROBERT E. LEE	5.00	Г								
CHAIRMAN		X		Х				0.	0.	0.
(2) JIM MACLEOD	5.00									
FIRST VICE CHAIR		Х		Х				0.	0.	0.
(3) ANN GRINDSTAFF	5.00									
SECRETARY		X		X				0.	0.	0.
(4) BILL MCHUGH	5.00									
TREASURUER		X		Х				0.	0	0.
(5) RICHARD SPEER	5.00								_	
IMMEDIATE PAST CHAIR		X						0.	0.,	0.
(6) STEPHEN ALFRED	5.00							_		_
BOARD MEMBER		X						0.	0.	0.
(7) FRED BEARD	5.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(8) EMORY S. CAMPBELL, PH. D	5.00	.,							0	
BOARD MEMBER	F 00	Х		_			_	0.	0.	0.
(9) ROBERT CHELL	5.00	.,								0
BOARD MEMBER	F 00	Х					_	0.	0.	0.
(10) LESLIE RICHARDSON	5.00	х						0	0.	0
BOARD MEMBER (11) RONALD SOLDO	5.00	Δ						0.	0.	0.
BOARD MEMBER	3.00	х						0.	0.	0.
(12) MICHAEL WATERS	5.00	^		-	-		-	0.	0.	0.
BOARD MEMBER	3.00	х						0.	0.	0.
(13) HEATHER WILCAUSKAS	5.00	A		-	_	-	-		0.	0.
BOARD MEMBER	3.00	x						0.	0.4	0.
(14) OPAL ABBINK	5.00	-	-	$\vdash$	-			0.	0.	0.
BOARD MEMBER	3.00	x						0.	0.	0.
(15) EBETH MAYO	5.00	<u> </u>			-		-	0.	0.	<u> </u>
BOARD MEMBER	2.55	x						0.	0.	0.
(16) JEFFREY REEVES	40.00	<u> </u>		-						<u> </u>
PRESIDENT CEO		x		x				123,924.	0.	0.
(17) KATHLEEN BATESON	40.00			-			_			
FORMER PRESIDENT, CEO							х	139,567.	0.	0.

	1 990 (2019) ARTS CEN									57-10	35	817	Р	age 8
Ра	rt VII Section A. Officers, Directors, Trus (A)  Name and title	(B) Average hours per week	(do box offi	not c	Pos heck	C) sition more rean		one h an	ompensated Employe (D) Reportable compensation from	(E) Reportable compensation from related			(F) stimate nount other	of
÷		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key emplayee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISO	C)	org an	pensa rom th anizat d relat anizat	e tion ted
_														
_														
_														
	Subtotal  Total from continuation sheets to Part V							<b></b>	263,491.		0.			0.
	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization							no re	263,491 . ceived more than \$100		0.			0.
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								nest compensated emp		[	3	Yes	No
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$15 Did any person listed on line 1a receive or a	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	dule	e J fo	or such individual			4		х
Sec	rendered to the organization? If "Yes," comtion B. Independent Contractors	plete Schedul	e J f	or si	ıch j	pers	ion .	*******		***************************************		5		Х
1	Complete this table for your five highest co the organization. Report compensation for	•									ensa	ation f	rom	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	services	Co	(C ompe	) nsatio	n
_														
_														
2	Total number of independent contractors (i \$100,000 of compensation from the organi	_	ot lir	nite	d to	tho:	_	sted	above) who received n	nore than			200 <i>(</i>	2010)

Page 9

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Related or exempt Revenue excluded Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b **b** Membership dues 54,164. c Fundraising events 1c d Related organizations 389,360. e Government grants (contributions) l 1e f All other contributions, gifts, grants, and 1,254,880. similar amounts not included above 1f 51,597. g Noncash contributions included in lines 1a-1f ,698,404. h Total. Add lines 1a-1f **Business Code** 900099 1,027,193.1,027,193. 2 a ADMISSION FEES, ETC Program Service Revenue f All other program service revenue  $\triangleright$  1,027,193. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 219,523. 219,523. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6a 6b b Less: rental expenses 6c c Rental income or (loss) d Net rental income or (loss) Þ 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory **b** Less: cost or other basis and sales expenses Revenue 7ь c Gain or (loss) 7c d Net gain or (loss) Other 8 a Gross income from fundraising events (not including \$ 54,164. of contributions reported on line 1c). See Part IV, line 18 54,270 39,801. **b** Less: direct expenses 8b 14,469. 14,469. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities, See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 34,966. and allowances 11,527. **b** Less: cost of goods sold 23,439. 23,439. c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a FACILITY SUPPORT FEE 900099 139,214. 139,214. b ADVERTISING INCOME 541800 86,843. 86,843. 77,469. 77,469. OTHER 900099 129,494. 900099 129,494. d All other revenue 433,020. e Total. Add lines 11a-11d 0. 233,992. 416,048.1,483,652. Total revenue. See instructions

Form 990 (2019) ARTS CENTER OF COASTAL CAROLINA 57

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 respon-	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				THE THE WITH
2	Grants and other assistance to domestic			A	
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members  Compensation of current officers, directors,				
•	trustees, and key employees	263,491.	65,873.	52,698.	144,920.
6	Compensation not included above to disqualified		00,0,0	- 52,656	
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,576,579.	1,305,558.	191,866.	79,155.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	228,238.	203,980.		24 250
12	Advertising and promotion	7,741.	5,806.	774.	24,258.
13	Office expenses	/,/41.	3,000.	//4.	1,101.
14	Information technology	82,538.	82,538.		
15 16	Royalties	101,514.	93,477.	2,855.	5,182.
17	Occupancy Travel	31,330.	29,148.	875.	1,307.
18	Payments of travel or entertainment expenses	32,3301	23,72101	0,51	2,507.
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	117,172.	92,351.	11,207.	13,614.
21	Payments to affiliates				5-03 NO. 10 NO. 10 NO. 10 NO.
22	Depreciation, depletion, and amortization	468,675.	431,569.	13,183.	23,923.
23	Insurance	126,543.	116,525.	3,559.	6,459.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	PAYROLL TAXES & BENEFIT	308,289.	251,269.	32,092.	24,928.
b	MAINTENANCE	211,423.	194,684.	5,947.	10,792.
c	SCENERY, PROPS, AND COS	173,757.	170,408.	0.	3,349.
d	PERFORMER HOUSING	67,083.	66,558.	0.	525.
	All other expenses SEE SCH O	172,609.	66,732.	37,258.	68,619.
25	Total functional expenses. Add lines 1 through 24e	3,936,982.	3,176,476.	352,314.	408,192.
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)				

Form 990 (2019)
Part X Balance Sheet

Pa	irt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	***************************************	*********	
	-,		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	451,794.	1	222,374.
	2	Savings and temporary cash investments	101,520.	2	83,765.
	3	Pledges and grants receivable, net	602,044.	3	540,710.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		130.00	
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
Assets		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	17,969.	8	6,122.
	9	Prepaid expenses and deferred charges	32,544.	9	40,741.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 12,613,629.			
	b	Less: accumulated depreciation 10b 7,451,886.	5,593,717.	10c	5,161,743.
	11	Investments - publicly traded securities	2,577,201.	11	2,752,389.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	127,144.	15	158,044.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	9,503,933.	16	8,965,888.
_	17	Accounts payable and accrued expenses	126,644.	17	97,823.
	18	Grants payable		18	
	19	Deferred revenue	1,087,849.	19	783,261.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŋ	22	Loans and other payables to any current or former officer, director,	The state of the		
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
=	23	Secured mortgages and notes payable to unrelated third parties	2,071,139.	23	2,054,312.
	24	Unsecured notes and loans payable to unrelated third parties	319,424.	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	11,726.	25	433,713.
	26	Total liabilities. Add lines 17 through 25	3,616,782.	26	3,369,109.
		Organizations that follow FASB ASC 958, check here	SIMPLE WITH THE		
ces		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	3,222,091.	27	2,931,719.
Net Assets or Fund Balances	28	Net assets with donor restrictions	2,665,060.	28	2,665,060.
		Organizations that do not follow FASB ASC 958, check here ▶	NAME OF TAXABLE		
		and complete lines 29 through 33.	1, 5 1, 2 2, 3	174	
ō	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
\et	32	Total net assets or fund balances	5,887,151.	32	5,596,779.
_	33	Total liabilities and net assets/fund balances	9,503,933.	33	8,965,888.

-	1	0	3	5	8	1	7	Page	1	2

Pa	rt XI Reconciliation of Net Assets			1 4	90
10000	Check if Schedule O contains a response or note to any line in this Part XI				
	Official in Correction Contains a response of finite to any line in this fart Ai	T T		*****	1
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,41	6.0	48.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,93		
3	Revenue less expenses. Subtract line 2 from line 1	3	-52		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,88		
5	Net unrealized gains (losses) on investments	5			00.
6	Donated services and use of facilities	6			62.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,59	6.7	79.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		44 200 AS TO SERVE STORE STORE	25/8/27	X
_				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		0.11		10 1
-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	-   -		L.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe				
	separate basis, consolidated basis, or both:		1,55		HH
	X Separate basis Consolidated basis Both consolidated and separate basis		100		
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		DV SV	-	
	consolidated basis, or both:	,			
	Separate basis Consolidated basis Both consolidated and separate basis		1831	4	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				agn	(2010)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

2019

Open to Public Inspection

Name of the organization Employer identification number ARTS CENTER OF COASTAL CAROLINA 57-1035817 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 ARTS CENTER OF COASTAL CAROLINA 57-10358

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.)

