# 2025 Accommodations Tax Funds Request Application

Organization Name: Art League of Hilton Head

Project/Event Name: ATAX Application

### **Executive Summary**

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

### 2025

## **Accommodations Tax Funds Request Application**

Date Received: 09/04/2024 Time Received: 03:50 PM By: Online Submittal

Applications will not be accepted if submitted after 4 pm on September 6, 2024

#### A. SUMMARY OF GRANT REQUEST:

**ORGANIZATION NAME:** Art League of Hilton Head

Project/Event Name: ATAX Application

Contact Name: Kristen McIntosh Title: Executive Director

Address: PO Box 22834, Hilton Head Island, SC 29925

**Email Address:** 

Event Date: 2025

director@artleaguehhi.org

Contact Phone: 843-681-5060

Event Location: Art League of Hilton Head Gallery and

Academy

**Total Budget:** \$555,868.00

Grant Requested: \$80,000.00

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

Art League of Hilton Head (ALHH) will use the ATAX grant funds to:

- Promote our monthly changing exhibits, special events, and art classes.
- Create and distribute valuable information to attract the local community and tourists to our Academy and Gallery.
- Create and distribute national advertising for ALHH art classes, highlighting Hilton Head as an inspiring creative destination.
- Promote and advertise special events with partner organizations and organizational events, such as bringing back our popular Studio Tours, which began in 1977.

Through these marketing expenditures, ALHH aims to foster community engagement and promote Hilton Head Island's vibrant art culture.

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)

Art League of Hilton Head promotes and preserves visual arts in the Hilton Head Island community. Our gallery features over 250 local artists and is open daily, providing an extensive collection of artwork that enhances the tourism experience of the island. Additionally, our Academy attracts distinguished guest instructors from across the US to teach classes, further enriching the region's cultural landscape. Our classes and workshops are designed to accommodate students of all skill levels and media preferences, ensuring that anyone can participate in and benefit from the visual arts. The impact is measured by attendance and sales data.

A. Total Number of Physical Tourists Served: 8424

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: 5444

  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: 7842

  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): 21710

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

Art League of Hilton Head employees gather zip codes from everyone who visits our gallery and from students participating in our classes so that we can gain valuable insight into the diverse backgrounds of our attendees. This data is essential in guiding our outreach efforts. Additionally, we partner with various organizations for special events, collecting attendance data to assess the reach and impact of our collaborative initiatives. Our additional pop-up art exhibits throughout the community reached 23,000 individuals across Hilton Head Island and beyond.

#### **B. DESCRIPTION OF OPERATIONS:**

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

Our mission is inspiring visual arts for our community and its visitors through exhibitions, education, and partnerships.

Art League of Hilton Head operates a synergistic art gallery and teaching art Academy that welcomes artists and students of all levels for classes in various media. Member artists exhibit and sell their work from our professional gallery. Tourists and residents enjoy art

produced by over 250 Lowcountry artists in one location. ALHH runs year-round classes at our Academy, which include programs in painting, pastels, drawing, mixed media, photography, printmaking, sculpture, and jewelry-making. Some tourists enhance their HHI experience by volunteering at ALHH Gallery or Academy.

ALHH provides an annual arts education scholarship to a local graduating high school senior to further their art education efforts. In 2023, we awarded our \$2,000 scholarship to Sophia Paris, who attends Tufts in Boston. In 2024, we awarded \$3,000 in scholarship funds to Karen McDonnell, who will attend Savannah College of Art & Design this fall.

ALHH partners with local businesses to expand our outreach and confirm that the visual arts are part of the community's fabric by displaying artists' work in their establishments. This collaboration expands the visual arts across the island and beyond.

ALHH partners with other local nonprofits to expand outreach and cross-promote both organizations.

ALHH offers our facilities free to local nonprofits for private events.

By hosting national juried exhibits at our gallery, we draw in an artistic tourist base from across the US.

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

Funds will be used in five areas:

- Online Marketing
  - to attract tourist attendance to our classes
  - to promote art exhibits to enhance visits to HHI
- Print Advertising
  - to increase tourist attendance and awareness of events and classes, especially workshops taught by nationally known guest instructors
- Design
  - to design eye-catching and professional advertisements to draw tourists to our events, exhibits, classes, and HHI
- Social Media Advertising
  - to promote events, exhibits, classes, partnerships, and HHI
- Printing and Postage
  - to print and deliver professional advertising materials for exhibits, classes, special events, partnership collaborations, and HHI.

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)

Partial funding would require ALHH to decrease its advertising, reducing its reach to tourists. In 2022 and 2023, over two-thirds of our daytime walk-in patrons were visitors and tourists. We expect this percentage to grow with our continued expansion of special events, classes, and national advertising.

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

Economic Impact of the Nonprofit Arts & Culture Industry Calculator Results from 2023: Industry impact: \$1,161,348, FT Jobs: 31, Household Incomes: \$616,491, Local Gov't: \$41,364, State Gov't: \$64,645.

The 2023 Biennale, a National juried Exhibition, received 639 entries from 297 artists from 36 states.

ALHH is Hilton Head Island's visual arts hub. The arts promote and preserve the island's culture.

ALHH is a leader in initiating and operating events with collaborative partners.

We provide unique and stimulating events and classes that attract visitors and tourists, such as art openings, fundraiser events, special classes, workshops, etc.

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

1 - Destination Advertising/Promotion  Advertising and promotion of tourism so as to develop and increase tourist attendence through the generation of publicity.	100	%
2 - Tourism-Related Events  Promotion of the arts and cultural events.	0	%
3 - Tourism-Related Facilities  Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.	0	%
4 - Tourism-Related Public Services The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.	0	%
5 - Tourist Public Transportation	0	%

Tourist shuttle transportation.

	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	%

- 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) Here are some ways ALHH collaborates with other community organizations:
    - Provide the most prominent visual arts exhibition space on the island, free and open to the public.
    - Provide low-cost studio space for local artists throughout the area
    - Provide exhibition space for NIBCAA's Gullah Celebration exhibit in February, plus a free prominent display wall in the gallery year-round
    - Host collaborative, often fundraising, exhibits with other nonprofits
    - ALHH artists provide the HH Symphony Orchestra with annual program artwork
    - The gallery is open 90 minutes before every ACCC performance
    - Donate the gallery space for local nonprofits
    - Pop-up galleries at St. Joseph Candler Medical Center and HHI Library
    - Donate gift certificates for artwork and classes to local nonprofit fundraisers
    - Partner with local community organizations to provide artwork or artists when needed, such as CultureHHI, Chamber, and the Women's Association of Hilton Head Island
    - Participate in CultureHHI and Town events to enhance the visual arts further
    - Host collaborative fundraising exhibits with open invites to community artists:
      - Since 2022, with Lifelong Learning of HHI
      - In 2024, we collaborated with Clemson Extention to have a unique tree exhibit
      - In 2023 and 2024, we hosted a collaborative fundraiser for Sea Turtle Patrol HHI
    - In 2023, we began partnering with Sea Pines and HH Plantation to offer on-site art classes.
  - (b) Art League of Hilton Head provides the island's only nonprofit teaching academy and gallery open to the public. We also host the island's only national juried exhibit, the *Biennale*, the oldest and longest-running juried show in the area.
- 7. Additional comments. (250 words or less)

Art League of Hilton Head takes our stewardship of ATAX funds very seriously. We believe in transparency and accountability, ensuring that every dollar is strategically spent and meticulously monitored for its impact. Our commitment to responsible resource management fosters trust within our community, allowing us to continue supporting the vibrant arts scene here on the island.

We are thrilled to announce the return of a beloved tradition in 2025—the artist studio tours! This cherished event was a core event in our early days and a highlight for locals and visitors.

We are also working to introduce an additional juried event that promises to elevate our local art scene and attract national attention. This initiative aligns perfectly with our mission to enrich the cultural fabric of Hilton Head and provide a platform for artists to shine.

To monitor our success, we closely monitor ALHH's cost per tourist. As cited below, our cost was very low pre-COVID, and we are slowly returning there. It is our goal that the two new events will help this initiative.

- 2017 \$4.85
- 2018 \$5.75
- 2019 \$5.28
- 2020 \$15.35
- 2021 \$14.07
- 2022 \$14.28
- 2023 \$8.90

#### C. FUNDING:

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

#### A summary of revenue for ALHH based on the last completed fiscal year, 2023:

Art Sales/ Class Tuition/ Got Art? Annual Fundraiser/ Collaborative Fundraisers/ Auction Income - \$304,569.15 **57.02**%

Exhibition Fees/ Membership Drives - \$60,110.00 **11.25%** 

Government Grants - \$96,868.00 18.14%

Grants - \$10,000 **1.87%** 

Individual Donations - \$39,239.31 7.35%

Corporate Donations - \$0 0.00%

Other Income (Donated art & supply sales, Call for Entry Fees, Raffles, Interest, and Memorial Donations) - \$23,356.45 **4.37**%

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

18.14	Government Sources	9.22	and Grants
0	Corporate Support, Sponsors	11.25	Membership, Dues, Subscriptions
57.02	Ticket Sales, or Sales and Services	4.37	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 \$21,868.00

Gaylord & Dorothy Donnelley \$10,000.00

#### D. FINANCIAL INFORMATION:

Fiscal Year Disclosure: Start Month: January End Month: December

#### **Financial Statement Requirements:**

1. The upcoming fiscal year's **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:

2022- Previous FY 1 2023- Previous FY 1

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:

2022 - Previous FY 1

2023 - Previous FY 1

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

2022 - Previous FY 2

#### E. FINANCIAL GUARANTEES AND PROCEDURES:

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

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

- 2. Indicate whether your organization follows Town procurement guidelines or has its own procurement guidelines which are utilized and followed in the 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 2023 or 2024 HHI ATAX funds

1. List any ATAX award amounts received in 2023 and/or 2024.

2022	\$95,000.00
2023	\$75,000.00
2024	\$75,000.00

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)

ATAX funds have been instrumental in enhancing the engagement of our community

members, visitors, and tourists to support local artists and cultural initiatives. In 2023, we used these funds to launch a comprehensive print and digital distribution campaign, ensuring our monthly exhibition information reached a wider audience. By implementing targeted advertising strategies, including a direct mail campaign for our classes and events, we effectively connected with art enthusiasts both near and far.

Purchasing landing pages and spotlight ads with the local Chamber allowed us to create unique advertisements showcasing our organization's vibrancy. We boosted visibility for our exhibitions, classes, and special events through paid advertising on social media platforms like Facebook and Instagram, significantly increasing engagement. Our digital marketing partner, Local IQ, utilized innovative techniques such as Geofencing and Targeted Display Ads to promote our exhibits.

We placed ads in every issue of Plein Air Magazine and executed unique email blast campaigns to reach tourists. We purchased display ads to advertise our classes. Our designer diligently updated our website monthly with fresh class and exhibit information, contributing to a remarkable 17.6% increase in website traffic in 2023, bringing us to 44,747 users.

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

Since our founding in 1972, Art League of Hilton Head has proudly stood as a beacon of creativity and cultural richness on Hilton Head Island. Artists from bustling urban centers have flocked to our shores, seeking inspiration from the island's unique heritage, stunning landscapes, and breathtaking waterways. Our gallery and Academy fulfill a vital role that no other organization on the island can match, serving as a hub for artistic exploration and community engagement.

Thanks to the generous support from ATAX marketing funds, ALHH has solidified its status as a nationally recognized arts organization. These resources promote the island's vibrant art scene to tourists and elevate the local artistic community. In 2023, we welcomed an unprecedented number of acclaimed instructors to our Academy, fostering an environment of learning and creativity that is second to none. Our prestigious juried show, Biennale, continues to garner national attention, showcasing the incredible talent of artists nationwide.

The momentum is palpable: our social media presence and website traffic are thriving, reflecting a growing interest in the arts. In recent years, our art sales and tuition have remained robust. Our membership continues flourishing, welcoming new community members who find their creative home within our vibrant fold.

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

Art League of Hilton Head measures its effectiveness through attendance and sales figures, the heartfelt connections it fosters, and the quality of artwork it showcases. Our exhibitions are more than mere displays; they are celebrations of creativity and collaboration. We take pride in engaging with our visitors and actively seek their feedback through various platforms, including Facebook, Trip Advisor, and Google. This invaluable input helps us refine our offerings and elevate the experience we provide.

Art League Academy thrives on participation and popularity. Students are invited to share their thoughts through satisfaction surveys at the end of each class. This commitment to listening empowers us to identify areas for improvement. It guides our expansion into diverse class types and instructors, ensuring that we cater to the evolving needs of our community and its tourists.

The professionalism with which we present our gallery is a testament to our dedication to visual excellence. Our trained staff meticulously curates each display, maximizing visual impact to enhance the viewer's experience. This attention to detail elevates the artwork, drives sales, and increases memberships.