Se	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		1	ľ			
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			ľ			
4	Total. Add lines 1 through 3						
	The portion of total contributions		N ENGINEER	THE RES		1 × 1 × 1	
	by each person (other than a	1.30				1,1000	
	governmental unit or publicly					5.00	
	supported organization) included	9 31	A		100		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			A STATE	- E E		
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support			li-ci-			
_	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	\-/	1-/	1-7	1-7		
	Gross income from interest,						
_	dividends, payments received on					ı	
	securities loans, rents, royalties,			ľ			
	and income from similar sources						
9	Net income from unrelated business						1
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						<del>                                     </del>
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	XA III	THE SQUAR				1
	Gross receipts from related activities,	etc (see instructi	ions)			12	
	First five years. If the Form 990 is for						
	organization, check this box and stor						<b>&gt;</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2019 (I	line 6. column (f) d	livided by line 11, o	column (f))		14	%
	Public support percentage from 2018					15	%
	33 1/3% support test - 2019. If the d						ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the						
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-		_	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ		•		- ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
18	Private foundation. If the organization						

(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.)

Se	ction A. Public Support	elow, please comp	siete rait ii.j				
_	endar year (or fiscal year beginning in)	(-) 0045	(1-) 0040	4-10047	4 10 0040	4 3 0040	MT.L
		(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1 500 540	1 400 600		0 475 545	4 600 404	0.004.004
_	include any "unusual grants.")	1,509,642.	1,409,628.	1,431,155.	2,175,545.	1,698,404.	8,224,374.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	1,275,712.	1,975,728.	2,028,228.	2,541,100,	1,027,193.	8,847,961.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
9	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5	2,785,354.	3,385,356.	3,459,383.	4,716,645.	2,725,597.	17,072,335.
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
_	amount on line 13 for the year						0.
,	Add lines 7a and 7b						17,072,335.
So	Public support. (Subtract line 7c from line 6.)				والمتعادلة والمتعادلة		17,072,335.
_					i		94
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	2,785,354.	3,385,356.	3,459,383.	4,716,645.	2,725,597.	17,072,335.
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	111,836.	114,669.	115,114.	25,528.	219,523.	586,670.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	111,836.	114,669.	115,114.	25,528.	219,523.	586,670.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)	594,833.	569,698.	712,251.	180,073.	470,928.	2,527,783.
13	Total support. (Add lines 9, 10c, 11, and 12.)	3,492,023.	4,069,723.	4,286,748.	4,922,246.	3,416,048.	20,186,788.
	First five years. If the Form 990 is for	the organization's	first second thir	d fourth or fifth ta	x vear as a section		
	check this box and stop here			-,,	, ou. uo u ooo	00 . (0)(0) 0. 922	<b>▶</b> □
Sec	tion C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2019 (I			column (f)		15	84.57 %
	Public support percentage from 2018	100000000000000000000000000000000000000	200 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Soldifili (i))	***************************************	16	85.40 %
	ction D. Computation of Inves					10 ]	03.40 %
_				40 1 (0)		42	2 01
	Investment income percentage for 20					17	2.91 %
	Investment income percentage from 2					18	2.32 %
19a	33 1/3% support tests - 2019. If the	_					
b	more than 33 1/3%, check this box as 33 1/3% support tests - 2018. If the		-		• •	-11-311-311-11-31	<b>▶</b> X
	line 18 is not more than 33 1/3%, che	ck this box and str	op here. The organ	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation, If the organization					-	

## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? 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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	10,13		- 10
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	( extil	May	13.5
	organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		1	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	-11	24.0	
	organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	143	21	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
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	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	. A. M. S.	60	1
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	1150	20.	- 1
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination	2 1	1	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	120		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		SVIII.	
	purposes	4c		
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		10	
	was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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	1000		
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	er from	13-6	
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	- 4.3	N. P.	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	_ 7		
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).	8		

- 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.)

9a

9b

9с

10a

10b

Pa	rt IV   Supporting Organizations (continued)			
	, and the second		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	D. C.		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		Ξ.,	100
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		= 8	7.7
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			74 A
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	3/1/3		ЩТ
	controlled the organization's activities. If the organization had more than one supported organization,	1.15	1	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		3	2.0
	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			=10
	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,		11 = 3	164
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		-	
	The state of the s		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	100		
	or management of the supporting organization was vested in the same persons that controlled or managed			-35
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			_
	7 11		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	-
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1117 330		
	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	100	8.1.	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	11.50		
	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	100		110
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1000		
	supported organizations played in this regard.	3		
Sec	tion 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 yeatsee instruction	ne)		
a	The organization satisfied the Activities Test. Complete line 2 below.	113/1		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions	2)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
_	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,	10.1	300	
	how the organization was responsive to those supported organizations, and how the organization determined	100	-	
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20		
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	15.00	1-	15
	reasons for the organization's position that its supported organization(s) would have engaged in these	75	N.	
	activities but for the organization's involvement.	OL.		
3		2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
<b>L</b>	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	За		
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		

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

4

5

Schedule A (Form 990 or 990-EZ) 2019

Income tax imposed in prior year

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

emergency temporary reduction (see instructions).

Pai	TV   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
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.			1:
8	Distributions to attentive supported organizations to which the	•		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
177	Carryover from 2014 not applied (see instructions)			
Ť	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D.			TEN NO
•	line 7:		ASSESSMENT OF THE	
-	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if	The second second		
	any. Subtract lines 3g and 4a from line 2. For result greater			
_	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.	- 0 1 1 Pay 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
	Breakdown of line 7:	1 1 1 1 1 N		
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			Wednesday.
	Excess from 2018	4 1 1 4 1 1 1		Z., 25 1 1 2 1 1
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-	EZ) 2019	ARTS	CENTER	OF	COASTAL	CAROLI	NA	57-1035817 Pa	ge 8
Part VI	Supplementa	al Inform	nation.	Provide the ex	xplana	tions required b	y Part II, line 10	0; Part II, line 17a or	17b; Part III, line 12;	
	Part IV, Section A	A, lines 1,	2, 3b, 3c,	4b, 4c, 5a, 6,	9a, 9b	, 9c, 11a, 11b,	and 11c; Part I	V, Section B, lines 1	and 2; Part IV, Section C,	
	line 1; Part IV, Se	ction D, li	ines 2 and	3; Part IV, Se	ction E	E, lines 1c, 2a, 2	2b, 3a, and 3b;	Part V, line 1; Part V part for any addition	, Section B, line 1e; Part V	',
	(See instructions	o, o, and a .)	s; and Par	t v, Section E	ines a	z, s, and b. Also	complete this	part for any addition	iai information.	
	(ESS IIIOLIGOLIGIIO	.,								
					_					_
										_
						*				

### **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 Open to Public Inspection

Name of the organization

ARTS CENTER OF COASTAL CAROLINA

Employer identification number 57-1035817

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.Complete if the						
	organization answered "Yes" on Form 990, Part IV, lir	ne 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						
	are the organization's property, subject to the organization's						
6	Did the organization inform all grantees, donors, and donor a	_ <del>-</del>					
	for charitable purposes and not for the benefit of the donor of						
Da	impermissible private benefit?		Yes No				
_	t II Conservation Easements. Complete if the or		Part IV, line 7				
1	Purpose(s) of conservation easements held by the organizat						
	Preservation of land for public use (for example, recrea	CONTROL CONTRO	a historically important land area				
	Protection of natural habitat	Preservation of	a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form					
_	day of the tax year.		Held at the End of the Tax Year				
	Total number of conservation easements		2a				
Ь	Total acreage restricted by conservation easements		2b				
C	Number of conservation easements on a certified historic str						
u	Number of conservation easements included in (c) acquired listed in the National Pariston						
3	listed in the National Register	Income a dispersion of a second section of the second	2d				
3	Number of conservation easements modified, transferred, re year	leased, extinguished, or terminated by the	e organization during the tax				
4	Number of states where property subject to conservation ea	somest is leasted					
5	Does the organization have a written policy regarding the per	-					
3	violations, and enforcement of the conservation easements i		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
•	b	Transing of Violations, and emoreing con-	servation easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ition easements during the year				
•	<b>&gt;</b> \$	and of violations, and officially conserve	tion casements during the year				
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement and				
	balance sheet, and include, if applicable, the text of the footr						
	organization's accounting for conservation easements.						
Pai	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.						
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	A CONTRACT OF THE CONTRACT OF				
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	and balance sheet works				
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in fu	urtherance of public				
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these iten	ns.				
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works of				
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,				
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		> \$				
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$				
2	If the organization received or held works of art, historical treatments						
	the following amounts required to be reported under FASB A	SC 958 relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1	,	<b>&gt;</b> \$				
b	Assets included in Form 990, Part X		<b>&gt;</b> \$				

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

Schedule D (Form 990) 2019

	ER OF COASTAL C	AROLINA	57-1035817 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Ye			
(a) Description of security or category (including name of security	y) (b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(G)			
(H) Tatal (Col. (h) must equal Form 000 Part V and (P) line 13.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
		11. Cas Farm 000 Dark V line 10	
Complete if the organization answered "Ye (a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	r end-of-vear market value
(1)	(D) DOOK VALUE	(b) Mounda of Valoation. Cook of	ond of your market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>		7 12 13 2 11 15 2
Part IX Other Assets.			
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)		. >
Part X Other Liabilities.			
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lin	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes	may		
(2) ACCRUED SALARIES & SALES	TAX		5 440
(3) PAYABLE (4) PAYCHECK PROTECTION (PPP	\ EIINDING		6,440.
	) FUNDING		427,273.
(5)			
(6)			
(7)			
(8)			

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

433,713.

(9)

	rt XI Reconciliation of Revenue per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, Ii		iue per Heturn.	
1	Table 19 19 19 19 19 19 19 19 19 19 19 19 19	ille 12a.	11	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	46.	
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
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.)			
C	Add lines 4a and 4b		4c	
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)	5	
a	rt XII Reconciliation of Expenses per Audited Financial S		nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li			
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:	8 9	0.00	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	1);;	
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	***************************************	3	
1	Amounts included on Form 990, Part IX, line 25, but not on line 1	10		
а	Investment expenses not included on Form 990, Part VIII, line 7b		150	
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	(8.)		
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		Part V, line 4; Part X, line 2; f	Part XI,
_				

#### **SCHEDULE G**

Department of the Treasury

(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.

Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

2019

Open to Public Inspection

	NTER OF COASTAL CA	ROL	INA			57-1035	817
Part I Fundraising Activities required to complete this par	Complete if the organization answe	red "Y	'es" oı	n Form 990, Part IV,	line 17.	Form 990-EZ	filers are not
1 Indicate whether the organization rais a	sed funds through any of the following and solicitated and solicitated and solicitated and solicitated are villous and solicitated and solicitated are villous and solicitated are villous and solicitated and solicitated and solicitated and solicitated and solicitated are villous and solicitated	ion of ion of fundra (includ	non-g gover ising o ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees, o	Yes	☐ No e
(i) Name and address of individual or entity (fundraiser)		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	to (or fu	mount paid retained by) ndraiser d in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
							-
							<del>,</del>
							•
			•				
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	ditise	kempt from re	gistration

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

	_							
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
	1		GOLF		NONE	(add col. (a) through		
	1		TOURNAMNET	GALA		col. (c))		
ē	1		(event type)	(event type)	(total number)	COI. (C))		
Revenue	1	Gross receipts	68,567.	39,867.		108,434.		
	2	Less: Contributions	31,607.	22,557.		54,164.		
_	3	Gross income (line 1 minus line 2)	36,960.	17,310.		54,270.		
	4	Cash prizes						
S	5	Noncash prizes						
Direct Expenses	6	Rent/facility costs	2,000.			2,000.		
Jirect E	7	Food and beverages	7,991.	,		7,991.		
	8	Entertainment						
	9	Other direct expenses	14,371.	15,439.		29,810.		
	10	Direct expense summary. Add lines 4 through			<b>•</b>	39,801.		
		Net income summary. Subtract line 10 from li				14,469.		
Pa	ırt l	II Gaming. Complete if the organization a	answered "Yes" on Form	1990, Part IV, line 19, or	reported more than			
		\$15,000 on Form 990-EZ, line 6a.						
ē			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add		
Revenue			(=, =9=	bingo/progressive bingo	(0) 0 0 9 9	col. (a) through col. (c))		
Rev	1.0	*						
_	1	Gross revenue						
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
_	Ť	Other direct expenses	Yes %	Yes %	Yes %			
	6	Volunteer labor	No	No	No	IS COUNTRY		
7 Direct expense summary. Add lines 2 through 5 in column (d)								
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
			71					
		Enter the state(s) in which the organization conducts gaming activities:						
		Is the organization licensed to conduct gaming activities in each of these states?						
b	lf "N	No," explain:						
	_							
40						11		
	a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?							
b	11	Yes," explain:						
	_							
	_							

Sch		1035817	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	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:		
	The organization's facility	13a	%
	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	1.02	,,,
• •	Enter the flame and address of the person who propares the organization's garming special events books and records,		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
		**	
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address •		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	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 spent in the		
Da	organization's own exempt activities during the tax year > \$		-1 1-1
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II.	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			
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Schedule G	(Form 990 or 990-EZ) Supplemental Info	ARTS	CENTER	OF	COASTAL	CAROLINA		57-1035817	Page 4
Part IV	Supplemental Info	rmation (	continued)						
-									
-									
2									
-									
							_		

# **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

ARTS CENTER OF COASTAL CAROLINA

Employer identification number 57-1035817

		03281		_
P	art I Questions Regarding Compensation		r	_
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	134	18.	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			5
	First-class or charter travel  Housing allowance or residence for personal use	100		ď.
	Travel for companions Payments for business use of personal residence	198	1000	
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees	11.5		
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)	1 41		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	J.P.L.		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	. 1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		15-25	o V
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			700
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to		, Viza	1.7
	establish compensation of the CEO/Executive Director, but explain in Part III.		100	
	Compensation committee Written employment contract	11-1		-
	Independent compensation consultant Compensation survey or study	100		
	Form 990 of other organizations  X Approval by the board or compensation committee	21	8	
	pprovided in companion committee		71.5	45
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	1783		
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
C	Participate in, or receive payment from, an equity-based compensation arrangement?			Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			16.
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	, o 1		
	contingent on the revenues of:			
а	The organization?	5a		Х
Ь	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.		120	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:		15.	
а	The organization?	6a		X
Ь	Any related organization?	6b		Х
-	If "Yes" on line 6a or 6b, describe in Part III.	× 0.0		7.75
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	Y		01
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		
		and the same of th		

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 ARTS CENTER OF COASTAL CAROLINA 57-1035817

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	F
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation		(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) KATHLEEN BATESON	€	139,567.	0	0	0	0	139,567.	0
FORMER PRESIDENT, CEO	€	0	0	0	0	0	0	
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Schedule J (Form 990) 2019

Page 3

# ARTS CENTER OF COASTAL CAROLINA

ARTS	
J (Form 990) 2019	Supplemental Information
Schedule	Part III

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									Schedule J (Form 990) 2019

### **SCHEDULE 0**

(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.

2019
Open to Public Inspection

Name of the organization

ARTS CENTER OF COASTAL CAROLINA

Employer identification number 57-1035817

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER ACTIVITIES EXPENSES \$ 463,765. INCLUDING GRANTS OF \$ 0. REVENUE \$ 216,613. FORM 990, PART VI, SECTION A, LINE 7A: THE CURRENT BOARD OF DIRECTORS ELECTS THE NEXT INCOMING BOARD. FORM 990, PART VI, SECTION B, LINE 11B: THE TAX RETURN IS REVIEWED BY BOTH MANAGEMENT AND THE ORGANIZATION'S TREASURER PRIOR TO BEING FILED. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION CONSISTENTLY HAS DISCUSSIONS WITH THEIR OFFICERS AND BOARD OF DIRECTORS REGARDING THE POLICY. FORM 990, PART VI, SECTION B, LINE 15A: THE PRESIDENT/CEO IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS AND COMPENSATION IS BASED ACCORDINGLY. FORM 990, PART VI, SECTION C, LINE 19: INFORMATION IS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: MISCELLANEOUS OTHER NON-OPERATING EXPENSES: PROGRAM SERVICE EXPENSES 27,000. MANAGEMENT AND GENERAL EXPENSES 9.062.