#### 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: Kristen McIntosh

Title/Position: Executive Director

Mailing Address: PO Box 22834, Hilton Head Island, SC 29925

Email Address: director@artleaguehhi.org

Office Phone Number: 843-681-5060

Home Phone Number:

#### ATAX EFFECTIVENESS MEASUREMENT

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

#### DATA FROM 2023 BUDGET vs ACTUAL

TOPIC	THE PLAN	BUDG	ET	ACTUAL SP	PENT	RESULTS
						When possible, provide planned results vs. actual results
						and/or current year vs. prior year results .
Online Advertiseme	nts to Increase Tourist Attendance					
Online Marketing	Online marketing included ads with the Hilton Head Island-Bluffton Chamber of Commerce, Carolina Arts Digital Newsletter Ads, Hiltonhead.com listings, Targeted Display Ads through LocalIQ, Artshow.com promotion, website and CRM costs, 2023 Biennale Digital Calls for Art/ Exhibit ads, Plein Air Newsletter ads, and display ads on Outdoorpainter.com.	\$	21,558.00	\$ 18,80		<ul> <li>Chamber - Visitors to all ALHH ads are +17.6% YoY, resulting in 129,986 impressions and 745 clicks in 2023.</li> <li>LocalIQ 2023 targeted display ads resulted in 612,437 impressions.</li> <li>#30 of 89 things to do in HHI on Trip Advisor</li> <li>Plein Air Magazine's digital readership is over 10,000 households</li> <li>National call for entry ads attracted 639 entries</li> <li>OutdoorPainter.com Display ads resulted in 266,783 impressions and 363 clicks3.6% YoY</li> <li>Website users in 2023 was 44,747 +17.6% YoY</li> <li>136,793 page views on HiltonHead &amp; HiltonHeadIsland.com listings</li> </ul>
Total		\$ 2	21,558.00	\$ 18,86	62.31	

<b>Print Advertising to</b>	Increase Tourist Participation in Ev	ents & 0	Classes		
Print Advertising	Place ads in Plein Air Magazine, Bluffton Today, Lowcountry Weekly, Hilton Head Sun, Island Events Magazine, LocalLife Magazine, and Hilton Head Island/ Bluffton Chamber of Commerce Tourist Guide.	\$	27,835.00	\$ 33,701.27	<ul> <li>▶ Plein Air Magazine's readership is 22,000 households</li> <li>▶ Advertising in local publications promotes the gallery to locals, visitors &amp; tourists</li> <li>▶ Island Events distributes over 275,000 copies annually</li> </ul>
Total		\$	27,835.00	\$ 33,701.27	

Design Costs t	o Produce Marketing Materials			
Design	Work with a designer for website updates, Exhibit advertisements, class advertisements, & Special Ads plus software fees	\$ 8,807.00	\$ 4,619.76	▶ Design work for all marketing materials and website updates is cohesive and professional
Total		\$ 8,807.00	\$ 4,619.76	

Social Media Costs to A	Advertise					
	Thoughtfully curated Facebook ads geared at certain target audiences	φ	6,000.00	<b>\$</b>		<ul> <li>▶ Facebook ads in 2023 resulted in 865,660 impressions +30.3% YoY</li> <li>▶ Facebook "Followers" increased to 5,166 +19% YoY</li> </ul>
Total		\$	6,000.00	\$	4,942.99	

#### ATAX EFFECTIVENESS MEASUREMENT

TOPIC	THE PLAN		BUDGET	A	CTUAL SPENT	RESULTS
						When possible, provide planned results vs. actual results,
						and/or current year vs. prior year results .
Print and Posta	age Costs to Deliver Advertising Materia	ls				
Printing	Continued printing brochures, membership drive material, exhibition postcards, class schedules, signage, and special 2023 Biennale materials	\$	8,200.00	\$		▶ Printing of professional, eye-catching marketing materials via US Mail or for public distribution. These print materials supplement all of the above plus provide vital information for display at rest stops, retail shops, and more.
Postage		\$	2,600.00	\$	2,089.67	▶ Postage fees to mail materials
Total		\$	10,800.00	\$	13,096.70	
Total Budget to	Actual	\$	75,000.00	\$	75,223.03	

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Daily Log		Date:	16/23
Name:			
Gallery Shift Time:	)-4		
Day Shift Pre-Show	Reception		
Gallery Attendance:			
Pre-shows & Receptions: Use the clic	narks should be equal to the total zip co ker, no zip codes are required.	odes below.	Total:
HIT IM	MATH		23
Customer Zip Code Track	er:		
04607	29910		
43235	29910		
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Daily Log		Date://	7/23
Name: Lyncls1			
Gallery Shift Time: 10  Day Shift Pre-Show  Gallery Attendance:			2
Pre-shows & Receptions: Use the click	parks should be equal to the total zip cooker, no zip codes are required.	1	Total:
Customer Zip Code Track	er:		
29910	29928		
29910	29926		
79928	29926		
29928	08758		
29926	08758		
29926	29916		
29976	29910		
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118/2023		Total:									•										
Date:		es below.										,									
	0-4  e-Show Reception	Gallery Attendance:  Daytime: The total number of tally marks should be equal to the total zip codes below.  Pre-shows & Receptions: Use the clicker, no zip codes are required.	ij.																		
Daily Log	Gallery Shift Time:  Day Shift A Pre-Show	Gallery Attendance:  Daytime: The total number of tally ma Pre-shows & Receptions: Use the click	Customer Zip Code Tracker:	agass	42561	96pp6	29938	63130	966bP	29909	29902	29901	01 608	26926	atbbe	29 9 P	7693C	96 p 56			

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	mujay sa	αικε εμο <b>n</b> ης pe ednaן τ <mark>ο</mark> τμε τοταן <u>sib coqe</u>	Gallery Attendance:
		☐ Reception ☐	Day Shift A Pre-Show
		h	Gallery Shift Time:
		· · · · · · · · · · · · · · · · · · ·	Name: Lynds
CSOSTA	Date:		607 Aupa
E606/P1	1 1750		Daily Log

Daily Log	Date: 1/20/2023
Name: Lyndsi Caulder	
Gallery Shift Time: 10-4	
Day Shift Pre-Show Reception	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total zip codes below.  Pre-shows & Receptions: Use the clicker, no zip codes are required.	Tataly
THE THE THE	Total:
IN IN INC	
Customer Zip Code Tracker:	
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79978	

Daily Log Name: Smith	Date://_	21/23
Gallery Shift Time:  Day Shift Pre-Show Reception		
Gallery Attendance:  Daytime: The total number of tally marks should be equal to the total zip code.  Pre-shows & Receptions: Use the clicker, no zip codes are required.	les below.	Total
Customer Zip Code Tracker:		
29926		
79926		*
29928		4
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10223	>	
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Daily Log Name: Smith	Date: 1 - 22 - 23
Gallery Shift Time: 12-4	
Day Shift Pre-Show Reception	
Gallery Attendance:  Daytime: The total number of tally marks should be equal to the total zip codes below.  Pre-shows & Receptions: Use the clicker, no zip codes are required.	
Pre-snows & Receptions. Ose the clicker, no zip codes die required.	Total:
	(20)
Customer Zip Code Tracker:	
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		er:	Customer Zip Code Tracko
Total:	.wojaq sa	arks should be equal to the total zip codeser, no zip codes are required.	Daytime: The total number of tally m Pre-shows & Receptions: Use the click
			Gallery Attendance:
			Gallery Shift Time:  Day Shift X
		h-0	Name: LUNCIOI
	Date: /		Gon func
93/93	/   .5,50		Daily Log

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Daily Log	Date: 1/24/23
Name: Lyndsi Caulder	
Gallery Shift Time: 10-4	
Day Shift Pre-Show Reception	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total zip codes below.  Pre-shows & Receptions: Use the clicker, no zip codes are required.	Total:
THE HITH	(20)
MINIMIN IN	(00)
Customer Zip Code Tracker:	
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32779	
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29926	
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Name: Lyndsi Cauder  Gallery Shift Time: 10-4  Day Shift   Pre-Show   Reception    Gallery Attendance:    Doylime: The total number of tally marks should be equal to the total sip codes below.   Pre-shows & Receptions: Use the clicker, no sip codes are required.   Total: 13    Customer Zip Code Tracker:   29926	Daily Log	Date: 1/25/23
Gallery Shift Time: D-4 Day Shift Reception Reception Gallery Attendance:  Day Shift Reception Reception Gallery Attendance:  Day Shift Reception Reception Gallery Attendance:  Day Shift Reception: Use the clicker, no zip codes are required.  Total: 13  Customer Zip Code Tracker:  Q 9 9 0 0 2 10 14 2 9 9 3 8 1 2 5 8 5 2 6 5 0 8 3 0 0 1 9 3 0 0 1 9 3 0 0 0 9 3 0 0 0 9 3 0 0 0 9 3 0 0 0 9 3 0 0 0 9	Name: Lyndsi Caulder	
Day Shift Pre-Show Reception  Gallery Attendance:  Daytime: The total number of tally marks should be equal to the total zip codes below.  Pre-shows & Receptions: Use the clicker, no zip codes are required.  Total:  Q990(0 21014 29928 12585 26508 30019 30019 20008 29928		
Daytime: The total number of tally marks should be equal to the total zip codes below.  Pre-shows & Receptions: Use the clicker, no zip codes are required.  Total:  Q992(0  21014  29938  12585  26508  30019  30019  20008  29928		
Pre-shows & Receptions: Use the clicker, no zip codes are required.    Total:	Gallery Attendance:	
Customer Zip Code Tracker:  29926 21014 29928 12585 26508 30019 30019 20008 29928	Pre-shows & Receptions: Use the clicker, no zip codes are required.	Total:
Customer Zip Code Tracker:  2 992(0 21014 29928 12585 26508 30019 20008 29928	I HA THE III	(13)
29926 21014 29928 12585 26508 30019 30019 20008 29928		
21014 29928 12585 26508 30019 30019 20008 29928	Customer Zip Code Tracker:	
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21409	20008	
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Daily Log	$O_{-}$ ) $A_{-}$	Date:	26/23
Name: Lynds	Cavider		*
Gallery Shift Time:	<u>-4</u>		
Day Shift Pre-Show	Reception		
Gallery Attendance:			
Daytime: The total number of tally marks Pre-shows & Receptions' Use the clicker, n		les below.	Total:
THE THEIT			(16)
		-	100
Customer Zip Code Tracker:			
48377			
29909			
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29906			
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29902			

Daily Log		Date: 1/27/23
Name: Lyndsi	Caulder	
Gallery Shift Time:	0-4	
Day Shift Pre-Show	Reception	
Gallery Attendance:		
	narks should be equal to the total zip codes below.	4000
THE THE THE	LAME THAN	Total: `
IN IN IN	C III III III	(32)
Customer Zip Code Track	ær:	,
29928	55433	
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81623	55126	
29910	48323	
29926	48323	
18302	29926	
18307	2992Ce	
66006	02675	
66006	02675	
29928	20906	
29928	20906	
22928	20906	
28512		
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29928		
29978		
55433		
55126		

Daily Log Name:	Date:/	28/23
Gallery Shift Time: 10 -4	-	
Day Shift Pre-Show Reception		
Gallery Attendance:  Daytime: The total number of tally marks should be equal to the total zip codes below.  Pre-shows & Receptions: Use the clicker, no zip codes are required.		
THE SHOWS & RECEIPTIONS. USE THE CITIZEN, NO 21 COURS WE TENGHAND AND AND AND AND AND AND AND AND AND		Total:
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Customer Zip Code Tracker:		,
30046 29927		Advisor.
30033		
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Daily Log		Date:/	/8/23
Name: Sw	2 Smith		
Gallery Shift Time:	12-4		
Day Shift Pre-Show	Reception		
Gallery Attendance:			
	narks should be equal to the total zip coo	les below.	
[1]	ker, no zip codes dre reguired.		Total:
1.1			6/
Customer Zip Code Track	er:		
13021			
29803			
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Daily Log Date: 1/30/23				
Name: Lyndsi Caulder				
Gallery Shift Time:				
	ption			
Gallery Attendance:		2		
Daytime: The total number of tally marks should be equal Pre-shows & Receptions: Use the clicker, no zip codes are		Fotal:		
		$\sqrt{2}$		
Customer Zip Code Tracker:				

Name: Lynds: Caulder  Gallery Shift Time:
Gallery Shift Time:  Day Shift Pre-Show Reception  Gallery Attendance:  Daytime: The total number of tally marks should be equal to the total zip codes below.  Pre-shows & Receptions: Use the clicker, no zip codes are required.  Total:  2065  2065
Day Shift Pre-Show Reception  Gallery Attendance:  Daytime: The total number of tally marks should be equal to the total zip codes below.  Pre-shows & Receptions: Use the clicker, no zip codes are required.  Total:  Customer Zip Code Tracker:
Daytime: The total number of tally marks should be equal to the total zip codes below.  Pre-shows & Receptions: Use the clicker, no zip codes are required.  Total:  Customer Zip Code Tracker:
Daytime: The total number of tally marks should be equal to the total zip codes below.  Pre-shows & Receptions: Use the clicker, no zip codes are required.  Total:  Customer Zip Code Tracker:
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Daily Log	Date: $\frac{2/i/23}{}$
Name: Lyndsi	Lycha
Gallery Shift Time:	5:30-7:30-
Day Shift Pre-Show Reception	(100 min of
Gallery Attendance:	Evening = 22
Daytime: The total number of tally marks should be equal to the total zip Pre-shows & Receptions: Use the clicker, no zip codes are required.	
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## **Customer Zip Code Tracker:**

79978	29926	19444	
29928	082260		
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44094	@ 09223		
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44094	30327		
19123	30319		
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01860	20170		i i
01860	66473		*
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01860	94591		
29928	20003		
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44057	KOHIBA		
29928	12401		
29910	31419		
44.26	30344		
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Customer Zip Code Tracker:			
Daytime: The total number of tally marks should be equal to the total rip codes below.  Pre-shows & Receptions: Use the clicker, to zip codes are required.			
Gallery Attendance:			
Day Shift Pre-Show Reception			
- 08:1 -08:9 1	h-	Gallery Shiff Time:	
my/J		Name: LUNDS	
Date: 1/2/23		Daily Log	

Daily Log		Date: 0 3	3/23
Name: Lyndsi	2	Bydia	22
Gallery Shift Time:	0-4	1 5:30	7:30+ B
Day Shift Pre-Show	Reception		
Gallery Attendance:		A	
	arks should be equal to the total zip cooker, no zip codes are required.	les below.	Total:
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Customer Zip Code Tracke	er:		
79909	27597	49022 .	
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29909	19803	L33044	
30.341	60613	08618	
30341	53711	08618	
29926	31411	29909	
29926	31411	29928	
29926	31411	29928	
29926	45231	37973	
29909	29928		
29909	29928		
29909	29969		
29909	10308		
57718	19958		
29928	20619		
29928	27960		
79978	21784		
29978			
33785	24926		

Daily Log	Date: 2/4/22
Name: Since Smith	
Gallery Shift Time: 10-4	
Day Shift Pre-Show Reception	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total zip co Pre-shows & Receptions: Use the clicker, no zip codes are required.	PreShow 53 Total:
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	17 11 11 11 11 11 11 11 11 11 11 11 11 1
Customer Zip Code Tracker:	7 1112-11
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Daily Log	Date: 2/4/33
Name: Dydin	
Name:  Gallery Shift Time:  Day Shift  Pre-Show  Reception	
Day Shift Pre-Show Reception	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total zip codes of Pre-shows & Receptions: Use the clicker, no zip codes are required.	Total:
Customer Zip Code Tracker:	
Katha Oda	

Customer Zip Code Tracker: Gallery Attendance:

Daytime: The total number of tally marks should be equal to the total zip codes below.