Name of the organization  ARTS CENTER OF COASTAL CAROLINA	Employer identification number 57-1035817
FUNDRAISING EXPENSES	14,064.
TOTAL EXPENSES	50,126.
BANK AND CREDIT CARD FEES:	
PROGRAM SERVICE EXPENSES	25,613.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	17,075.
TOTAL EXPENSES	42,688.
EVENT SERVICES:	
PROGRAM SERVICE EXPENSES	6,998.
MANAGEMENT AND GENERAL EXPENSES	2,378.
FUNDRAISING EXPENSES	22,217.
TOTAL EXPENSES	31,593.
PUBLICATIONS AND PRINTING:	
PROGRAM SERVICE EXPENSES	7,121.
MANAGEMENT AND GENERAL EXPENSES	5,053.
FUNDRAISING EXPENSES	15,263.
TOTAL EXPENSES	27,437.
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	20,765.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	20,765.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 172,609.

	ule O (Form			EZ) (201	9)									Page 2
Name	of the orga	nizatior	1 <b>A</b> .	RTS	CENTE	R OF	COAST	AL C	AROLI	NA		Employ 57	rer identific -10358	ation number 317
FORI	M 990,	PA	RT :	XII,	LINE	2C:								
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Lake   Description   Acquired   Metron   Line   Control   Metron   Control   Me	FORM 9	990 PAGE 10						066						
EQUIPMENT  O6/10/95 L  TOTAL 990 PAGE 10 DEER  TOTAL 990 PAGE 10 DEER  D6/10/95 L  TOTAL 990 PAGE 10 DEER  TOTAL 990 PAGE 10 D	Asset No.		Date Acquired	Method	Life			Bus % Excl	Section 179 Expense	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
### 6 932,481	ΥH		96/30/90				.000,006			900,006			0	
** TOTAL 990 PAGE 10 DEPR** 1.00 16 1,872,148. 1.1704629. 1.170462			06/30/95		000	HX16	- 80			8,932,481.	3,097,956.		0	.936,760,8
TOTAL 990 PAGE 10 DEPR 11704629. 11704629. 1397,646. 0.4,397,648	,		56/30/90		7.00	16				1,872,148.	692		0	1,299,692.
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# ARTS CENTER AUTHORIZATION OF THE BOARD OF TRUSTEES

At a meeting of the Arts Center of Coastal Carolina Board of Trustees on August 22, 2023, the following resolution was adopted:

RESOLVED, that the Arts Center of Coastal Carolina apply to The Town of Hilton Head Island, Accommodations Tax Advisory Committee, per TERC Authorized ATAX State Law Section 6-4-10(4)(b) for "1. advertising and promotion of tourism to develop and increase tourist attendance through the generation of publicity; 2. promotion of the arts and cultural events" for the fiscal year beginning September 1, 2023, through August 31, 2024.

William V. McHugh, Chairman

Data

# **Arts Center of Coastal Carolina**

# **Executive Summary/Effectiveness Indicators**

The Arts Center's Effectiveness Indicators, as applied to our **FY23** tourists and visitors' results, as well as our plans for **FY24** ATAX funding, indicate year-round TERC eligible tourist activities in two main areas: **1) Destination Marketing** and **2) Programming Cultural Arts.** In support of our request for \$430,000 in ATAX funding, please consider the following:

- FY23's total overall ATAX attendance (excluding education services) increased 14% to 44,929 over FY22's 39,593 in Theater, Presenting, Visual Arts, and Outreach Festivals. Appendix A.
- FY23 162 Total Theater/Presenting Performances, Outreach Events, etc. increased by 8% over FY22's 150.
- Tourists: In FY23, patrons from beyond the 50-mile radius totaled 12,633, or 28% of our ATAX patrons. This was a 15% increase over FY22's 10,981. Appendix A.
- Visitors: In FY23, our mainland visitors totaled 14,247, or 32% of our patrons. This was a 16% increase over FY22's 12,326. Appendix A.
- FY23 ATAX TERC eligible tourism promotional advertising expenses were \$271,754. Appendix B.
- FY23 ATAX TERC eligible tourism program expenses were \$497,462 in Theater, Presenting and Outreach Appendix B.
- FY23 Arts Center's overall economic impact was \$13,324,880 up 4% over FY22 actual \$12,843,106 Appendix C.
- FY23 Arts Center's tourism economic impact was \$3,502,848 up 6% over FY22 actual \$3,303,603. Appendix C.
- FY23 Arts Center's overall economic impact of \$13,324,880 represented 34% of the total Hilton Head Island arts and culture sector's total economic impact of \$39.1 million. Appendix C

ATAX support of the Arts Center is greatly beneficial to all. The ROI for the Arts Center's FY23 grant of \$420,000 relative to our \$3,502,848 economic impact is 8 to 1 per Americans for the Arts HHI formula. Cost per 26,880 ATAX eligible attendee (50+ Miles & Off Island, 60%) in FY23 was \$15.63; a sound investment of the FY23 \$420,000 ATAX funding. The Arts Center works every ATAX dollar year-round to achieve the visitorship creating this desirable ROI. Our rare facility, at the size (45,000sf) and scope (year-round operations) for a town with a small full-time population like HHI, allows us to recruit and retain our hard-sought educated and tenured staff—key to producing quality visitor attractions—culminating in high visitorship and unparalleled economic impact.

# The requested FY22-23 ATAX funds will directly support:

- 1) Tourism destination marketing efforts: FY23 TERC eligible marketing expenses were \$271,754, which includes printing and distribution of season brochures at SCPRT Welcome Centers; distribution of rack cards in tourist locations; discount and special offer coupons to regional hospitality professionals; online marketing; e-blasts; advertisements in tourism-based publications; event listings on local, state, and nationwide websites; regional radio, newspaper, and magazine. Appendix B.
- 2) Programming of performing arts and cultural events: FY23 TERC eligible Programing expenses were \$497,462. As a cultural destination, tourists are especially attracted to our Theater and Presenting series, as well as our 27<sup>th</sup> Annual November Town Holiday Kick-Off and our February Taste of Gullah free community festivals. The Arts Center's FY24 planned and programmed 161 events are basically one arts event every other day! Appendix B.

Other TERC eligible expenses not included in our ATAX request: Our FY23 tourism-related eligible facility overhead, maintenance costs, and program administrative costs are prorated at \$531,729. Under TERC law, these expenses are ATAX reimbursement eligible. However, we are not requesting ATAX funds support based on these expenses. Appendix B.

Therefore, the Arts Center respectively requests \$430,000 in new ATAX funds for development and implementation of FY24 destination marketing, as well as the programming of tourism-related events to enhance and drive visitorship. This request is a mere 2.4% increase over FY23, yet below the current 3.2% inflation rate, and is only 8.6% of our FY24 operating budget.

	Arts Center of Co	pastal Carolina Effectiveness Indicators FY24
Topic	Plan	Results
FY24 Programming	Fall 2023	Produce: Clue (Farce-meets-murder mystery) – 25 performances
Visitor Targeted All	November 2023	Booked: The Broadway Tenors – 2 performances
Year Round	Holiday 2023	Produce: Irvin Berlin's Holiday Inn (Holiday Musical) – 24 Performances
	February Visitors 2024	Produce: August Wilson's Fences (Cultural) –22 Performances + Education
	February Visitors 2024	Booked: Collage Dance Collective (Ballet) – 1 Performance + 1 Field Trips
	March Visitors 2024	Booked: Black Jacket Symphony – Journey's Escape Album - 3 Performances
	April Tourney Visitors 2024	Booked: Twitty & Lynn: A Salute to Conway & Loretta - 2 Performances

	May Visitors 2024	Produce: Beautiful: The Carole King Musical (Musical) - 25 Performances
	Summer Visitors 2024	Produce: <i>Chicago</i> (Musical) – 40 Performances
	July/August Visitors 2024	Booked: (Comedy) – <i>Henry Cho</i> and <i>Rita Rudner</i> – 2 Performances each
	Labor Day Weekend 2024	Booked: Black Jacket Symphony – "Whitney" Show - 2 Performances
New Opportunities	Theater, Facility, Pandemic,	Highlights for the upcoming FY24 year-round theater include 136 in-house
& Challenges	and Inflation	produced Equity Theater performances from 2 plays and 3 large-scale musicals for a projected 60,150 patrons. The FY24 Season brings diversity and all the fanfare, with <i>Beautiful: The Carole King Musical</i> and all-time jazzy favorite, <i>Chicago</i> . Maintaining all the Arts Center's 45,000sf space in FY24 will cost \$507,115 (up 5%). Continued inflation and recent EG.5 omicron subvariant risks remain a challenge. As in the past, expense control will be at an optimum, however we are still anticipating carrying \$336,000 additional expenses beyond normal in FY24.
Presenting Artists	Increase Summer Events and Performances	7 Presenting Artists are confirmed. <i>Twitty &amp; Lynn: A Salute to Conway &amp; Loretta</i> are returning after a FY23 sell-out and in-demand performance during Heritage Week. Rock bands during high key tourist seasons and our summer comedians do extremely well; often calling for added shows.
Summer	Increase Visitor	FY23 summer visual & performing arts camps had 153 campers (10-weeks)
Youth/Youth Arts	Family Activities	& 77 county-wide with teachers' professional development. <b>Of these</b>
	,	groups approximately 40% were visitors.
Gullah Tourism	Priority Partnerships and Programming for 27+ Years	We have promoted the Gullah culture for 27+ years holding seminars, co- founding De Aarts Ob We People exhibit, and producing the always visitor popular Taste of Gullah Festival. Our Gullah Virtual Library since 2022 inception has had 5,100 views. 2023 increase over 2022 by over 50%.
Tourism Visitor	Increase Attendance	Our spaces support hundreds of community arts performances, programs,
Attendance		meetings, and activities. The FY23 theater shows experienced higher occupancy rates than did our state and national counterparts. <i>Jersey Boys</i> was a major hit, which we think will inspire patrons for the FY24 Season. FY23 had 54,430 patrons overall, 2% more than FY22's 53,166. Of the 44,929 ATAX eligible attendees, 14,247 (32%) were from mainland Beaufort County, and 12,633 (28%) visitors from beyond 50 miles for a total of 60% visitors/tourists. Existing free virtual offerings that globally promote the Arts Center & HHI received 139,689 universal interactions in FY23, a grand total of 1 million+ views since inception!
Visitor	Increase Visitor Recognition	Continued and consistent recognition as an award-winning professional
Appreciation		organization. "Best of" Bluffton Awards for Best Performance Venue and HH Monthly Readers' Choice Award-Favorite Performing Arts Venue, BroadwayWorld regional awards, Trip Advisor's "Award of Excellence, local "Best of" awards, and Broadway Magazine Southeast Awards.
<u>Marketing</u>	Increase Usage	Website improvements have indicated continued growth and audience
Website Hits		expansion. Number of regular Users: 105,656; Page views: 325,832.
Social Media	Increase Fans	Instagram added 2,248 followers (+25%), increasing younger audiences. The total interactions increased 86% with 37,415. Facebook's 7,338 followers viewed 496,852 campaigns in FY23. 17,727 deliverable emails received 1,606,081 promotional e-blasts targeted by interests/location, with an impressive 37% open rate up 11%. The unsubscribe rate is down 19%!
Online Ticketing	Increase sales	FY23's 21,265 online tickets are a 9% increase over FY22's 19,480. Tourism tickets (50+ Miles) in FY23, were 10,331 or 49% of all online ticket sales.

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

2022-2023		Г	> 50 N	1iles	Off Isl	and	On Island	
		Total Paid						
THEATER	Season	Attending	%	Total	%	Total	%	Total
Little Shop of Horrors*	Fall	4,467	27%	1,194	31%	1,396	42%	1,877
A Christmas Story: The Musical*	Holiday	6,305	22%	1,364	32%	1,987	47%	2,954
Guess Who's Coming to Dinner*	Winter	4,180	34%	1,426	27%	1,108	39%	1,646
Sondheim's Company	Spring	5,173	33%	1,702	31%	1,583	36%	1,888
Jersey Boys	Summer	14,274	26%	3,700	34%	4,805	40%	5,769
TOTAL		34,399	27%	9,386	32%	10,879	41%	14,134
DESCRITING								
PRESENTING								
Spamilton*	Fall	960	19%	185	35%	333	46%	442
Emmet Cahill Irish Tenor	Spring	944	39%	365	29%	274	32%	305
Linda Ronstadt Experience	Spring	690	33%	226	26%	180	41%	284
Dimension Dance Theater	Spring	251	23%	58	25%	62	52%	131
Twitty & Lynn	Spring	344	38%	129	30%	103	33%	112
Melissa Villasenor Comedy	Summer	495	19%	95	24%	120	57%	280
The Police Experience	Summer	652	22%	144	28%	182	50%	326
TOTAL		4,336	28%	1,202	29%	1,254	43%	1,880
TOTAL VISUAL ARTS (FREE)	Winter	273	34%	92	37%	101	29%	80
	Winter	5,921	33%	1,953	34%	2,013	33%	1,955
TOTAL OUTREACH (FREE)	Wille	-,-						

2021-2022		Γ	> 50 N	liles	Off Isl	and	On Island	
		Total Paid						
THEATER	Season	Attending	%	Total	%	Total	%	Total
Kinky Boots*	Fall	6,971	28%	1,952	34%	2,338	38%	2,68
Elf, The Musical*	Holiday	6,536	25%	1,618	27%	1,775	48%	3,14
A Curious Incident of the Dog in the Night*	Winter	3,395	29%	989	31%	1,050	40%	1,356
In the Heights*	Spring	5,437	28%	1,525	32%	1,720	40%	2,192
Rock of Ages*	Summer	7,567	29%	2,230	32%	2,458	38%	2,879
TOTAL		29,906	28%	8,314	31%	9,341	41%	12,25
PRESENTING Clicquot*	Fall	583	32%	187	27%	159	41%	23
Candice Glover Sings Aretha Franklin*	Fall	641	16%	104	33%	211	51%	320
Ranky Tanky	Spring	340	47%	159	22%	76	31%	10!
Charlotte Ballet	Spring	339	21%	70	33%	112	46%	15
Rock Was Young: Elton John Tribute	Spring	1,027	27%	276	25%	260	48%	49:
Leanne Morgan: Comedy	Spring	698	27%	186	30%	207	44%	30!
Paul Reiser: Comedy	Summer	700	12%	86	32%	222	56%	392
Purple Xperience: Prince Tribute	Summer	700	15%	108	29%	201	56%	39:
TOTAL		5,028	23%	1,176	29%	1,448	48%	2,40
TOTAL VISUAL ARTS (FREE)	Winter	0			ALL VIR	TUAL		
TOTAL OUTREACH (FREE)*	Winter	4,659	32%	1,491	33%	1,537	35%	1,63
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GRAND TOTAL		39.593	28%	10,981	31%	12.326	41%	16,28

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

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

2020-2021			> 50 M	iles	Off Isl	and	On Island	
	_	Total Paid						
THEATER	Season	Attending	%	Total	%	Total	%	Total
Kinky Boots	Fall	POSTPONED					RESTRICTIONS	
Elf, The Musical	Holiday	POSTPONED					RESTRICTIONS	
Noises Off*	Winter	1,586	34%	542	27%	426	39%	618
Rock of Ages	Spring	POSTPONED		•			RESTRICTIONS	
Red*	Spring	315	22%	68	25%	78	54%	169
Johnny Mercer: The Man and Music*	Spring	1,091	25%	272	36%	392	39%	427
Mamma Mia!†	Summer	9,785	36%	3,474	32%	3,175	32%	3,136
TOTAL		12,777	34%	4,356	32%	4,071	34%	4,350
PRESENTING 25th Anniversary Season Kickoff Concert*	Fall	298	20%	61	28%	82	52%	155
The Garden State Guys*	Fall	160	9%	15	37%	59	54%	86
Tom Petty - The Heartbreakers Tribute*	Fall	261	10%	26	33%	86	57%	149
Leanne Morgan Comedy*	Fall	329	30%	100	34%	112	36%	117
Harlem Quartet*	Fall	66	15%	10	30%	20	55%	36
Antonina and David: Mentalists*	Fall	106	19%	20	30%	32	51%	54
Christmas with the Celts*	Holiday	301	12%	35	33%	99	55%	167
Henry Cho Comedy*	Holiday	133	20%	27	28%	37	52%	69
A Broadway Christmas*	Holiday	205	20%	41	33%	67	47%	97
A Carpenter's Christmas*	Holiday	206	17%	36	27%	56	55%	114
Terminus Dance*	Spring	142	18%	26	34%	48	48%	68
Black Jacket Symphony: Fleetwood Mac†	Spring	481	8%	38	36%	175	56%	268
The Voices of El Shaddai†	Summer	179	13%	23	37%	67	50%	89
The Flying Karamazov Brothers†	Summer	405	23%	93	33%	134	44%	178
Bruce in the U.S.A.: Springsteen Tribute†	Summer	722	22%	159	39%	285	39%	278
TOTAL		3,994	18%	710	34%	1,359	48%	1,925
TOTAL VISUAL ARTS (FREE)	Winter	0			ALL VIR	TUAL		
TOTAL OUTREACH (FREE)‡	Winter	2,294	30%	688	33%	757	37%	849
GRAND TOTAL		19,065	30%	5,754	32%	6,187	37%	7,124

<sup>\*</sup>State of SC limited house capacity at 50% †Limited house capacity at 60-75% ‡State of SC limited large, outdoor gatherings to 250

2019-2020		ſ	> 50 N	liles	Off Isl	and	On Isla	and
		Total Paid						
THEATER	Season	Attending	%	Total	%	Total	%	Total
Murder on the Orient Express	Fall	6,093	26%	1,580	32%	1,953	42%	2,560
Kiss Me, Kate	Holiday	6,576	20%	1,286	36%	2,357	45%	2,933
Neil Simon's Rumors	Winter	7,170	27%	1,929	32%	2,296	41%	2,945
Kinky Boots	Spring	POSTPONED	GC	OVERNOR E	XECUTIVE OR	DER COVID	-19 CLOSURE	
Footloose	Summer	CANCELLED	GC	OVERNOR E	XECUTIVE OR	DER COVID	-19 CLOSURE	
TOTAL		19,839	24%	4,795	33%	6,606	43%	8,438