Pre-shows & Receptions: Use the clicker, no zip codes are required. Vame: Day Shift Pre-Show Gallery Shift Time: Daily Log かって 3 81007 9909 Reception L Date: Total:

Daily Log		Date: 2	16/23
Sallery Shift Time:	7-4		
Day Shift Pre-Show	Reception		
Gallery Attendance:			
Daytime: The total number of tally m Pre-shows & Receptions: Use the click	narks should be equal to the total zip codes below ker, no zip codes are required.		Total:
IM MM MLI			16
The contract of the contract o			(10)
Customer Zip Code Track	er:		
60087			
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Daily Log		Date:	7/23	
Name: Lynds !		Sysia _		
Gallery Shift Time: 10-4 5-30-7:36+				
Day Shift Pre-Show	Reception			
Gallery Attendance:				
Pre-shows & Receptions: Use the click		19/10	Total:	
M M M	MHM.	WI WI / 70	11 4	
	CHIN HIK . I		11-1	
Customer Zip Code Tracke	er:	,		
55906	53953	29926		
3992 29224	15090	29976		
79229	15090	29926		
29926	10920	87537		
29926	10920			
06351(2)	30253			
02126	30253			
02/26	56001		4	
60620	56001			
60620	37205			
10810	75205			
29926	3/203			
70810 139926 2045	37205 75205 43085			
18045	95670			
29910	95670			
29926	93085			
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	au:	Customer Zip Code Tracke
6P1 Paroparage (A)	ET III N	Pre-shows & Receptions: Use the chick
	arks should be equal to the total zip code	
	- uandasa.	1
	Reception	Day Shift Pre-Show
46-5	h-1	Gallery Shift Time:
		Mame: Lynchi
Date: 2/8/23		Daily Log

	Daily Log		Date: 2 9	23
	Name:		Ludia	
	Gallery Shift Time:	- Cl	5:30-	7:30+pm
	Day Shift Pre-Show			1.60. 1714
	Gallery Attendance:			
		arks should be equal to the total zip cod	des below.	
			les below.  Preshow	Total:
	ILIN WINKI	# TH # 34	1 80	
	Customer Zip Code Tracke	er:		
	19970	34134		
	19970	34139		
	19970	30030		
	08736	30030		b
	29928	30005		
-	07719	3000		
	19968	22901		
	19968	29928		
	34957	29926		
	34957	29928		
	29910	29928		
	29910	07423		
	21057	67423		
	21057	29928		
	29926	10940		
	60015	29978		
	29928	10940		
-	17365			
1	17365			

Daily Log		Date: 2/10	23
Name: Lyndsi			
Gallery Shift Time:	-4		
Day Shift Pre-Show	Reception		
Gallery Attendance:	56		
Pre-shows & Receptions: Use the clic	arks should be equal to the total zip co ker, no zip codes are required.	des below.	Total:
THI WITH	HI WHILL	/ }3	
THE THE	IN THE IN		
Customer Zip Code Track	er:	,	
31210	29926	48104	
31061	29926	48104	
27523	29926	48109	
27519	52601	29926	
1 27519	52601	29926	
78804	62221	12514	
28804	67971	60098	
N8N432	62271	60098	
49121	30281	13031	
29926	30281	30331 30331 30213 30296	
29926	29928	30331	
29909		30213	
29910	60462	50796	
29910	60467	16365	
18447	83001	16565	
18447	83001	20117	
13:045	29928	-	
13045	43110		
119690	29928		
49690	29928		

Daily Log  Name:			
Gallery Shift Time:			
Day Shift Pre-Show Reception			
Gallery Attendance:  Daytime: The total number of tally marks should be equal to the total zip codes below.			
Pre-shows & Receptions: Use the clicker, no zip codes are required.	Total:		
420 / 18	V= 1:		
Customer Zip Code Tracker:	E di		
29910			

Daily Log Date:	2-12-23			
Name:				
Gallery Shift Time: 12 - 4  Day Shift Pre-Show Reception   Gallery Attendance:				
Daytime: The total number of tally marks should be equal to the total zip codes below.  Pre-shows & Receptions: Use the clicker, no zip codes are required.	Total:			
Customer Zip Code Tracker:				
60134				
60134				
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29902				
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61319	*			
29924				
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Daily Log		Date:	/13/23
Name:			
Gallery Shift Time:	-4		
Day Shift Pre-Show			
Gallery Atlendance:			
	narks should be equal to the total zip cocker, no zip codes are required.	odes below.	
JINIII WI	HILL III		Total:
WHI II	" Marit		
Customer Zip Code Track	er:		
62236	8817		
6/607	11222		
19335	28712		
19335	28692		
32806			
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17402			
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10119454			
19454			3-
53051			
5 305			•
KUG ILO			
20175			
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45387			
413123			
43125			
9 5 125			

Daily Log		Date:	2/14/23
Name: Lyndsi			
	-4		
Day Shift Pre-Show	Reception		
Gallery Attendance:			
	arks should be equal to the total zip cooker, no zip codes are required.	des below.	Total:
I'M IN IN	HAMMAH		Total.
Till hill	- HAMPHATHAT (11)		(59)
Customer Zip Code Track	er:		
29926	54701	29928	
29928	12866	29676	
29926	19958	29676	
29926	12210	19150	
64157	19958	77489	~
5400	17210	77469	
54005	29909	80 29909	
54001	29977	29909	
64157	61525.	79909	
0681	29630 .	29544	
06811	29630	29544	
06798	29928	29544 29544	
06798	29926	29544	
29928	37204	60914	
22963	37204	60914	
1906]	02215	46074	
19067	3230	46074	
54701	32301	54313	
54701	48629	54313	
54720	48629		

Daily Log		Date: 2/1	5/23
Name: LUNCS		Lydin	
Gallery Shift Time: 10	-4	5:30-7.	30+
Day Shift Pre-Show	Reception		
Gallery Attendance:			
Daytime: The total number of tally m Pre-shows & Receptions: Use the clic	narks should be equal to the total zip co ker, no zip codes are required.	des below.	Total:
HIM WILL	H	94	126
THE THE	32	(4)	120
Customer Zip Code Track	er:		
29926	0 590		
29926	29928		
60620	63842		
60620	03842		
31302	34203		
29910	34203		
79927	QH1075		
31419	1280		
29902	7682329		
29920	7687329		
29920 29907 29926			
29926			
29926			
37640	•		
37640		7	
07010			
18708			
18708			
01590			

Daily Log			Date: 2/16	123
Name:	) \	7	Sydia	
Gallery Shi 7ft	) -4		5:30-	1:30+
Day Shift Pre-Show	Reception			
Gallery Attendance:				
	narks should be equal to the total zip	codes below.		
My HIL MI MI	30/0	10		Total:
THE ITHE THE				9126
Customer Zip Code Track	er:/			
63129	17710			
60000	23970			
48104	23 229			
48/04	23229			
17036	23970			
44004	23320			
29926	29910			
17036	05701			
44004	29927			
24060	29928			
24060	29928			
45206	29978			
45206	29978			
93235	39978			
71601	20191			
32701	20191			
7-8x 700 709	1			
32814				
32814				
19958				

Daily Log		Date: 2/17/	23
Vame: Lynds:		Zysis)	•
Gallery Shift Time:	)-4	5:30-7	JQ+
Day Shift Pre-Show	Reception		
Gallery Attendance:			
Daytime: The total number of tally m Pre-shows & Receptions: Use the clici	arks should be equal to the total zip cod ker, no zīp codes are required.	fles below.	Total:
HH WH W	35	// /	
HI WHITH THE	K /		
Customer Zip Code Track	er:		
53901	53545		
53901	30127		
29720	30127		
01730	30068		
61730	3064		
01730	31220		
10031	7/489		
43065	28209		
43065	28209		
30034	53211		
30034	4/3452		
64643	16801		
64043	16801		
29928	15767		
29928	15767		
02790			
02790			
29910			
29909			
29909			

No.

Daily Log		Date:	2-1	8-23
Name:	Smith			
Gallery Shift Time:	- Y.			
Day Shift Pre-Show	Reception	•		
Gallery Attendance:	e <sub>1</sub> .			
Daytime: The total number of tally ma Pre-shows & Receptions: Use the clicke		codes below. Bus		1
110	,,,	2003	X	Total:
75		35	^	
Customer Zip Code Tracke	r:		***************************************	1
32256	29928	15801		
32254	29936	1581		
03625	28078	03102		
79998	28078	03/02		
115:30	28078	01235		
19087	115.30	01238		
02534	11530	37205		
11530	19087	29928		_
29908	19061			
19087	37257			
40124	32250			
60120	29928			
47960	03002			
44720	03107			
29621	03107			
27621	49682			
20816	49682			
29926	48207			
20814	48 207			
29928	15801			

Daily Log		Date: 2-19-23		
ame: GIN	a + Lydia			
Gallery Shift Time:  Day Shift Pre-Show  Gallery Attendance:	narks should be equal to the total 🗝 e	codes below.	Total:	
0		. •		
Customer Zip Code Track	er:			
39929	80209			
29929	80209			
29929	00260			
29929	06 350			
29929	MYNIAZ			
29929	MUNIAZ			
7997U	31419			
2/40				
2000				
291(3)				
26.6.3)				
261,31				
21.631				
20Hdo				
33406		-		

Daily Log	$\cap$	Date:	20-23
<b>N</b> ame:	ydia		
Gallery Shift Time:	10a-4D.		
Day Shift Pre-Show			
Gallery Attendance:			
Daytime: The total number of tally man Pre-shows & Receptions: Use the clicker	ks should be equal to the total zip codes b r, no zip codes are required.	elow. II	Total:
Customer Zip Code Tracker	:		
29910	22408		
38202	31090		
20745			
20745			
31088			
31088			
148430			
48430			
48843			
48843			
0/120			
01720			
0/718			
29978			
29938		1.	
274138			
78873 48843 01720 01720 01728 29938 29938 29938 29938 29936 29936 29936 29936			
19980 BOXA			
79409			
33408			

Daily Log		Date:	21/23
rame: Lyncu.			
	-4		
Day Shift Pre-Show	Reception		
Gallery Attendance:	arks should be equal to the total zip codes	z holow	<del></del>
Pre-shows & Receptions: Use the clic	ker, no zip codes are required.	s below.	Total:
MMMM	1 HT HT 11		37
Customer Zip Code Track	er:		
29928	NOHZPO		
43209	53901		
43209	53901		
29978	53901		
29926	53901		
1845	27545		
28451	38129		
29910	29928		
29910 29461 29461	29978		
2946	08801		
	60045		
29728	29909		
20642	29926		<del></del>
09647	29976		
20011	21842	· · · · · · · · · · · · · · · · · · ·	
20611	21842		
29642 29647 20611 20611 29650	29926		
29650	9-1		
29650			

Daily Log		Date:	122/23
Callen Shift Time:	)-4		
Gallery Shift Time: 10 Day Shift Pre-Show			
Gallery Attendance:			
· · · · · · · · · · · · · · · · · · ·	narks should be equal to the total zip cocker, na zip codes are required.	odes below.	Total:
Customer Zip Code Track	ker:		
30161	43054	32266	
30161	29926	03031	
54601	AUC2NO	29928	
48025	AUCANO	29926	
2992le	29928	29926	
29926	34481		
14568	34482		7.
37620	34481		
24211	3448		
54913 24201 01720	55356		
24201	55403		
01720	29926		
01778	55356 55403 29926 29926 44124		
20169	44124		
20169	94124		
29926	KIG5E4		
54942	VICKEU		
5700Le	30116		
57006	30116		
57006	32266		

Daily Log	Date: 2/23/23
-ame: Lyndsi	
Gallery Shift Time: 10-9  Day Shift Pre-Show Rec	eption
Gallery Attendance:	
Doytime: The total number of tally marks should be equipped and the shows & Receptions: Use the clicker, no sip codes of the codes of t	

## **Customer Zip Code Tracker:**

48150	55082	29926.	
48150	50800 55438	M2NIT6	
20011	02891	M2NIT6	
02021	11215	48009	
28791	11215	29926	
20832	11215	29926	
29910	11215	48009	
01752	29212		
60438	55106		
60177	14701		
19403	14701		
32601	55604		
32601	84121		
55113	55604		
46312	84121		
55060	32162	•	
55060	32102	X	
27511	29920		
7 27511	32162		
44077	32162	7777	

Daily Log	2	Date:	2-24-23
Jame: Zo	idia /	Lines	
sallery Shift Time:	109-10	1-4	
Day Shift Pre-Sho	ow ☐ Reception ☐		
allery Attendance:			
Daytime: The total number of tally Pre-shows & Receptions: Use the c	marks should be equal to the total zip coo licker, no zip codes are required.	les below.	Total:
			28
			30
ustomer Zip Code Trac	ker:		
39010	39988		
29926	39910		
30338	60-124		
55356	03246		
55403	03246		
54467	07461		
54481	03246		
48103	29910		
48/106	29910		
54467	61039		
50650	61039		
09650	19130		
5400	03466		
59407	12866		
25539	11976		
000	12983		
38510 39910	300 34		
19610	740.21		
29909			

Daily Log	Smith	Date: _ R-	25	-23
Name:	10-4			+ <del>1</del>
Gallery Shift Time: Day Shift Pre-Show				100 100 100 100 100 100 100 100 100 100
Gallery Attendance:  Daytime: The total number of tally m	narks should be equal to the total zip coo	les below. Gullah Bus To		
HHM MIMH	I I	GUTTEN BUS 10	UV	Total:
The world	(1	31		28
Customer Zip Code Track	er:			
29072	60068			
14051	600 68		41	340
29909	29909			
14051	29909			
50575	40507			
52,405	40302			
52405	28403			
62405	49926			
52405				
29928				
29928				
00108				
32105				9
22/28				
2014				
01910				
0600				
15042				
15342				

Daily Log	. C.4	Date:	2-26-23
Name:	na smit	^	
Gallery Shift Time:	2-4		
Day Shift Pre-Show	Reception .		
Gallery Attendance:			
Pre-shows & Receptions: Use the clici	arks should be equal to the total zip co ker, no zip codes are required.		Total:
31	$   \sqrt{} $	Bus Tour 39	3 (75)
J	1	Tour	
Customer Zip Code Track	er:		
20821	03458		
00821	43235		
00821	05482		
00821	03449		
474.59	43235		
45459	43235		
55,127	03458		
55127	03449		
5.5.127	60006		
5.5127	GOLOL		
60047	46K3N6		
60047	LLK3NG		
29924	55127		
30728	00821		
30218	14424		
08857	537,7		
60606	53717		
6,0606			
29107			
74707			

Daily Log	Date: 27-23
Name:	
Gallery Shift Time:	
Day Shift Pre-Show Reception	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total zip codes below.  Pre-shows & Receptions: Use the clicker, no zip codes are required.	Total:
	Id
Customer Zip Code Tracker:	
55906	
55906	
63894	
29928	
05482	
0548.2	
14001	
14001	
01590	*
63146	
63140	
29926	
22101	
29928 .	
601047	
33957	
29928	
20203	
29926	