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

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

2018-2019		Total Paid	> 50 N	1iles	Off Isl	and	On Isla	and
THEATER	Season	Attending	%	Total	%	Total	%	Total
Amadeus	Fall	5,135	19%	969	38%	1,926	44%	2,240
An American in Paris	Holiday	7,761	19%	1,488	34%	2,620	47%	3,653
Blithe Spirit	Winter	5,683	29%	1,621	32%	1,799	40%	2,263
A Chorus Line	Spring	9,593	24%	2,290	34%	3,304	42%	3,999
Legally Blonde	Summer	9,299	30%	2,786	29%	2,667	41%	3,846
TOTAL		37,471	24%	9,154	33%	12,316	43%	16,001
PRESENTING								
Mother's Finest	Fall	282	18%	51	33%	93	49%	138
Stanley Jordan	Fall	231	11%	25	13%	30	76%	176
Ballet Memphis	Winter	333	24%	80	18%	61	58%	192
Rita Rudner	Winter	698	30%	211	26%	179	44%	308
Celtic Nights	Spring	1,022	42%	427	23%	235	35%	360
Get the Led Out	Spring	990	28%	282	32%	314	40%	394
Henry Cho	Summer	602	11%	66	29%	173	60%	363
Rebel, Rebel - David Bowie	Summer	540	20%	107	23%	125	57%	308
Kenny Cetera's Chicago Experience	Summer	1,265	13%	166	40%	509	47%	590
TOTAL		5,963	24%	1,415	29%	1,719	47%	2,829
TOTAL VISUAL ARTS (FREE)	Winter	390	15%	58	25%	98	60%	234
TOTAL OUTREACH (FREE)	Winter	6,598	35%	2,308	30%	1,979	35%	2,311
GRAND TOTAL		50,422	26%	12,935	32%	16,112	42%	21,375
			> 50 Miles					
2017-2018		Total Paid	> 50 N	1iles	Off Isl	and	On Isla	and
2017-2018 THEATER	Season	Total Paid Attending		1iles Total		and Total	On Isla	and Total
	<b>Season</b> Fall		> <b>50 M</b> % 21%		<b>Off Isl %</b> 35%			
THEATER		Attending	%	Total	%	Total	%	Total
THEATER The Color Purple	Fall	Attending 4,794	<b>%</b> 21%	<b>Total</b> 1,022	<b>%</b> 35%	<b>Total</b> 1,654	<b>%</b> 44%	<b>Total</b> 2,118
THEATER The Color Purple Newsies	Fall Holiday	Attending 4,794 7,622	% 21% 19%	<b>Total</b> 1,022 1,443	% 35% 34%	<b>Total</b> 1,654 2,558	<b>%</b> 44% 48%	<b>Total</b> 2,118 3,621
THEATER The Color Purple Newsies Dial M for Murder	Fall Holiday Winter	Attending 4,794 7,622 6,092	% 21% 19% 26%	Total 1,022 1,443 1,561	% 35% 34% 31%	Total 1,654 2,558 1,918	% 44% 48% 43%	Total 2,118 3,621 2,613
THEATER The Color Purple Newsies Dial M for Murder Evita	Fall Holiday Winter Spring	Attending 4,794 7,622 6,092 7,340	% 21% 19% 26% 19%	Total 1,022 1,443 1,561 1,386	% 35% 34% 31% 38%	Total 1,654 2,558 1,918 2,759	% 44% 48% 43% 44%	Total 2,118 3,621 2,613 3,195
THEATER The Color Purple Newsies Dial M for Murder Evita Saturday Night Fever	Fall Holiday Winter Spring	Attending 4,794 7,622 6,092 7,340 9,603	% 21% 19% 26% 19% 22%	Total 1,022 1,443 1,561 1,386 2,150	% 35% 34% 31% 38% 36%	Total 1,654 2,558 1,918 2,759 3,421	% 44% 48% 43% 44% 42%	Total 2,118 3,621 2,613 3,195 4,032
THEATER The Color Purple Newsies Dial M for Murder Evita Saturday Night Fever	Fall Holiday Winter Spring	Attending 4,794 7,622 6,092 7,340 9,603	% 21% 19% 26% 19% 22%	Total 1,022 1,443 1,561 1,386 2,150	% 35% 34% 31% 38% 36%	Total 1,654 2,558 1,918 2,759 3,421	% 44% 48% 43% 44% 42%	Total 2,118 3,621 2,613 3,195 4,032
THEATER The Color Purple Newsies Dial M for Murder Evita Saturday Night Fever TOTAL	Fall Holiday Winter Spring	Attending 4,794 7,622 6,092 7,340 9,603	% 21% 19% 26% 19% 22%	Total 1,022 1,443 1,561 1,386 2,150	% 35% 34% 31% 38% 36%	Total 1,654 2,558 1,918 2,759 3,421	% 44% 48% 43% 44% 42%	Total 2,118 3,621 2,613 3,195 4,032
THEATER The Color Purple Newsies Dial M for Murder Evita Saturday Night Fever TOTAL  PRESENTING	Fall Holiday Winter Spring Summer	Attending 4,794 7,622 6,092 7,340 9,603 35,451	% 21% 19% 26% 19% 22% 21%	Total 1,022 1,443 1,561 1,386 2,150 7,562	% 35% 34% 31% 38% 36% 35%	Total 1,654 2,558 1,918 2,759 3,421 12,310	% 44% 48% 43% 44% 42% 44%	Total 2,118 3,621 2,613 3,195 4,032 15,579
THEATER The Color Purple Newsies Dial M for Murder Evita Saturday Night Fever TOTAL  PRESENTING Hotel California	Fall Holiday Winter Spring Summer	Attending 4,794 7,622 6,092 7,340 9,603 35,451	% 21% 19% 26% 19% 22% 21%	Total 1,022 1,443 1,561 1,386 2,150 7,562	% 35% 34% 31% 38% 36% 35%	Total 1,654 2,558 1,918 2,759 3,421 12,310	% 44% 48% 43% 44% 42% 44%	Total 2,118 3,621 2,613 3,195 4,032 15,579
THEATER The Color Purple Newsies Dial M for Murder Evita Saturday Night Fever TOTAL  PRESENTING Hotel California John Pizzarelli Quartet	Fall Holiday Winter Spring Summer  Fall Fall Fall Winter	Attending 4,794 7,622 6,092 7,340 9,603 35,451	% 21% 19% 26% 19% 22% 21% 8% 18% 16% 20%	Total 1,022 1,443 1,561 1,386 2,150 7,562  80 57	% 35% 34% 31% 38% 36% 35%	Total 1,654 2,558 1,918 2,759 3,421 12,310  401 84	% 44% 48% 43% 44% 42% 44%	Total 2,118 3,621 2,613 3,195 4,032 15,579
THEATER The Color Purple Newsies Dial M for Murder Evita Saturday Night Fever TOTAL  PRESENTING Hotel California John Pizzarelli Quartet Ailey II Pilobolus Dance Celtic Tenors	Fall Holiday Winter Spring Summer  Fall Fall Fall Winter Spring	Attending 4,794 7,622 6,092 7,340 9,603 35,451  1,049 311 612 663 1,048	% 21% 19% 26% 19% 22% 21% 8% 18% 16% 20% 37%	Total 1,022 1,443 1,561 1,386 2,150 7,562  80 57 96 131 388	% 35% 34% 31% 38% 36% 35% 38% 27% 31% 29% 21%	Total 1,654 2,558 1,918 2,759 3,421 12,310  401 84 190 192 216	\$\\ 44\% 48\% 43\% 44\% 42\% 44\% 54\% 55\% 53\% 51\% 42\%	Total 2,118 3,621 2,613 3,195 4,032 15,579  568 170 326 340 444
THEATER The Color Purple Newsies Dial M for Murder Evita Saturday Night Fever TOTAL  PRESENTING Hotel California John Pizzarelli Quartet Ailey II Pilobolus Dance Celtic Tenors Black Jacket Symphony - Queen	Fall Holiday Winter Spring Summer  Fall Fall Fall Winter Spring Spring	Attending 4,794 7,622 6,092 7,340 9,603 35,451  1,049 311 612 663 1,048 1,031	% 21% 19% 26% 19% 22% 21% 8% 18% 16% 20% 37% 31%	Total 1,022 1,443 1,561 1,386 2,150 7,562  80 57 96 131 388 317	% 35% 34% 31% 38% 36% 35% 38% 27% 31% 29% 21% 22%	Total 1,654 2,558 1,918 2,759 3,421 12,310  401 84 190 192 216 223	\$\\ 44\% 48\% 43\% 44\% 42\% 44\% 54\% 55\% 53\% 51\% 42\% 48\%	Total 2,118 3,621 2,613 3,195 4,032 15,579  568 170 326 340 444 491