Daily Log		Date: _	2-28-23
Name: Ju	jdia		
Gallery Shift Time: Day Shift Pre-Show Gallery Attendance:	Reception		
Daytime: The total number of tally ma Pre-shows & Receptions: Use the click		codes below.	Total:
Customer Zip Code Tracke	er:		
11211	10011	29920	

		1000	
65347	07346	29938	
55347 15864	70853		
80.209	76853		
16754	0,2346		
80209	38134		
34787	38058		
34787	29488		
29488	38125		
29474	38/21		
39934	29926		
38135	38058		
02132	38/27		
14731	28277		
48103	L05185		
49712	LOS 185		
49712	24073		
45439	29978		
454.29	29958		
43110	03240		
43110	03240		

Daily Log		Date: 3/1	123
lame: Lyndsi			
Gallery Shift Time:	-4		
Day Shift Pre-Show	Reception		
Gallery Attendance:			
Daytime: The total number of tally n Pre-shows & Receptions: Use the clic	narks should be equal to the total zip co ker, no zip codes are required.	odes below.	
			Total:
<b>加州</b>	THE III		52
Customer Zip Code Track	er:		
48072	29693		
48077	29693		
40383	29693		
32820	29693		
77578	29909		
27401	28374		
20020	28374		
52068	37064		
77027	3721le		
77479	21663		
29568	21663		
24568	99508		
77578			
29926			
28711			
28711			
29928			
44907			
44907			
43212			

Daily Log	Date: 3/2/23
Vame: Lynds	Sydia -
Gallery Shift Time: 10-4	5:30-7:30px
Day Shift Pre-Show Reception	704.4
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total zip of Pre-shows & Receptions: Use the clicker, no zip codes are required.	
INT WITH 12	46 Total:
Customer Zip Code Tracker:	preside
29928	
29928	
16507.	
16507.	
20002	
C68007	
54601	
29926	
79029	
79029	
54701	
29976 29926 31217 85	
29924	
31217 25	

Daily Log		Date: 3/3/23
Name: Lyndsi	Caulder	Lydia
Gallery Shift Time: 10-4 . 5:30-7:30-7:30-1		
Day Shift Pre-Show Reception		
Gallery Attendance:		
Daytime: The total number of tally m Pre-shows & Receptions: Use the clic	narks should be equal to the total zip coker, no zip codes are required.	reshowed Preshow 07:30 Total
IM MIM	MM II	64 / 98 Total:
Customer Zip Code Track	er:	
20147	21701	
30830	49684	
30830	29801	
06019	2980	
06019	29906	
48336	29906	
48336	29902	
48213		
48223		
63116		
48778 46371 46371		
11/321		
27302		
27307		
29926		
29926		
29926		
299210		

Daily Log		Date:	3-4-23
lame:	Lina Smit	h	
Gallery Shift Time:	10-4		
Day Shift Pre-Show		16 5.0	
Gallery Attendance:		Pre Show	
Pre-shows & Receptions: Use the clic	narks should be equal to the total zip co cker, no zip codes are required.	des below.	Total:
**************************************	THL 111 23	20	Total.
Customer Zip Code Track	er:		
13090	49648		
29909	45203		
29909	46203		
15236	O		
15236			
799.58			
29923			
2:01010			
&dJato			
# 6 JZEO			
23841			
01907			
01907			
15036			
15)3/			
15 3/2			
77356			
77354			
49648			

Daily Log		Date:	15/23
Name:	na Ini	th	
Gallery Shift Time:	2-4		
Day Shift Pre-Show	w☐ Reception ☐		
Gallery Attendance:			
Daytime: The total number of tally n Pre-shows & Receptions: Use the clie	narks should be equal to the total zip co cker, no zip codes are required.	odes below.	
1/			Total:
Customer Zip Code Track	er	1	
71701			Y 1 1 1 1
21704			
2004			
2.314			
22317			
30126			
30,04			
30126			
30120			
30174			

Daily Log		Date:	16/23	
lame:				
Gallery Shift Time:				
Day Shift Pre-Show	Reception .		*	
Gallery Attendance:				
Daytime: The total number of tally marks should be equal to the total zip codes below.  Pre-shows & Receptions: Use the clicker, no zip codes are required.			Total:	
Customer Zip Code Tracke	r:			
		•		

Daily Log	- / / / -	Date:	17/23
Name: Krister	e ynos.		
Gallery Shift Time:	/		
Day Shift Pre-Show	Reception		
Gallery Attendance:			
Pre-shows & Receptions: Use the click		des below.	Total:
WH WH M	1 HT HT 1		26
11.			20
Customer Zip Code Track	er:		
24343	44126		
24343	44126		
N2M 4V6	29926		
N 2M 4V6	29928		
09889	146584		
02883			
29909			
29910			
29910			
37785			
95242 29909 29909			
29909			
29909		0.0	
29909			
29909			
44691			
44691			
20000			
14450			
14450			

	Daily Log		Date: 3/8	12023	
	Name: Lyndsi Caulder				
	Gallery Shift Time: 10-4				
	Day Shift Pre-Show	Reception			
	Gallery Attendance:				
	Daytime: The total number of tally m Pre-shows & Receptions: Use the click	narks should be equal to the total zip co ker, no zip codes are required.	des belaw.	7.44	
	THE THE T	HI HTTHII	1/185	Total:	
	III III	27	/ 105	(1)	
	Customer Zip Code Track	er:			
	49712	60075			
	49712	60025			
	48059	55347			
	48059	16254			
	07932	15864			
	6 M6 B2 C5	60440			
	M6 B265	60440			
	37643				
	376433		,		
	29926				
	46321				
/	46321				
	29976 34432		-		
The Wife	57/2)				
	52/01				
	54701	* .			
	29926 48306			0 30	
	29926				

Daily Log		Date:	19/23
Vame: Lyndsi		Lyde	i)
Gallery Shift Time:	-4	5:	20-7:36pt
Day Shift Pre-Show	Reception		
Gallery Attendance:			
Pre-shows & Receptions: Use the clic	narks should be equal to the total zip co ker, no zip codes are required.	des below.	Total:
批拼拼	HHMHHH	H prosto	
Customer Zip Code Track	er:	1 - fragra	W
29910	29924	76360	
29909	29928		
29909	29926		
29909	29909		
29999	29926		
29910	29926		
29910	29928		
79910	29926		
29910	299 26		
04650	299 26		
30269	29910		
30269	29928		
	`46383		
79928	29926		
31410	27282		
31410	29926		
62129	29928		
29926	29928		
122539	76360		

Daily Log	. 0	Date:	1/10/23
Name: LyndS	i Caulder		
Gallery Shift Time:	0-4		
Day Shift Pre-Show	Reception Reception		
Gallery Attendance:			
Daytime: The total number of tally n Pre-shows & Receptions: Use the clic	narks should be equal to the total zip co ker, no zip codes are required.	des below.	Total:
WH H.	MI WHIM	/ 111	140
lik let in	IN THE 79	/ Preview	1-10
Customer Zip Code Track	er:		
24502	21704	37130	
24502	21704	04971	
29928	07450	29526	
30329	29550	M9A2M7	
30329	29550	M9A2M7	
29928	07450	18977	
19440	52403	29928	
18944	52403	18977	
43950	22314	29928	
L4G5Y4	37405		
17754	37405		
17754	22314		
17754	06026		
77399	06026		
65801	2/204		
12019	19475		
12065	19475		
12019	16415		
03787	16415		
03787	37130		

Daily Log		Date: 3 - 11	-23
Name:	and mith		
Gallery Shift Time:			
Day Shift Pre-Show	v		
Gallery Attendance:			
Pre-shows & Recentions: Use the clip	narks should be equal to the total zip codes be ker, no zip codes are required.	elow.	Total:
IH HH HH	HHYII		25
			20
Customer Zip Code Track	er:		
12084	29926		
12084	2966		
04106	79909		
03782	29709		
12084	29909		
39927			
17325			
1 (397			
1732			
21110			
31410			
29C.TX			
19335			
19335			
KOKZNO			
KOK3NO KOHIGO			
X0H,160			
XOH'IGO			

Daily Log	Date:	12/23
Name: Gina Sm	74	
Gallery Shift Time: 12-4		
Day Shift Pre-Show Reception		
Gallery Attendance:		
Daytime: The total number of tally marks should be equal to the total z Pre-shows & Receptions: Use the clicker, no zip codes are required.	ip codes below.	Total:
111 400 400		(13)
		9
Customer Zip Code Tracker:		
29928		
29928		
29909		
29909		
29909		
40502		
40500		
9.6383		
37067		
46383		
76383 h091E5 L051E5 37067.		
LOSIES		
31061		

Daily Log		Date: 3/1	3/23
Tame: Lyndsi			The tracks to
Gallery Shift Time:	-4		
Day Shift Pre-Show			
40700 0.0 ■ 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000			
	arks should be equal to the total zip code	es below.	
Pre-shows & Receptions: Use the click			Total:
IM M MH	11 JM 111		28/
Customer Zip Code Track	er:		
29926	29928		
29926	29928		
29910	29928		
29910	16038		6.
19910	16038		
7 29910	94115		
29910	48809		58VSS 5 27 48
29928	29926		505 95 4034 34 59
35763			
35763			
35763	3 0		
35763	3.0		
29926			
299215			v 10 v 2-
29.926			
29909			**************************************
29909			
16803			
79928			
16803			

Daily Log		Date:	3/14/23
Gallery Shift Time:  Day Shift Pre-Show  Gallery Attendance:	V Reception □	98	
Daytime: The total number of tally n Pre-shaws & Receptions: Use the clic	parks should be equal to the total zip of ker, no zip cades are required.		Total:
Customer Zip Code Track	er:		
29928	30642	03750	
2008	22701	03750	_
21703	22701		
7/18/1-	29910		

alle

2992Le

BH 29928

Daily Log	•{	Date:	15/23
-lame: Lynds	ī		<i>'</i>
	0-4		
Day Shift Pre-Show	Reception		
Gallery Attendance:			
Pre-shows & Receptions: Use the dick			Total:
MIMIK	MAKIHMI	H MIII	(48)
Customer Zip Code Track	er:		
52245	29926	29909	
52245	29909	29909	
52245	44256	66085	
52245	29900 29909	29909	120
54701	48 48044	66085	
54701	29909	66085	
54701.	48044	66085	
31024	28731	2999	
31024	48152		
32018 29909	28731		
29909	29910		
75225	62879		
75225	02879 48152		
75225	48127		
32926	07470		<u> </u>
29910	07470	₩	
95864	29926	· · · · · · · · · · · · · · · · · · ·	
1 29909	29909		
29909	29909		
29926	15116		

Daily Log		Date:	3/16/23
- Jame: Lyndsi	(ES		
Gallery Shift Time:	-4		
Day Shift Pre-Show	Reception		
Gallery Attendance:			
	arks should be equal to the total zip codes below. ker, no zip codes are required.	,	
LIMMI IIT	HI HI HI M III		Total:
Itt might	HH MIM III		39
Customer Zip Code Tracke	er:	<del></del>	
02457	80015		
03731	110291		
UC U29	311211		
(1642)	3424		<del> </del>
29926	34,241	200	<u>2 5979 0 2 5 5 5</u>
29928	26025		
144 96 1624	31828		
16.2416	37818		
48546	2-626		
50011 50174	22870 20071676	<u> </u>	
50134 29910 29910	39936		
29910	29921-		
29909	29926 29926 29926 29926 29926		
20910	29926		
29910 29909	07446		-
TOE2TO	07446		
K8A10W4	29928		
27511	55311		
JOESTO	07853		
40741			202

Daily Log		Date: 3	/17/23
-lame: Lunds	1	*	
Gallery Shiff Time:	0-4		
Day Shift Pre-Show	Reception		
Gallery Attendance:	8* 	2	
Pre-shows & Receptions: Use the click		des below.	T-A-0.
W HY M	MHHI	u.	Total:
Customer Zip Code Track	er:		
29910	29926		
29910	29926		200000
5306le	31322		
25526	94087		
29910	06525	4	
25526	66525		
29910	06877		
29910	06877		
28751			
28.75]			<u> </u>
43147			
43147	<u> </u>		
19130	(10)		
07853			
9/4/2			
46804		1	
06117			
29928			
37919			
27919			

Daily Log	na Smit	Date:	3-18-23
Gallery Shift Time: / C	Reception		
Gallery Attendance:  Daytime: The total number of tolly me Pre-shows & Receptions: Use the click  HL HH HH HH		des below.	Total:
Customer Zip Code Track	er:		
17543	23226		
17543	20016		
06492	31324		
06492	39214	59 Santings 26, 250	300.00
01851	29976	VA.052	
01851	29926		
48329	03875		
48307	29936		
1218)	55060		
22181	55068		
29926	34695		
29924	34695		
13,52	34695		
13/54	34695		
24084	29926		
	29926		
24060			
- 10961		k	
410386		<u> </u>	
410 300			

ر

Daily Log	Date: 3-19-23
Gallery Shift Time: 12-4	
Day Shift Pre-Show Reception	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total zip codes below.  Pre-shows & Receptions: Use the clicker, no zip codes are required.	Total:
MY HH HM	(19)
Customer Zip Code Tracker:	
29928	
29926	
29909	2 2000 1000 1000 1000 1000 1000 1000 10
299.24	
44321	
2992C	2
29928	
29928	
13662	
13442	
13462	
13662	
13662 K7M6R4	
KTMGRY	
KTMGRY	
KYMGRY	The state of the s
29928	
29909	
29969	

Daily Log			Date: 3-8	10-23
Mame: LYNGS1  Gallery Shift Time:	0-4			
Day Shift Pre-Show	Reception Reception			
Gallery Attendance:				
Pre-shows & Receptions: Use the clic	marks should be equal to the total zip of the common circles, no zip codes required.	S 11		Total:
Customer Zip Code Tracke	r:			
79928	29909			
29928	29909			
14226	28374			
14226	28274			

79978	29909	
29928	29909	
14226	28374	
14226	28774	
10023	06525	
29909	44017	
29909	44017	
16316	29926	
16335	23039	
79907	64151	
29907	29967	
29907	29907	
CIMI BS	01923	
29910	29466	
29910	29928	
55374	60634	
55125	07860	
45739	07422	
29909		
29910		

Daily Log		Dat	e: 3/21	/23
Name: Lyndsi				
Gallery Shift Time: 10	-4			
Day Shift Pre-Show	Reception			
Gallery Attendance:				
Pre-shows & Receptions: Use the click	The state of the s	odes below.		Total:
THE WITH THE	HIMIM 1	1111		. 39
. KIKI Y III	is indicated			01
Customer Zip Code Tracke	r:			
40065	02878			
40065	55112			
40065	55112			
MUXIXS	55112			
L654R8	55112			
29910	29928			
29910	44691			
2968	4469/			
29681	29909			
29681	29909 29909			
Bavama				
B2V2M2 29910	21401			
29910	05452			
29910	16648			****
	16648			
29910 29928	29910			
79978	59868			
29910	29910			
99910				