THEATER The Color Purple Newsies Dial M for Murder Evita Saturday Night Fever TOTAL  PRESENTING Hotel California John Pizzarelli Quartet Ailey II Pilobolus Dance Celtic Tenors Black Jacket Symphony - Queen Cirque-tacular	Fall Holiday Winter Spring Summer  Fall Fall Fall Winter Spring Spring Spring	Attending 4,794 7,622 6,092 7,340 9,603 35,451  1,049 311 612 663 1,048 1,031 597	8% 18% 21% 26% 19% 22% 21% 88% 18% 16% 20% 37% 31%	Total 1,022 1,443 1,561 1,386 2,150 7,562  80 57 96 131 388 317 184	35% 34% 31% 38% 36% 35% 38% 27% 31% 29% 21% 22% 24%	Total 1,654 2,558 1,918 2,759 3,421 12,310  401 84 190 192 216 223 141	\$\\ 44\% 48\% 43\% 44\% 42\% 44\% 54\% 55\% 53\% 51\% 42\% 48\% 46\%	Total 2,118 3,621 2,613 3,195 4,032 15,579  568 170 326 340 444 491 272
THEATER The Color Purple Newsies Dial M for Murder Evita Saturday Night Fever TOTAL  PRESENTING Hotel California John Pizzarelli Quartet Ailey II Pilobolus Dance Celtic Tenors Black Jacket Symphony - Queen Cirque-tacular Louie Anderson	Fall Holiday Winter Spring Summer  Fall Fall Fall Winter Spring Spring Spring Summer	1,049 1,048 1,031 597 541	% 21% 19% 26% 19% 22% 21% 8% 18% 16% 20% 37% 31% 12%	Total 1,022 1,443 1,561 1,386 2,150 7,562  80 57 96 131 388 317 184 66	% 35% 34% 31% 38% 36% 35% 38% 27% 31% 29% 21% 22% 24% 28%	Total 1,654 2,558 1,918 2,759 3,421 12,310  401 84 190 192 216 223 141 154	\$\\ 44\% 48\% 43\% 44\% 42\% 44\% 45\% 55\% 55\% 51\% 42\% 48\% 46\% 59\%	Total 2,118 3,621 2,613 3,195 4,032 15,579  568 170 326 340 444 491 272 321
THEATER The Color Purple Newsies Dial M for Murder Evita Saturday Night Fever TOTAL  PRESENTING Hotel California John Pizzarelli Quartet Ailey II Pilobolus Dance Celtic Tenors Black Jacket Symphony - Queen Cirque-tacular Louie Anderson CSN Songs	Fall Holiday Winter Spring Summer  Fall Fall Fall Winter Spring Spring Spring	Attending 4,794 7,622 6,092 7,340 9,603 35,451  1,049 311 612 663 1,048 1,031 597 541 1,040	% 21% 19% 26% 19% 22% 21% 8% 18% 16% 20% 37% 31% 12% 13%	Total 1,022 1,443 1,561 1,386 2,150 7,562  80 57 96 131 388 317 184 66 133	% 35% 34% 31% 38% 36% 35% 38% 27% 31% 29% 21% 22% 24% 28% 36%	Total 1,654 2,558 1,918 2,759 3,421 12,310  401 84 190 192 216 223 141 154 379	\$\\ 44\% 48\% 43\% 44\% 42\% 44\%  54\% 55\% 53\% 51\% 42\% 48\% 46\% 59\% 51\%	Total 2,118 3,621 2,613 3,195 4,032 15,579  568 170 326 340 444 491 272 321 528
THEATER The Color Purple Newsies Dial M for Murder Evita Saturday Night Fever TOTAL  PRESENTING Hotel California John Pizzarelli Quartet Ailey II Pilobolus Dance Celtic Tenors Black Jacket Symphony - Queen Cirque-tacular Louie Anderson	Fall Holiday Winter Spring Summer  Fall Fall Fall Winter Spring Spring Spring Summer	1,049 1,048 1,031 597 541	% 21% 19% 26% 19% 22% 21% 8% 18% 16% 20% 37% 31% 12%	Total 1,022 1,443 1,561 1,386 2,150 7,562  80 57 96 131 388 317 184 66	% 35% 34% 31% 38% 36% 35% 38% 27% 31% 29% 21% 22% 24% 28%	Total 1,654 2,558 1,918 2,759 3,421 12,310  401 84 190 192 216 223 141 154	\$\\ 44\% 48\% 43\% 44\% 42\% 44\% 45\% 55\% 55\% 51\% 42\% 48\% 46\% 59\%	Total 2,118 3,621 2,613 3,195 4,032 15,579  568 170 326 340 444 491 272 321
THEATER The Color Purple Newsies Dial M for Murder Evita Saturday Night Fever TOTAL  PRESENTING Hotel California John Pizzarelli Quartet Ailey II Pilobolus Dance Celtic Tenors Black Jacket Symphony - Queen Cirque-tacular Louie Anderson CSN Songs	Fall Holiday Winter Spring Summer  Fall Fall Fall Winter Spring Spring Spring Summer	Attending 4,794 7,622 6,092 7,340 9,603 35,451  1,049 311 612 663 1,048 1,031 597 541 1,040	% 21% 19% 26% 19% 22% 21% 8% 18% 16% 20% 37% 31% 12% 13%	Total 1,022 1,443 1,561 1,386 2,150 7,562  80 57 96 131 388 317 184 66 133	% 35% 34% 31% 38% 36% 35% 38% 27% 31% 29% 21% 22% 24% 28% 36%	Total 1,654 2,558 1,918 2,759 3,421 12,310  401 84 190 192 216 223 141 154 379	\$\\ 44\% 48\% 43\% 44\% 42\% 44\%  54\% 55\% 53\% 51\% 42\% 48\% 46\% 59\% 51\%	Total 2,118 3,621 2,613 3,195 4,032 15,579  568 170 326 340 444 491 272 321 528
THEATER The Color Purple Newsies Dial M for Murder Evita Saturday Night Fever TOTAL  PRESENTING Hotel California John Pizzarelli Quartet Ailey II Pilobolus Dance Celtic Tenors Black Jacket Symphony - Queen Cirque-tacular Louie Anderson CSN Songs TOTAL  TOTAL VISUAL ARTS (FREE)	Fall Holiday Winter Spring Summer  Fall Fall Winter Spring Spring Spring Summer Summer  Winter	Attending 4,794 7,622 6,092 7,340 9,603 35,451  1,049 311 612 663 1,048 1,031 597 541 1,040 6,892	% 21% 19% 26% 19% 22% 21% 8% 18% 16% 20% 37% 31% 31% 12%	Total 1,022 1,443 1,561 1,386 2,150 7,562  80 57 96 131 388 317 184 66 133 1,452	% 35% 34% 31% 38% 36% 35%  38% 27% 31% 29% 21% 22% 24% 28% 36% 29%	Total 1,654 2,558 1,918 2,759 3,421 12,310  401 84 190 192 216 223 141 154 379 1,980	\$\\ 44\% 48\% 43\% 44\% 42\% 44\%  54\% 55\% 51\% 42\% 48\% 46\% 59\% 51\% 50\%	Total 2,118 3,621 2,613 3,195 4,032 15,579  568 170 326 340 444 491 272 321 528 3,460  302
THEATER The Color Purple Newsies Dial M for Murder Evita Saturday Night Fever TOTAL  PRESENTING Hotel California John Pizzarelli Quartet Ailey II Pilobolus Dance Celtic Tenors Black Jacket Symphony - Queen Cirque-tacular Louie Anderson CSN Songs TOTAL	Fall Holiday Winter Spring Summer  Fall Fall Winter Spring Spring Spring Summer Summer	Attending 4,794 7,622 6,092 7,340 9,603 35,451  1,049 311 612 663 1,048 1,031 597 541 1,040 6,892	% 21% 19% 26% 19% 22% 21% 8% 18% 16% 20% 37% 31% 31% 12%	Total 1,022 1,443 1,561 1,386 2,150 7,562  80 57 96 131 388 317 184 66 133 1,452	% 35% 34% 31% 38% 36% 35%  38% 27% 31% 29% 21% 22% 24% 28% 36% 29%	Total 1,654 2,558 1,918 2,759 3,421 12,310  401 84 190 192 216 223 141 154 379 1,980	\$\\ 44\% 48\% 43\% 44\% 42\% 44\%  54\% 55\% 53\% 51\% 42\% 48\% 46\% 59\% 51\%	Total 2,118 3,621 2,613 3,195 4,032 15,579  568 170 326 340 444 491 272 321 528 3,460

# ARTS CENTER OF COASTAL CAROLINA TOURISM IMPACT: FY2022-2023 ELIGIBLE TOURISM FUNDS PER PROGRAM AND MARKETING BUDGET

The following outline details the major program areas and the portion of their visitor-related expenses that have generated the greatest impact on tourism during FY2022-2023. This budget covers expenses for the fiscal year period of 9/1/22-8/31/23.

PROGRAM BUDGET F		T	Filmini A
PROGRAM	FY 2022-23	Tourism %	Eligible \$
Theater Series - 136 performances	\$1,697,958	27%	\$ 458,449
Presenting Series -14 performances	\$ 131,897	28%	\$ 36,931
Outreach Festivals - 2 festivals	\$6,309	33%	
Outreach restivals - 2 lestivals	φο,309	33%	\$ 2,082
Total Estimated Tourism Program Expense	\$ 1,836,164		\$497,462
MARKETING BUDGET F	Y 2022-23		
	FY 2022-23	ML %	Mainland
BROADCAST - Radio & TV			
DBC Radio			
Y107, New Country BOB 106.9, Big 98.3, 103.1 The Drive,			
93.5 Island, Rock 106.1; 3 radio stations in Myrtle Beach area	28,255	65%	17,615
Lowcountry Radio (HH, Bluffton, Beaufort, Parris Island, Sun City)	2, 22		,
The Surf 104.9, SC 103, 97.3, 99.1, 106.5	27550	65%	17,875
WHHI	10000	65%	6,500
BROADCAST - Radio & TV: TOTAL	\$ 65,805		\$ 41,990
	,		•
PRINT MEDIA ADVERTISING			
The Island Packet/ Beaufort Gazette	79,550	60%	47,730
HH Monthly (through December)	16,000	50%	8,000
Hilton Head Island Magazine (March - August)	12,000	50%	6,000
Celebrate Bluffton/HH	25,000	60%	15,000
Chamber of Commerce Vacation Guide	3,932	100%	3,932
Bluffton Sun & HH Sun	10,650	50%	5,325
Island Events	29,000	90%	26,100
Taste of Hilton Head	3,500	90%	3,150
Pink Magazine	15,000	50%	7,500
Fork & Fun	2,100	25%	525
Big Fat Coupon Book	475	60%	285
The Menu Guide	1,600	80%	1,280
Beaufort County Seniors Directory	3,400	25%	850
Regional:			ı
Savannah Scene Magazine	4,500	100%	4,500
Footlight Players - Program Insert - Charleston	1,000	100%	1,000
Savannah Morning News	5,100	75%	3,825
Sun Saver Digest - Lowcountry & Savannah	1,600	24%	384
PRINT MEDIA TOTAL:	\$ 214,407		\$135,386
DIGITAL			
Website/Hosting, Domain, Social Media Coord., Access Services	14,446	75%	10,835
Email Advertising	4,300	40%	1,720
Airport LED Screen	1,500	60%	900
Island Packet Digital	8,300	75%	6,225

Includes national website ads for Garden & Gun, Southern Living,			
Better Homes & Garden, The State & The Charlotte Observer			_
Chamber Digital: Website, "See & Do" and premium placement etc.	11,900	75%	8,925
Connect Savannah	1,825	90%	1,643
Social Media Advertising	19,880	45%	8,946
DIGITAL MEDIA MARKETING TOTAL	\$ 62,151		\$ 39,193
COLLATERAL ARTS CENTER MARKETING MATERIAL/PROMOTION			
Printing & Mailing Season Materials	9,500	70%	6,650
Printing, Mailing & Distribution of Promo Rack Cards	5,400	75%	4,050
OnCenter Printing & Digital	63,000	40%	25,200
Playbill Inserts	17,450	40%	6,980
Hospitality/Concierge Events	4,925	100%	4,925
Signage	6,100	50%	3,050
SC Welcome Centers throughout the state (rack cards, etc)	1,975	95%	1,876
Photography/Videography	8,180	30%	2,454
COLLATERAL MATERIAL TOTAL:	\$ 116,530		\$ 55,185
MARKETING TOTAL	\$ 458,893	-	\$ 271,754
TOTAL ELIGIBLE PROGRAMMING & MARKETING			769,216

# 1. Eligible Facility and Overhead expenses totaling \$157,401

- a. Theater: 27% of \$469,760 totaling \$126,835 eligible
- b. Presenting: 28% of \$56,371 totaling \$15,784 eligible
- c. Visual Arts: 0% of \$12,527 totaling \$0 eligible
- d. Outreach Festivals: 33% of \$12,527 totaling \$4,134 eligible
- e. Rentals: 34% of \$31,317 totaling \$10,648 eligible

# 2. Eligible Program administrative expenses totaling \$374,328

- a. Theater: 27% of \$934,970 totaling \$252,442 eligible
- b. Presenting: 28% of \$271,991 totaling \$76,158 eligible
- c. Visual Arts: 0% of \$16,999 totaling \$0 eligible
- d. Outreach Festivals: 33% of \$50,998 totaling \$16,829 eligible
- e. Rentals: 34% of \$84,997 totaling \$28,899 eligible

## 3. The eligible but not included:

Facility and Overhead expenses of \$157,401 Program Administrative expenses of \$374,328

**Totaling \$531,729** 

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

### ARTS CENTER OF COASTAL CAROLINA

Town of Hilton Head Office of Cultural Affairs

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

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

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

FY 2022-2023 TOTAL 50+ MILES RADIUS TOURISM ECONOMIC IMPACT SUMMARY									
	TOTAL EXPENDITURES	FTE JOBS	HOUSEHOLD INCOME	LOCAL GOV'T REVENUE	STATE GOV'T REVENUE				
ORGANIZATION	\$1,354,134	35.2	\$917,453	\$30,197	\$95,819				
AUDIENCES	\$668,044	14.6	\$332,225	\$26,000	\$78,976				
TOTALS	\$2,022,178	49.8	\$1,249,678	\$56,197	\$174,795				
GRAND TOTAL	\$3,502,848								

	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$1,323,232	34.4	\$896,516	\$29,508	\$93,632
AUDIENCES	\$580,685	12.7	\$288,780	\$22,600	\$68,649
TOTALS	\$1,903,917	47.1	\$1,185,297	\$52,108	\$162,280

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

	TOTAL	MPACT SUMN FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$913,747	23.8	\$619,082	\$20,377	\$64,657
AUDIENCES	\$419,663	9.2	\$208,702	\$16,333	\$49,613
TOTALS	\$1,333,409	32.9	\$827,784	\$36,710	\$114,269

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

	TOTAL EXPENDITURES	FTE JOBS	HOUSEHOLD INCOME	LOCAL GOV'T REVENUE	STATE GOV'T REVENUE
ORGANIZATION	\$1,033,069	26.9	\$699,925	\$23,037	\$73,100
AUDIENCES	\$601,784	13.2	\$299,273	\$23,421	\$71,143
TOTALS	\$1,634,853	40.0	\$999,198	\$46,459	\$144,243

6 FISCAL YEARS TOTAL								
TOTAL 50+ MILES RADIUS TOURISM ECONOMIC IMPACT SUMMARY								
TOTAL FTE HOUSEHOLD LOCAL GOV'T STATE GO								
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE			
ORGANIZATION	\$6,858,719	\$178	\$4,646,920	\$152,949	\$485,323			
AUDIENCES	\$3,258,466	\$71	\$1,620,468	\$126,820	\$385,216			
TOTALS	\$10,117,186	249.7	\$6,267,387	\$279,769	\$870,539			
GRAND TOTAL	\$17,534,881							

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

### ARTS CENTER OF COASTAL CAROLINA

Town of Hilton Head Office of Cultural Affairs

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

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

(NOTE: This information is extrapolated per the Hilton Head Island calculator based on Arts Center total attendance and participants in all performances and programs.)

TOTAL OVERALL ECON	OMIC IMPACT SUMMARY TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE
ORGANIZATION	\$4,836,193	125.7	\$3,276,617	\$107,847	\$342,209
AUDIENCES	\$2,878,306	63.0	\$1,431,410	\$112,024	\$340,273
TOTALS	\$7,714,499	188.8	\$4,708,028	\$219,871	\$682,482
GRAND TOTAL	\$13,324,880				

TOTAL OVERALL ECON	OMIC IMPACT SUMMARY				
	TOTAL EXPENDITURES	FTE JOBS	HOUSEHOLD INCOME	LOCAL GOV'T REVENUE	STATE GOV'T REVENUE
ORGANIZATION	\$4,643,895	120.7	\$3,146,332	\$103,559	\$328,602
AUDIENCES	\$2,792,903	61.2	\$1,388,939	\$108,700	\$330,177
TOTALS	\$7,436,798	181.9	\$4,535,270	\$212,259	\$658,779
GRAND TOTAL	\$12,843,106				

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

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

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

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

6 FISCAL YEARS TOTAL								
TOTAL OVERALL ECONOMIC IMPACT SUMMARY								
	TOTAL	FTE	HOUSEHOLD	LOCAL GOV'T	STATE GOV'T			
	EXPENDITURES	JOBS	INCOME	REVENUE	REVENUE			
ORGANIZATION	\$25,561,477	\$665	\$17,318,412	\$570,021	\$1,808,730			
AUDIENCES	\$16,170,335	\$354	\$8,041,670	\$629,349	\$1,911,657			
TOTALS	\$41,731,812	1,018.7	\$25,360,081	\$1,199,370	\$3,720,387			
GRAND TOTAL	\$72,011,651							

Internal Revenue Service

Department of the Treasury

P. O. Box 2508 Cincinnati, OH 45201

Date: December 4, 2002

Person to Contact:

Ms. Benson #31-07273
Contact Representative

Toll Free Telephone Number:

8:00 a.m. to 6:30 p.m. EST 877-829-5500

Fax Number: 513-263-3756

Federal Identification Number:

57-1035817

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

## Dear Sir:

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

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

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

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

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

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

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

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

Arts Center of Coastal Carolina 57-1035817

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

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

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

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

This letter affirms your organization's exempt status.

Sincerely,

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

John & Fights