Daily Log	Date: 0/ 20/25
Gallery Shift Time: 10-4  Day Shift Pre-Show Reception	- /s
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total zip codes below.  Pre-shows & Receptions: Use the clicker, no zip codes required.  HILL HILL HILL HILL HILL HILL HILL HIL	Total:

## **Customer Zip Code Tracker:**

29928	25302	02871	
29926	15234	30338	
27330	29928	30338	
29910	12590		
29910	07422		
29910	07860		á a a a a a a a a a a a a a a a a a a a
29910	07860		
29910	29909		
29910	29926		
5 9803	29926		
59.803	04856		
59803	22043		
55129	04843		
5470	79910		
55129	49348		
54707	49348		
29910	29928		
29910	11787		
19682	11725		
99682	02871		

Daily Log		Date: _3/	23/23
Name: Lynds	51	-	
Gallery Shift Time:	)-4		
Day Shift Pre-Show	Reception		
Gallery Attendance:			
Daytime: The total number of tally m Pre-shows & Receptions: Use the clic	narks should be equal to the total zip coo ker, no zip cades required.	des below.	Total:
MIMM	1111		(19)
West of the second	1111		
Customer Zip Code Tracke	r:		
29910			
2926			
29910			
29910			
29910			
03840			*
03840			
29936			
29936			
16060			
60010			
75034			
22015			
29926	3 101 4		
19008			
NGA2XI			
L5J4J9			
NGAZXI			
L574J9			

Daily Log		Date: 3/	24/2023
Name: Lynds1		Lu	Idia
Gallery Shift Time: 10	-4.		5:30-1:30+
Day Shift Pre-Show			
Gallery Attendance:			
Daytime: The total number of tally m Pre-shows & Receptions: Use the clic	narks should be equal to the total zip coo ker, no zip codes required.	des below.	Total:
WHITH!	H/11 23	P. 25	98
Customer Zip Code Tracke	r:	1 re Oil	Ιω
29926	29920	•	
15601	118198		
15601	48335		
29910	0000		
29910			
03824			
29909			
29910			*
29910			
29928 29909 29909			
29909			
29909			
37774			
20601			
43065			
43065			
37774 20601 43065 43065 54022 54022 29928			
5402			
29938			
06334			

Daily Log		Date:	-25-23
Name: Ju	dis		
Gallery Shift Time:	10a-40		
Day Shift Pre-Show	Reception		
Gallery Attendance:			
Daytime: The total number of tally m Pre-shows & Receptions: Use the click	arks should be equal to the total zip o ker, no zip codes required.	rodes below.	Total:
Customer Zip Code Tracker	•		
29909			
33830			
33830			
39910			
29910			
70148	**		*
10178			
3996			
29938			
79938			
29940			
39940			
£1948198	The second second		
48335	100		
99958			
498 90			
93/01			
2263	140		

Daily Log	Date: 3-26-23
Name: Sydia	
Gallery Shift Time:	
Gallery Attendance:  Daytime: The total number of tally marks should be equal to the total zip code	shelow
Pre-shows & Receptions: Use the clicker, no zip codes required.	Total:
	(14)
Customer Zip Code Tracker:	
29910	
99910	
29910.	
29910	
29938.	
29938	
54016	
54016.	
54016	*
29910	
39910	
39910 .	
79910 39910 39910 45169	
45069.	

Daily Log		Date: 3/6	77/23
Gallery Shift Time:	)-4		
Day Shift Pre-Show	Reception		
Gallery Attendance:			
Daytime: The total number of tally m Pre-shows & Receptions: Use the click	oarks should be equal to the total zip co ker, no zip codes required.	des below.	Totali
THE HIT	4 M/11		Dotal:
Customer Zip Code Tracket	r:		
78806	29926		
28806	48170		
29926	48170		
29926			
29928			
22963			
29672			
44039			3
44039			
29976			
29926			
29909			
29928			
11227			
29928			
29926			
B3MOGT			
133 MOG7			
29926			
49505			

Daily Log		Date:	3/28/23
Gallery Shift Time:	)-4		
Day Shift Pre-Show	Reception Reception		
Gallery Attendance:			
Daytime: The total number of tally marks should be equal to the total zip codes below.  Pre-shows & Receptions: Use the clicker, no zip codes required.  Total:  (4)			Total:
Customer Zip Code Tracke	r:		
29926	29928	48173	
34224	49720		
29909	49720		
29909	49720		
19910	110776		

74770	40 '2	
49720		
49720		
49726		
29928		
29928		
29909		
29909		
06472		
06475		
32904		
44281		
44281		
02891		
02891		
29926		
45231		
32408		
48173		
	49720 49720 49720 49720 49728 29928 29928 29909 29909 06472 06472 06473 32909 44281 44281 92891	49720 49720 49720 49720 49720 49720 29928 29928 29909 29909 06472 06473 32904 44281 44281 02891 02891 29926 45231 32408

Daily Log		Date:	3-29-23
Gallery Shift Time: 10	-4		
Day Shift Pre-Show   Gallery Attendance:	☐ Reception ☐		
Daytime: The total number of tally ma Pre-shows & Receptions: Use the clicke	erks should be equal to the total zip codes beer, no zip codes required.		Total: 36
Customer Zip Code Tracker			
44047	60525		
94047	60525		
44047	60575		
29650	60525		
29650	29928		
44047	. 50/		

	0001	60343	
	44047	60525	
	44047	60222	
	29650	60525	
	29650	29928	
	98503	75034	
	418118	75034	
	29926	75034	- *
	KIKOK3	29909	
	KIKOK3	29909	
	16803	20155	
	16863	20155	*
	15824	29926	w
	46256	29926	
	29927	29910	
	29926	29910	
	79978		
	29910		
1	29910		
	A9910		
	A CONTRACTOR OF THE CONTRACTOR		

Daily Log		Date:	3/30/23
Gallery Shift Time: 10			
Gallery Shift Time: 10	-4		
Day Shift Pre-Show	Reception		
Gallery Attendance:			
	narks should be equal to the total zip cooker, no zip codes required.	des below.	
The second secon			letal:
MWW	-		10
Customer Zip Code Tracke	r:		
15238			
29910			
29910			
15238			
29687			
29687			
97062			
60417			
29909			
29909			
2999 2999 29909			
29999			•
60005			
14450			
14450			
fee,			
\$ -			

Daily Log		Date:3	/31/23		
me: Lynd:	211				
Gallery Shift Time: 10-4					
Day Shift Pre-Show Reception					
Gallery Attendance:					
Daytime: The total number of tally marks should be equal to the total zip codes below.  Pre-shows & Receptions: Use the clicker, no zip codes required.					
1111111			(9)		
Customer Zip Code Tracke	r:				
18445					
29909					
29910					
46385					
46385					
28204			*		
60526					
80829938					
29926					

Daily Log		Date: 4	11/2023		
me: Rym	MCG				
Gallery Shift Time:	Gallery Shift Time: 10-2/5				
Gallery Shift Time: 10-215  Day Shift Pre-Show Reception					
Gallery Attendance:	arks should he equal to the total zip cod ter, no zip codes required.		Total		
Customer Zip Code Tracker	ri .				
29928					
03209					
19928					
11					
0					

Daily Log	Date: 4/2/23			
Gallery Shift Time: 12-4				
Day Shift. Pre-Show Reception				
Gallery Attendance:  Daytime: The total number of tally marks should be equal to the total zip codes	: helow			
Pre-shows & Receptions: Use the clicker, no zip codes required.	Total:			
HH MH	20			
Customer Zip Code Tracker:				
2999				
77399				
77080				
77840				
77872				
29928				
29928	*			
27828				
29928				
29925				
29928				
29925 29928 29928 48167 48167 49926				
48167				
4.8167				
29926				
30342				
29926				
20909				
29909				
29910				

Daily Log	*	Date:	/3/23	
-me: Lynds	) (			
Gallery Shift Time:	0-4			
Day Shift Pre-Show Reception				
Gallery Attendance:				
Daytime: The total number of tally marks should be equal to the total zip codes below.  Pre-shows & Receptions: Use the clicker, no zip codes required.  Total:				
MINIM MINIM MINIMINI				
monding.	VIII IIK		(31)	
Customer Zip Code Tracke	r:			
63845	29926			
63845	29928			
26415	29928			
26415	53012			
03857	30092			
29909	49878			
29900	52333			
03857	52333			
29926	52240			
43551	\$55116 28712			
43551	28712			
20175 20175 11209				
20175				
11209				
14609				
10/604				
19009 11996				
29928				
2018	ki			

Daily Log	Date: 4/4/23
-ame: Lyndsi	
Gallery Shift Jime: 10-4	
Day Shift Pre-Show Reception	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total zip codes below.  Pre-shows & Receptions: Use the clicker, no zip codes are required.	
WIN IN HH	Total:
I'M INTIN	
Customer Zip Code Tracker:	
19382	
19063	
19152	
19382	
31321	
31321	·
31321	
53105	
53105	
29910	
Bavama	
BOLIED	
29926	
29926	
29926	
24926	·
29926	
1926	
29424	
29926	

aily Log	Date: 1/5/2	
ie: Lyndsi		
ery Shift Time: 10 9		
Shift Pre-Show Reception		
ery Attendance: ne: The total number of tally marks should be equal	o the total zip codes below.	escale.
hows & Receptions: Use the clicker, no zip coo	es are required.	otal:
IN IN ITH	6	10
omer Zip Code Tracker:		
30809		
29910		
31419		
31405		
29926		
43085		
43085		
38835		
20895		
20895		
20895 20895		
20895		
30143		
29928		
60602		
29910		
29910 29910 39242 29926		

e: Lyndsi		
ery Shift Time: 10-4	Waster and the second	
Shift Pre-Show	Reception	
me: The total number of tally ma	rks should be equal to the total zip codes below.	Total:
IVI THI II	clicker, no zip codes are required.	1000
HT 111VII		12
omer Zip Code Tracker:		
29926		
29926		
79909		
99909		
39988		
60525		
29685		
29909 29909 29909 29909 29909		
29909		
29909		
29909		
29909		
		THE STATE OF THE S

me: LYNdS1 lery Shift Time: 10	-4		
y Shift Pre-Sho			
allery Attendance:		P P P	
aytime: The total number of re-shows & Receptions: (	tally marks should be equal to Jse the clicker, no zip codes	the total zip codes below. are required.	Total
IN III WIT	INII		21
WE WIN	IIK!		01
, ,			
ustomer Zip Code Trac	A Committee of the Comm		
29928	29928		
29026			
29928			
29928			
29910			
2-9910			
29910			
29926			
29926	>		
29928			
29978 06033			
06033.			
Cr 06900	)		
06900	-		
15/02			
06900 06900 15102 29926			
29926			
30126			
30126 30126 29921	2		
20001			

aily Log ne:	Lydia		4-8-23
lery Shift Time:			
y Shift Pre-Show lery Artendance:	Reception		
time: The total number of ta	lly marks should be equal to the total a e the clicker, no zip codes are requ	ip codes below. pired. 3	Total(
stomer Zip Code Tracke	er:		
29909	M5M1M4		
29928	MSM IM4		
29936	11786		
29976	117.86		
29910	11788		
29998	11788		
18911	3'1931		
29968	80101	-	-
39606	34921		
30019	29938		
50131	01100		
29926			
14C6K7			
49431			
06 385			
06 385			
44756			
11/125%			

y Shift Time:	0.		
Shift Pre-Show	Reception		
y Attendance. e: The total number of tally marks	s should be equal to the total zip codes b	elow.	L
ows & Receptions: Use the cl	icker, no zip codes are required.		Total:
0	UVV		1
mer Zip Code Tracker:			
07304			
09304			
NG			
NO			

19. 4130.
. 20- 1. sep.
w. Total:

. .

ustomer Zip Code Tracker	278	29928	
29976	29910	77700	
05346	29910	29910	
65346	50030		
29924	0.9938		
29926	29938		
45241	39938		
45241	79938		
4433	16505		
44333	29988		
44333	16505		
44333	16505		
10533	16505		
10533	29978	- I	
28938	29928		
29928	29938		
16805	03879		
16505	02879		
52901	29938		
33901	29988		
22910	39908		

	dia		
allery Shift Time: ay Shift Pre-Show	Reception	115	
allery Attendance: sytime: The total number of tal e-shows & Receptions: Use	ly marks should be equal to the clicker, no zip codes	the total zip codes below. s are required.	Total:
istomer Zip Code Tracke	er:		
29938			
29909			
29909			
29910			
29910			
29938			
29910			
99910			
	-		

Daily Log	0	Date:	4-13-23
ame:	Zyder		
Gallery Shift Time:	0		
Day Shift Pre-Show	Reception		
Gallery Attendance:		return Distriction	
aytime: The total number of tall re-shows & Receptions: Use	y marks should be equal to the total the clicker, no zip codes are rec	quired.	Total.
Customer Zip Code Tracke	r:		
29930	45419		
29909	45419		
29976	29936		
44839	33707		
29936	33707		
39926	29989		
0 2066	29989		
29978	02535		
28113	02535		
28173	299 88		1
29926			
15243			
16743			
99909			
29909			
43235			
43735			
43004			
43504			
J9928			

Daily Log	Lydia	Date:	4-14-23
allery Shift Time:			
ay Shift Pre-Show	Reception		
allery Attendance: sylime; The total number of tall	ly marks should be equal to t	he total zip codes below.	
e-shows & Receptions: Use	the clicker, no zip codes a	are required.	Total;
istomer Zip Code Tracke	and A. Waste I		
63020	12814		
18664	12019		
1. 5. 6.0		+	
06489			
11/1			
19671			
29910			
29910			
33936			
04421			
04421			
29976			
29910			
39958			
9 100			

allery Shift Time: / U	v Reception ☐		
allery Attendance:			
nytime: The total number of ta e-shows & Receptions: Us	ally marks should be equal to se the clicker, no zip codes	the total zip codes below. are required	Total
ustomer Zip Code Track	er		
14897			i ii
12759		THE LOCAL DESIGNATION OF THE PERSON OF THE P	
14892			
11779			
11775			The second
1779			
11779			
		+	

ery Shift Time:	12-4		
Shift Pre-Show	Reception [		
ery Attendance: me: The total number of ta shows & Receptions: Us	illy marks should be equa se the clicker, no zip co	n) to the total zip codes belo des are required.	w. Total:
omer Zip Code Track	er.		
19006			
19006			
29910			
29910			
29926			
29920			
22630			
22630			
43040	1		
43040			

Daily Log	Date: 41/17/23
ame: Lynds	
0 10-4	
allery Shift Time: Reception	
allery Attendance:	
aylime: The total number of tally marks should be equal to be equal to be shows & Receptions: Use the clicker, no zip code	to the total zip codes below. es are required.
ustomer Zip Code Tracker:	
29909	
02066	
20147	
29909	
79926	
29926	
29924	
29928	
29910	
29910	
29909	
12568	
29928 29910	
29910	
29910	
29909	

ly Log	71		
y Shift Time; 10 -			
Shift Pre-Show ery Attendance:	Reception		
time: The total number of ta	lly marks should be equal to the total zip e the clicker, no zip codes are require	codes below. ed.	Tótal:
HAIIHI	HI HITH		30
in it lik	1117 1.40		
stomer Zip Code Track	er:		
53070	565/5		
53070	3909H		
29910	29099		
29926	80121		
29926	80121		
29928	29672		
29926	29672		
48323	29672	1	
98323 02421 02421 92568	M4TB35		
02421	M4+1335		
02421			
92568			
92568			
30504			
30504			
29926			
19926			
29926			
24971-			

ly Log Lyndsi	Date: 4/19/	d'
ry Shift Time: 10-4		
Shift Pre-Show Reception		
me: The total number of tally marks should be equal to	the total zip codes below.	7
hows & Receptions: Use the clicker, no zip codes	Ts	(<
If the will	(1c	1
omer Zip Code Tracker:		
29909		
29928		
29928		
22207		
22207		
29926		
29926		
16803		
29921		
29926 29926 29928		
29928		
29910		
29909		
29909		
29910		
29926		
32903		
32903		

aily Log ne: Whas	D	ate: 4/20/23
ery Shift Time: 10-4		
Shift Pre-Show Reception		
ery Attendance:		
me: The total number of tally marks should be equ shows & Receptions: Use the clicker, no zip co	al to the total zip codes below. odes are required.	Totals
H ##-#[]		(17)
omer Zip Code Tracker:		
167 X5		
VIEOPA		
29902		
36830		
36830		
45140		
29926		A CALL
29928 29926 29910 29909 08807 29928		
2992Le		
29910		
29909		
08807		
29928		1 // 1
01897		
01844		
30326		

ly Log		Date: 4	121/23
Lyndsi			
Shift Time: 10-1	and a final and		-
	otion 🗌		
Attendance:  The rotal number of tally marks should	be equal to the total zip	codes below.	T
ws & Receptions: Use the clicker, no	o zip codes are require	ed.	Total:
THINE			(16)
			-
ner Zip Code Tracker:			
2066			
12066			
30024			
30024			
29926			
29928			
29926			
29926			
20088			
20688			
15326			
13326			
29528			
27024			
11530			
29909			

×	ma		
y Shift Time:/	0-4		
Shift Pre-Sho	Reception _		
y Attendance: e: The total number of ows & Receptions: U	tally marks should be equal to the Use the clicker, no zip codes a	he total zip codes below are required	Total:
mer Zip Code Trac	ker		
37909	29909		
37909	29909		
18105	29909		
48105	29909		
62050	29938		
0250.	29938		
0250	76092	44	
02568			-
29928		1	
34119			
59119			
34119			
79615 03905			
0			
03833			
11700			
TOL			
163100		and the second s	

me: 12-V		
llery Shift Time: 1 2 - 9 ay Shift Pre-Show Rece	ption _	
allery Attendance:		
ytime: The total number of tally marks should e-shows & Receptions: Use the clicker, r	l be equal to the total zip codes i no zip codes are required.	below.
741		(5)
117		
ustomer Zip Code Tracker:		
4		
29926		
29911		
130760		
43011		
24066		
NIVES .		

ily Log		Date:	
y Shift Time:(0-	-4		
Shift Pre-Show	Reception		
ry Attendance:			
ne: The total number of tally hows & Receptions: Use	marks should be equal to the to the clicker, no zip codes are r	tal zip codes below. required.	Total:
H HHW.	No 111		123
W WIND	IN 111		
J. 4 Table 14			
omer Zip Code Tracker			
110899	29928		
99301	19968		
29909	23188		
29926			
29926			
29978	1		
29928			
2992le			A
37660			
37660			
29910			
29910			
29910		+	
29910			
02840			
02840			
29928			
29928			
44107			
44107			

aily Log	Date: 4/25/2	3
me: Lyndsi		
llery Shift Time: 10-4		
ay Shift Pre-Show Reception		
llery Attendance: vime: The total number of tally marks should be equ	al to the total zin codes below	_
e-shows & Receptions: Use the clicker, no zip o	odes are required.	otal:
HHY IIII		9)
240		
stomer Zip Code Tracker:		
29926		
80127		
80127		
29926		
29926		
29928		
79928		
29910		
65355		

Daily Log	Date: 4/26/23		
Name: Lyndsi	Lydia		
Gallery Shift Time: 10-4	5.30+7:30p.		
Day Shift Pre-Show Reception			
Gallery Attendance:			
Daytime: The total number of tally marks should be equal to the total Pre-shows & Receptions: Use the clicker, no zip codes required.	zip codes below.		
THE HITH JAH	Reshow Total:		
I'M HI IIIVIIII	65 2/65=		
Customer Zip Code Tracker:			
07090 17380			
07040			
29976			
29909			
2992le			
29621			
08640			
29926			
29926			
30144			
22124			
22124			
29926 30040			
30040			
30040			
48067			
48067			
29926			
29926			
14580			

Daily Log	Date: 4/17/03	
Name: Lynds:	Lysia	
Gallery Shift Time: 10-4	5:30-9:30p.	
Day Shift Pre-Show Reception	,	
Gallery Attendance:  Daytime: The total number of tally marks should be equal to the total zip con Pre-shows & Receptions: Use the clicker, no zip codes required.		
Daytime: The total number of tally marks should be equal to the total zip con Pre-shows & Receptions: Use the clicker, no zip codes required.	fes below: Total:	
THE HEIM	58	
Customer Zip Code Tracker:		
44709		
29928		
29928		
Jaare		
29926		
22701		
29910		
29909		
29909		
46031		
9603		
03823		
03823		
93082		
43082		
03405		
03405		
L3C78/15		
L3C7A5		

Daily Log    Mame:			
W HW	14/19	tie Show	Total:
Customer Zip Code Tracker			
29928			
29910			
28173			
28173			
29926			
34482			
34482			i-
34677			V.
29578			
29578 29578 29578 29928			
24578			
29548			
29928			
29925			
66209			
66209	-		
H37249			
H8ROC4 23185	-		
42182			

Daily Log	· 4/2	Date:	129/23
Gallery Shift Time: 10-4	111N	- your 5'3	0-7:30
Day Shift Pre-Show Rece	eption		
Gallery Attendance:			
Daytime: The total number of tally marks should be equ Pre-shows & Receptions: Use the clicker, no zip codes re		)	Total:
THYMM II	) 4º		, otal.
Customer Zip Code Tracker:			
17,11			
92446			
92907			
2992C			
29926			
85.368			
92649			
30.417			
30417			
44281			
29909			
29969			
27013			
27403			
03057			
79926			
2926			

Gallery Shift Time:					
/0		87	97		
ustomer Zip Code Tracker:					
06518					
06518					
06473					
06473					
06473					
06518					
06518					
29928					
29909					
299 89					

Daily Log				
allery Attendance:  Doytime: The total number of tally marks should be equal to the spre-shows & Receptions: Use the clicker, no zip codes required.	otal zip codes below.	Total:		
ustomer Zip Code Tracker:				
10570				
10570				
29928				
29926				
29926				
35931				
35431				
16475				
10011				

Daily Log	Date: 5/2/23
Gallery Shift Time: 10-4  Day Shift Pre-Show Reception	
Gallery Attendance:	<u> </u>
Daytime: The total number of tally marks should be equal to the total Pre-shows & Receptions: Use the clicker, no zip codes required.	zip codes below.  Total:
THE III	13
Customer Zip Code Tracker:	
31714	
32163	
32/63	
32163	
29909	
29928	
13021	
29928	
29910	
29910 29926 29928 29928	
29926	8 00
29928	
29928	

Daily Log	Date: $\frac{5}{3}/23$
Jame: Lyndsi	Dudle
Gallery Shift Time: 10-4	5:30 7:30 0
Day Shift Pre-Show Reception	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total zip col Pre-shows & Receptions: Use the clicker, no zip codes required.	the same of the sa
MI HIII W	Treshow Total:
I'M I'M I'	65
Customer Zip Code Tracker:	
13420	
31401 .	
29926.	
8037GE	
8037 GE	
29928	
29928	
331 33	
29926	
98391	
98391	
29910	
5-000	

Daily Log	Date: 5/4/23
=ame: UMC Si	Judia
Gallery Shift Time: 0-4	5:30-7300
Day Shift Pre-Show Reception	J
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total Pre-shows & Receptions: Use the clicker, no zip codes required.	al zip codes below.  Total:
114/11/13	11e/35 67
Customer Zip Code Tracker:	
45206	
45206	
28787	
28787	
28787	
290,26	
29928	
37215	
29926	
29926 32124 27605	
32124	
27605	
	4

Daily Log	Date: 5/5/23
Marie: Lyndsi	111/1/4
() (5-1)	5:30-7:30p.
Gallery Shift Time: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	v. 00
<i>Y</i> / <i>Y</i>	
Gallery Attendance:  Daytime: The total number of tally marks should be equal to the total zip	codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.	Total:
Customer Zip Code Tracker:	
2860 29928	
28601 29928	
29926	
53070	
53070	
29910	
29926	
22936e	
29526	
29526 29526	
27540	
27540	
29928	
34170	
28209	
70810	
70810 70810	
25541 >	
42503	
42502	

Daily Log		Date:_	5-6-23	
Name:	a Smith	Lude	· 	
Gallery Shift Time:	2-4	5.	130-7:30-	
Day Shift Pre-Show	Reception			
Gallery Attendance:				
Daytime: The total number of tally mark Pre-shows & Receptions: Use the clicker,	s should be equal to the total zip coo no zip codes required.	les below.	Now Total:	
9		34	11	
			1001	
Customer Zip Code Tracker:		~		
30316				
303/6				
1632)				- 13 <u>-</u>
4632 228 M				
04084				
33.850		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		
46814		10 0 0		
46814				- 3.5-
- "				
	3			
	5.00 500 500 50 50 50 50 50 50 50 50 50 50	500 500 500 40000		
			2 2 2	
102 04	2			
295				

Daily Log	Date:	5-7-23
	2.77	
	2-4	
Day Shift Pre-Show	Reception	
Gallery Attendance:		
Daytime: The total number of tally marks sh Pre-shows & Receptions: Use the clicker, no	rould be equal to the total zip codes below.	
250400 90 No.	matraes	Total:
]]]]	P. Show 49	56
Customer Zip Code Tracker:		
29928		
06073		
29928		
06013		
55125		
65125		
16067		
19/47		
1001.		
		-

Daily Log	Date: 5/8/23
Ime: Lyndsi	
Gallery Shift Time: 10-4	
Day Shift Pre-Show Reception	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the to Pre-shows & Receptions: Use the clicker, no zip codes required.	Total:
Customer Zip Code Tracker:	
29928	
29910	
2999	
29909	
29926	
27605	
22049	
37049	
48917	
9891	
29926	
4897 29928 29928 66207 66207 34211	
66207	
34011	
29926	
29910	
29910	

Daily Log	no / Limbs.	Date: 5-9-	23
Name:	11/09/105		
Gallery Shift Time: <u>j 0 -</u>	9,		
Day Shift Pre-Show	Reception		
Gallery Attendance:	narks should be equal to the total zip co	Alan halaur	
Pre-shows & Receptions: Use the clic	ker, no zip codes required	des detaw.	Total:
HAY WI NI	ATT 1141-111/		39
, / IM	HTI IIII		
Customer Zip Code Tracke			
49504	29909		
4950(2	29909		
48632	37919		
48/032	48306	_	
29909	48306		7. 3. 3.
79909	20878		
29909	20878		
29909	53217		
29909	29926		
29909	32163		
2999	02043		
29909	02025		
29909	02043		
299 09	02025		
29909	29928		
29909	29938		
29904	29938		
29909	37067		
79909	37067		
29909			

Daily Log		Date: 5	110/23
Name: Lyndsi		_ Lu di	il
Gallery Shift Time:0	-4	10	5:30-7:30p.
Day Shift Pre-Show	The state of the s		
Gallery Attendance:	<i>4</i> '		
Daytime: The total number of tally m Pre-shows & Receptions: Use the clic	arks should be equal to the total zip coo ker, no zip codes required.	des below. Re5	Noal Total:
THE ME THE	T HHAMING JAT	THL 1 3	7 98
Customer Zip Code Tracke	r:		
29710	29926	08121	
29710	29926	13060	
08043	29926	05401	
37408	29926	52240	
37408	29926	29909	
29928	29926	29928	
29928	29926	29920	,
94559	29976	<del></del>	s <del></del>
74074	29926		
14882	29926		
73120	29926 29926		-
17011	29926		
17011	06042	<u></u>	
02360	06042		
02360	06033	- 3	
36877	37067		
	37067		
36877. - 29926	29909		
29924	29977		

Daily Log		Date: 5/11/23		
Name: Lyndsi				
Gallery Shift Time: 10	-4			
Day Shift Pre-Show Reception				
Gallery Attendance:  Daytime: The total number of tally in	narks should be equal to the total zip o	ades below.	2	
Pre-shows & Receptions: Use the clic	ker, no zip codes required.		SNOW	Total:
I'M I'M	INT I		15	[9]
		<del></del>	<u> </u>	
Customer Zip Code Tracke	r:			
10023	29978			-v-i
34104	29928			
29926				
29926				
29909				
29909		*		
30066				
30066				
29910				
29910	· · · · · · · · · · · · · · · · · · ·			
29926				
29910				
29910 29926 29910 29928 32128 32128				
32128				
32128		************		1
29928				
29928				
29928				•
- 29978	* ***			
29928				<b>/</b> €

Daily Log	Date: 5/12/23
Name: Lyndsi	Sudial
Gallery Shift Time: 10-4	5:30-7:300.
Day Shift Pre-Show Reception	on 🔲
Gallery Attendance:	<u> </u>
Daytime: The total number of tally marks should be equal to Pre-shows & Receptions: Use the clicker, no zip codes require	
HI M TH 111	the Syur Potal:
to entropie	
Customer Zip Code Tracker:	
01570	
01570	
29926	
29926	
28655	
78655	
24210	
24210	
17512	
73002	
17512	
35/12	
30097	
50092	
3185	
17512 15002 17512 38772 30092 30092 30092 23185	
19067	
_ 14001	

Daily Log	Date: 5-13-23
Name:	
Gallery Shift Time: 10-4	
Day Shift Pre-Show Reception	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total zip Pre-shows & Receptions: Use the clicker, no zip codes required.	codes below.
NO ANTON AN AND AND AND AND AND AND AND AND AND	Total:
IN IH I	30
Customer Zip Code Tracker:	
776/6 2000	
276626	
12173 20 2000	
2 2 325	
3030) 29907	
- 3050 27910	
5/326 07/10 3 2 2 2 200 1 200 C	4,
19515	46
1900 1 15 121	
11001 07926	
29223 29928	
7-4-01/	
30909	
30904	
99926	
30909	
30157	
31406	
29915	
19910	
29910	

Daily Log		Date:	14/23
Name:			
10	11		2.000-00-00
Gallery Shift Time:	7		
Day Shift Pre-Show	Reception		
Gallery Attendance:			
Daytime: The total number of tally marks sh Pre-shows & Receptions: Use the clicker, no	nould be equal to the total zip co	ides below.	Total:
111: 4	<i>)</i> -	reshow \ //	· I wasterdays
7	Λ	reshow > 64	
Customer Zip Code Tracker:		·	
29909			
29909			
19909			
29909			
22	<u> </u>		
			2 23
×			
	- x - x		
	<del></del>	_	

Daily Log	Date: 5/15/23
Name: Word SI	•
Gallery Shift Time: 10-4	
Day Shift Pre-Show Reception	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total zip codes below.  Pre-shows & Receptions: Use the clicker, no zip codes required.	
COS	Total:
Customer Zip Code Tracker:	
	_

Daily Log	Date:	5/16/23
Name: Lyndsi Gallery Shift Time: 10-4		
Gallery Shift Time: 10 - 4		
Day Shift Pre-Show Reception	]	
Gallery Attendance:  Daytime: The total number of tally marks should be equal to the to Pre-shows & Receptions: Use the clicker, no zip codes required.	etal zip codes below.	Total:
M.		3
Customer Zip Code Tracker:		
29926 25248		
25248		
25248		
01085		
01085		
		× ·
	52	

Daily Log		Date: _5/	117/23
Name: Lynds		Dud	ia
Gallery Shift Time: 10~	4 ,	5	1:30-7:30p.
Day Shift Pre-Show			
Gallery Attendance:			
	orks should be equal to the total zip cooker, no zip codes required.	des below.	Teach
MT WTH	of 1 1/1 1/1.	Reshow 54	Total:
Customer Zip Code Tracke	r:		
29926	37205		
29928	29928		
16046	24902		2 2
16046	29902	7.2	
29909	27518		
- 29910	27518		_
29928			
29910			
29910			×
29928			-
43017 30041			
30041	2 0		
29910		-	
29910			
25314			<del> </del>
28104			
23322		1	
- 29924 37205			
37205			

Daily Log		Date:	/18/23
Name: Lynds		zydia	
Gallery Shift Time:	-4	0 5:30-1	7:30.p.
Day Shift Pre-Show	Reception		\
allery Attendance:		· (FREShow	$\circ$
Daytime: The total number of tally man Pre-shows & Receptions: Use the clicker		codes below. 65	Total:
IN IN INTU		THE MINIMENT	125
ustomer Zip Code Tracker:		60	
29920	20895	60091	
29926	25443	60091	
29567	29926	20 60076	
29567	40383	30062	
102946	40383	29910	
29926	29910	29910	
29928	29924	28278	3
17067	29924	28278	
17067	02131	44127	
17067	10708	94127	
17067	03824	61801	
29928	29926	71705	
17067	29926	46814	
15235	29926	46814	
15235	72223	11434	
43015	72223	11439	
29910	79412	18017	
43110	72223 29412 29926	18017	
79976	28603	07960	
29926	1.0(014	07960	

Daily Log		Date: 5/19/23	
Name: MOST		Dydul 11-5	
allery Shift Time:		5:37 1:3Ep.	
Day Shift Pre-Show	Reception	tecepto.	
allery Attendance:	rks should be equal to the total zip codes	S below	-
Pre-shows & Receptions: Use the clicke		presion Total:	
stomer Zip Code Tracker		20	
48642	(12)		
48647	190540		
28159	60540		
28159	29926		
06853	29926		
29928	17325	>	
29928	10536		
29928	10536		
06441	29926		
06441	26021-		
06441	99998		
26253	29928		
29910	29928		
26253 29910 29909	29909		
29910	29910		
29910	29928 29928 29928 29909 29910 29910		
27834	~9 (1)X		
27834 77030	2 3908		
1757			
11757			

Daily Log	1	Date: <u>5</u>	-20-23
Name: Yen	a/Am	14 1	Sydia
Gallery Shift Time:	-4	Q	5:30.7:30p.
Day Shift Pre-Show	Reception		,
Gallery Attendance:			
Daytime: The total number of tally marks sho Pre-shows & Receptions: Use the clicker, no t		HeSyow.	Total:
THY III	8	93	100
Customer Zip Code Tracker:			•
46142			
46142	-07-07		
29476			
31064			
29909	792		
29909		3	
29928	81.0° AS		
29928			
	****		
	·		
	V300-7		

Daily Log	Date: 5/21/23
Name:	
Gallery Shift Time:	
Day Shift Pre-Show Reception	
Gallery Attendance:  Daytime: The total number of tally marks should be equal to the total at th	atine Rre Show
Pre-shows & Receptions: Use the clicker, no zip codes required.	Total:
1074 11)	101
Customer Zip Code Tracker:	
198D8	
24928	
19808	
23233	
23233	
29909	
79709	
0804	
4 4	
	i

Daily Log	Date: 5/22/23
Name: Lynds1	
Gallery Shift Time:	
Day Shift Pre-Show Reception	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total zip of Pre-shows & Receptions: Use the clicker, no zip codes required.	Total:
Customer Zip Code Tracker:	
43220	
43202	
29926	
29928	
29928	
- 29928	
29928	
29928	
29928	
7978 29928	
29928	
29928	
29926	
2 9926	
79976	
46614	
29928	
79926	
19976	
2976	

Daily Log	Ģ-	D	Date: 5/23	3/2-3
Name:	ภิ			
Gallery Shift Time:	)-4		26	
Day Shift Pre-Show	Reception			A 1000
Gallery Attendance:				
Daytime: The total number of tally me Pre-shows & Receptions: Use the click	ter, no zip codes required.	odes below.		Total;
WH HH	IN HITH			30
		<u> </u>		
Customer Zip Code Tracker	.s.			
22701	29926			
2270	30/6/			
29926	89104	0.20		2 2
29936	3016			
55424	15129	2 2		
- 29928	15129			
29928	15129			
29928	29928			
29929	29928 29926	-		
29926	2992le			
29910				
79910				
(00097				
29926 29926 29910 29910 60047 60047 29928	<u> </u>		2	
299	<u> </u>		30 00	
nsuni	- 19 <u></u>		). 35 48 2 2	
29909 05401 21909 - Africa-Uganda 299212				
- Africa-1)		_		
29921				

Daily Log		Y 4	Date: 5/2	24/23
ame: Lynd	SI / 1	lera	V.	ella
allery Shift Time: 10	1-2 /	2-4	100	5:30-7:30
Pre-Show	Reception	1		
allery Attendance:				
aytime: The total number of tal re-shows & Receptions: Usi	lly marks should be equal to the ether clicker, no zip codes a	ne total zip codes belo are required	FRE Show	Total:
istomer Zip Code Tracke	erc		· ·	
66083	27909			
66083	29909			
64015	29928			
64057	29928			
64057	29910			
64.057	29910			
10003	90040			
10003.	79928			
29909	90046			
29909	29928			
29909				
17662				
17602				
17602				
29926				
29909				
29928				
29909 29928				
0				

ne:	)-4	175	30-730	
ay Shift Pre-Show Reception				
time: The total number of shows & Receptions: U	tally marks should be equal to Ise the clicker, no zip codes	the total zip codes below. are required. He Shin	Total.	
tomer Zip Code Trac	ker:			
29910				
29926				
29926				
27403				
27403				
29926			-	
29928		-		
			4	
	-			

ily Log Lyndsi		Music.	5/26/23
ry Shift Time: 10-1	4.	27/	6.30 7:30
Shift Pre-Show	/		
ery Attendance:	<b>-</b>		
ime: The total number of tally shows & Receptions: Use	marks should be equal to the to the clicker, no zip codes are r	tal zip codes below. equired. ReSVI	O7 . Total:
MI IN INN	THE	- West	10
int let lier in	4110		
Table Service of Vision			
stomer Zip Code Tracker 29909	740		
1.40	38654		
29907	38654 38654		
29910	39922		
29926	29927		
29926	Prive		
29926			
29910			
29910			
91017			
40041017			
27516			
27516			
29910			
29926			
79938			
63017			
63017 63017 40513			
40313			
7000			

Daily Log	5	Date: 5-	27-23
ime:	in	Deschie	
llery Shift Time:	10-4	5:30-7.	30
y Shift Pre-Sho	w Reception □		
llery Attendance:			
vtime: The total number of p-shows & Receptions: U	tally marks should be equal to the total zi Jse the clicker, no zip codes are requi	red D	Total:
THI HILM	WINI/	The now	-9
116 45 -62 1124 34	4 11 WILL A	51	/1
stomer Zip Code Trac	ker:		
32207	49004		
52207	49004		
43113	08169		
43113	08/69		
29/03/	20126		
201078-	20120		
29170	26693		
29170.	29926		
45327	23693		
29928			
29425			
-3.2020			
3220			
37216			
29928			
29928			
29928			
29910			
10037			

ery Shift Time: 1	2-4			
Shift Pre-Show ery Attendance:	W Reception	1		
me: The total number of to	ally marks should be equal to se the clicker, no zlp codes	the total zip dodes are required.	ge That net	Total:
TH IN THE		21	3how 19	93
IND WE WILL	MIN III	0	show (0)	12
omer Zîp Code Track	er:			
	29976			
29910	29910			
29910	24926			
20882	29910			
20882				
29928				
29922			19	
53051				
53057				
27410				
27410				
29909				
14450				
14450				
27909				
29928	-			

Daily Log	Date: 5/30/23
Gallery Shift Time: 10-4	
Day Shift Pre-Show Reception Gallery Attendance:  Daytime: The total number of tally marks should be equal to the total zip cod Pre-shows & Receptions: Use the clicker, no zip codes are required.	des below.
HAM II K III	22

Customer Zip Code Tracker.

29926	29928	
29926	29928	
27502		
29926 27502 27502 27502 19422 29928		
19427		
29928		
29928		
29926		
29926		
29928		
29926		
29928		
49172		
44122		
29928 29928		
29928		
29926		
29909		
29909		
46143		

ry Shift Time: 10 -	4			
Shift Pre-Show	Reception	]		
ry Attendance: ne: The total number of tally nows & Receptions: Use to	marks should be equa he clicker, no zip co	I to the total zip codes be des are required.	low.	Total:/6
omer Zip Code Tracker:				
28211				
30745				
2000 29909				
2990				
29926				
29926				
14202				
14202				
29926				
29926				
29926				
22962				
30342 29920 29920 29928				
29920				
29920				
00000				
1000				
7440				

Shift Time: 10-			
Attendance: e: The total number of tall ows & Receptions: Use	y marks should be equal to the the clicker, no zip codes ar	total zip codes below e required.	Total: 23
mer Zip Code Tracke	ır:		
53403	80015		
29926	8W15		
29928	29909		
53403			
29909			
29909			
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80015 80015			
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Name: Lyndsi	
Day Shift Time: Reception ☐	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the to Pre-shows & Receptions: Use the clicker, no zip codes are r	required. Total:

29909	72718	
29909	72718	
29926	14606	
29926	30629	
29909	14606	
31324	27703	
31324	27703	
29926	77703	
29926	29926	
Germany	29926	
299090	88021	
29909	79835	
29928		
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29909		
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299210		
29926		

Day Shift Time: 10 - 9  Day Shift Pre-Show Reception				
allery Attendance: aytime: The total number of t re-shows & Receptions: U	ally marks should be equal to the tor se the clicker, no zip codes are n	tal zip codes below. equired.	Total:	
ustomer Zip Code Track	er;			
29920				
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19904				
29910				
21097			200	
16092				

me:	1 1		
llery Shift Time:	- 4		
ay Shift Pre-Show llery Attendance:	Reception		
vtime: The total number of to	ally marks should be equal to the total zip coo se the clicker, no zip codes are required.	les below.	Total:
HII VIII NII	te are distor, no tip seaso are required.		17
IIM WITH	1)		1.1
stomer Zip Code Track	er;		
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29928			
29929		1100	-
3/4/1			
30150			
29978			
24907			
220113			
32043			
29909			

Daily Log Lyndsi	Date: 6/5/2	
allery Shift Jime: 10 - 4		- 4-
Pre-Show Reception		
allery Attendance:		
aytime: The total number of tally marks should be e re-shows & Receptions: Use the clicker, no zip	elow. Total;	
MI MI II	(D)	)
HA HK 11	100	
ustomer Zip Code Tracker:		
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35242		
35242 29803 29803 19803		
29803		
29803		
<b>19803</b>		

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ne: Lynas'		
ery Shift Time: () — 7  Shift Pre-Show Recepti	on $\square$	
ery Attendance:	,7 1	
ime: The total number of tally marks should be shows & Receptions: Use the clicker, no z	equal to the total zip codes below. ip codes are required.	Total:
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16. × 11.11. 1		
omer Zip Code Tracker: 29926		-
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29926		
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lery Shift Time:	10-12:30	12:30-4
ay Shift Pre-Show	☐ Reception ☐	
llery Attendance: ytime: The total number of tall	y marks should be equal to the total zip	codes below.
e-shows & Receptions; Use	the clicker, no zip codes are require	ed. Total:
H HH	THE III	94
atomorphism of the state of the		
stomer Zip Code Tracke	29928	
28405	29909	
28605	29909	
30269	3076	
30269	20014	
29923		
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010905		
010905		
29926		
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03122		
29920		
53142		
29698		
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30038		
29 920		

illy Log E: Lynds		Date: 6/	
ry Shift Time: 10 -	- 나		
Shift Pre-Show	Reception		
ery Attendance:			
me: The total number of tally shows & Receptions: Use	marks should be equal to the total the clicker, no zip codes are req	zip codes below. puired.	Total:
H MI MY	UI in		02
in ilk list	M III		12
omer Zip Code Tracker			
29910	29910		
79926e	19909		
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ame: Lyndsi allery Shift Time: 10-			
ay Shift Pre-Show	W Reception		
allery Attendance: sytime: The total number of ta	ally marks should be equal to	the total zip codes below.	Total
HI WIN	se the clicker, no zip codes	are required.	ANT DA
ing ing in	CHI		Marie 1
1 H 1 1			
stomer Zip Code Track	er.	T	-11
29928			
29928			
30720			
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29928			
30518			
30075			
30075			
41101			
41101			
29926			
37415			
37415			
TIVIV8			
29910			

ery Shift Time: / 🔊	1-4	_		
Shift Pre-Show	Reception			
ery Attendance: me: The total number of tal shows & Receptions: Use	lly marks should be eq e the clicker, no zip o	ual to the total zip codes be codes are required.	elow.	Total:
HT 114 )				. 11
omer Zip Code Tracke	er:			
77776				
24720				
24778				
4/10)				
41101				
29476				
29600				
10003				
299211				
19911				
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ay Shift Pre-Sho	w Reception			
liery Attendance: ytime: The total number of t	ally marks should be e	qual to the total zip codes	below:	The
e-shows & Receptions, U	se the clicker, no zip	codes are required.		Total:
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	Tanah Tanah			
stomer Zip Code Traci	ker.			
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23112				
39926				
29924				
28801				
29928				
29928			-	
33704				
33704	1			
29978				
29128				

e: Lyndsi ryshift time: 10-4		
Shift Pre-Show Reception		
ery Attendance: me: The total number of tally marks should be equal to shows & Receptions: Use the clicker, no zip code:	the total zip codes below. s are required.	Total:
omer Zip Code Tracker:		
19910		
28277		
29926		
32963		
29926		
53545		
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53545 29926 29928 29928 29928 29928		
2992Le		
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ery Shift Time: 10	100		
Shift Pre-Show	Reception		
ery Attendance: me: The total number of te shows & Receptions: Us	ally marks should be equal to se the clicker, no zip code	o the total zip codes below. s are required.	Total:
tomer Zip Code Track	erc		
29926			
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29928			1
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ne: LyndSI ery Shift Time: 10-4		
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ery Attendance:	ception	
me: The total number of tally marks sh shows & Receptions: Use the clicke	uld be equal to the total zip codes below. , no zip codes are required.	Total:
omer Zip Code Tracker:		
29928		
88061		4 (
29928		
8866		
29910		
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55435		
19010 19010 11215		
19010		
11215		

Daily Log Lyr	idsi	Date: 015/23
allery Shift Time:	0-4	
ay Shift Pre-Shov	V Reception ☐	
illery Attendance:		
ytime: The total number of ta e-shows & Receptions: Us	ally marks should be equal to the total zig se the clicker, no zip codes are requir	p codes below: red. Total:
W WITH	i Mi ni	27
IN III IIV	CHAIN.	7
stomer Zip Code Track	er:	
29926	37204	
99113	37204	
63376	29926	
63376		
44134		
29909		
39909		
24926		
86996		
39928		
29928 29926 08205 08205		
08205		
08205		
08205		
37604		
37664		
28451		
28451		
37204		
37704		

Daily Log	Date: 0/16/23	
Name: Lynds.		
Gallery Shift Time: 10-4		
Day Shift Pre-Show Reception		
Gallery Attendance:		
Daytime: The total number of tally marks should be equ Pre-shows & Receptions: Use the clicker, no zip o	al to the total zip codes below.  odes are required.  Total:	
Customer Zip Code Tracker:		
1090g		
<del>2000</del> 9		
29928		
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29/23		
29160		
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29 160 29928 29928 29909		
aga09		

allery Shift Time:			
Day Shift Pre-Show Rec	eption		
allery Attendance:	dd bernau die Neu baldiste Sales (Stee		
Daytime: The total number of tally marks should be equal to the total zip codes below.  Pre-shows & Receptions: Use the clicker, no zip codes are required.			Total:
1111			9
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ustomer Zip Code Tracker:			
29928		-	
29878			
29929			
27464			
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29464			
29464			
29601			
29601			

Name: Callery Shift Time:	12-4			
Day Shift Pre-				
allery Attendance:				
Paytime: The total number Pre-shows & Reception	er of tally marks should be ns: Use the clicker, no z	equal to the total zip codes bei ip codes are required.	ow.	Total:
Customer Zip Code 1	Tracken			
8				
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Paily Log		Date:	119/23
T -	eception		
lery Attendance: time: The total number of tally marks sh -shows & Receptions: Use the clicke	nould he equal to the total zip code er, no zip codes are required.	s below.	Total:
tomer Zip Code Tracker:			
29928			
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ji ve			
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: Lyndsi		
y Shift Time: 10 - 4		
hift Pre-Show Reception		
y Attendance: e: The total number of tally marks should be equal to t	the total zin codes below	
ows & Receptions: Use the clicker, no zip codes	are required.	Total:
H HH I		11
mer Zip Code Tracker:		
29928		
29926		
29910		
30534		
30534		
29860		
29860		
29926		0.
29926		2
29928		
20028		

aily Log	1	Date:	6/21/23
mer	-4		
llery Shift Time:	74		
y Shift Pre-Show	Reception		
illery Attendance: ytime: The total number of ta	ally marks should be equal t	to the total zip codes below	-1
e-shows & Receptions: Us	se the clicker, no zip code	Reception	Total
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A STATE OF THE STA	/	/	1
stomer Zip Code Track	er		
19926			
29928			
17601			
25314			
25314			
25213			
25213			£
29926			
29924			
69 29926			
44094			
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DD060462			
(800 6046)			
600 60462 600 60462 97266			
97266 97266 97266			

0 10-4			
ery Shift Time: 10-7			
y Shift Pre-Show Reception	otion _		
time: The total number of tally marks should	be equal to the total zip codes below.		Tenv.
shows & Receptions: Use the clicker, no 	i zip codes are required.		Total:
IN IN INT			10
tomer Zip Code Tracker:		-79	
15642			
06611			
33914			
33914			
32914 (			
14530			
14530			
33991		= = =	
3399 11 29909 29909		-1	
29909			
29909			
46565			
110016			
46565			
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46565 46565 46565 29926 40515			
90515			

ne: Jery Shift Time: 10 - 4			
y Shift Pre-Show	Reception		
lery Attendance:			
time: The total number of tally marks shows & Receptions: Use the clic	should be equal to the total zip cod- ker, no zip codes are required.	ės below,	Total:
tomer Zip Code Tracker:			
79 19			
37919			
29928			
29928			
29909			
79909			
71.090			
7/ 090			
69108			
9918			
31919			*
37919			
60068			
60068			
*0-40			

Daily Log	Date: _	6-24-23
Gallery Shift Time: 10-4		
Day Shift Pre-Show Reception		
Gallery Attendance:		
Daytime: The total number of tally marks should be equal to the Pre-shows & Receptions: Use the clicker, no zip codes a	ne total zip codes below.	Total 1-1
Nel mis vill		1
ILL WY HTT		72
Customer Zip Code Tracker:		
Dens stronge for Horsel "Analyting	10100	
10024	WY I I	
10024		
10024		
10024		
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20000		-
29926 29926 29926	-	
29620		
20000		
29978		
1990		
29528		
29909		
29909		
21012		
7761		

Sallery Shift Time: 12-4	
Day Shift Pre-Show Reception	
Dallery Attendance:	
Daytime: The total number of tally marks should be equal to the total Pre-shows & Receptions: Use the clicker, no zip codes are receptions.	1 zip codes below. quired. Total:
Customer Zip Code Tracker:	
29709	
29909	
29909	
29901	
23220	
29920	
29926	
49006	
49000	
29909	
29909	

= Lyx103	) -U		
Shift Time:			
hift Pre-Show Attendance:	Reception		
e: The total number of ta	lly marks should be equal to the	ne total zip codes below.	THE LOS
ows & Receptions; Us	e the clicker, no zip codes a	are requirea.	Total:
Virially 11			10
			_
mer Zip Code Tracke	er.		
31316			
31316			
29926			
79926			
53558			
53588			
31061			
29910			
29910			
29936			
29926			
29910			
29926 29926 29910 29910			
79910 29926			
Danas			
04926			
28278 28054			

ame: LyMSI		
allery Shift Time; 10-9 Pay Shift Pre-Show R	eception	
	nould be equal to the total zip codes below. er, no zip codes are required.	Total:

29910	39928	
29910	74926	
29926	39936	
29928	29026	
29924	29938	
29928	30783	
29978	24926	
29928	29938	
29910		
29910		
29926		
29928		
29909		
29928		
98501		
98520		
98520		
29928		
20909		
39928		

Daily,Log		Date: 6/	28/23
Name: Lyndsi		Sydis	1
Gallery Shift Time: 10~1	+	1153	0-7.320
Day Shift Pre-Show	Reception		- ty
Gallery Attendance:	, LI		
Daytime: The total number of tali Pre-shows & Receptions: Use	ly marks should be equal to the total ethe clicker, no zip codes are received.	l zip codes below. quired. 55 <sup>†</sup>	Total
Customer Zip Code Tracke	r:		
29910	29928		
29910	3384 33480		
29926	33480		
29926	27205		
29910	27205		
30329	30342		
30329	29926		
39926	40422	- X	
29926	40422		
39978			
10128			
29910			
29910			
25309			
25 309			
29928			
79978			
29928			
29978			
39978			

ay Shift Pre-Show	Reception	5:30-	-1:30p
Illery Aftendance: ytime: The total number of te e-shows & Receptions: Us	/ ally marks should be equ se the clicker, no zip co	al to the total zip codes below. odes are required.	Total:
stomer Zip Code Track	en		
29926			
29910			
15317			
15317			
b5317			
35124			
35124			
29928			
299128			
29928			
29928			
29928			
29978			

ery Shift Time: 10 -	4	10	6 30-730
Shift Pre-Show ery Attendance:	Reception		
me: The total number of tall	y marks should be equal to t the clicker, no zip codes	the total zip codes below.	Total:
1 HH HI	0/5	(7	6
18 111 . 1 . 50			7 11
omer Zip Code Tracke	T*		
19926			
29910			
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29909			
76107			
76107			
29926			8
29926 29928			1 8
29928			
29978			
79978 29928 29928 29926 29926			
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29926			
U 107			

y Shift Time: 10	Reception		5:30-1:30p
lery Attendance: time: The total number of tall, shows & Receptions: Use	y marks should be equal to the the clicker, no zip codes an	total zip codes below. e reguired.	Total:
tomer Zip Code Tracke	r.		
29928			
29928			
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29926			
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Reception		
arks should be equal to clicker, no zip code:	the total zip codes below. s are required. Pre 54	Total:
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	(1)	
	arks should be equal to clicker, no zip code:	arks should be equal to the total zip codes below. If clicker, no zip codes are required.  Pre-54

Daily Log	10		Date: 7	-3-23
me:	Budia			
	1			
allery Shift Time: Day Shift Pre-Show	Reception			
allery Attendance:	, reaspirati 🔲			
sytime: The total number of tally n e-shows & Receptions: Use th	narks should be equal to the clicker, no zin codes	the total zip codes below are required.		Total:
14	* * # # # # # # # # # # # # # # # # # #			To Metal
10				
istomer Zip Code Tracker:		- 10		
33168				
32162				
2997				
19921				
79919				
2000				
16610				
19979/ 8010				
11 18/ 28/36				
25 713				3
20000				
1998				
77650				
10804				
29437				
29437				
29909				
29909				
35713 29938 29938 39650 10884 29437 29437 29909 29909			- 6-1	

ay Shift 🗖 Pre-Show allery Attendance:	Reception		
eytime: The total number of tal e-shows & Receptions: Use ####################################	ly marks should be equal t e the clicker, no zip code	to the total zip codes below. es are required.	Total:
ıstomer Zip Code Tracke	ers		
29978			
277907			
27707			
29926			
29938			
39004			
29928			
42511 42 104			
42104			
29928			
		1 4	

llery Shift Time: 10 By Shift A Pre-Shi llery Attendance:	O-4 Reception		0.50-1.30p
vlime: The total number of	tally marks should be equ Use the clicker, no zip co	al to the total zip codes below, odes are required.	95) Total:
stomer Zip Code Trac	cker;		
29910			
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29909			
29909			
29936			
29926			
29910			
29910			
29910			

ame:	dia		
llery Shift Time: ay Shift Pre-Show	Reception		
illery Attendance:			
ylime: The total number of tales shows & Receptions: Use	lly marks should be equal to the e the clicker, no zlp codes are	total zip codes below.	Total.
16+2=		176	1
1675	10	10	
ustomer Zip Code Tracke	er:		
29928	4		
39926			
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29909			
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29938			
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29909			
30041			
30041			
30041			
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37777			
37777			

Daily Log	Live	Date:_	1.0/20
	10-4	Syd	(130-7:30)
allery Shift Time: ay Shift 😿 Pre-Sh	ow Reception		7
allery Attendance:	M		
ytime: The total number of	ftally marks should be equal to Use the clicker, no zip codes	the total zip codes below.	)Total:
2	ose the dioker, no zip educa	14	5
istomer Zip Code Trad	cker		
30345			
30345			
30345			
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Daily Log		Date: _ 2 -	9-23
The state of the s			
Day Shift Time:   3 ~ 4 Reception	1		
Gallery Attendance:			
Daytime: The total number of tally marks should be equal Pre-shows & Receptions: Use the clicker, no zip coo	to the total zip codes belo les are required.	OW.	Total:
ustomer Zip Code Tracker:			
29902			
1990F 1833759			
337.59			

ery Shift Time: 10	-4			
Shift Pre-Show		1		
ery Attendance:				
me: The total number of tally shows & Receptions: Use	marks should be equa theyclicker, no zip co	l to the total zip codes belot des are required.	N.	Total
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IL mis IIK	'IN			0.0
ana Tin Kada Talaba				
omer Zip Code Tracker 19909	5			
29909				
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29926				
29926			3	
29926				
67090				
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07090				
29928				
29928				
32608				
32608				
29978				
20928				
29928				
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lery Shift Time: 10 -	1		
y Shift Pre-Show lery Attendance:	Reception		
time: The total number of tall shows & Receptions: Usi	lly marks should be equal to e the clicker, no zip code	o the total zip codes below. is are required.	Total:
tomer Zip Code Tracke	er;		
29928			
29928			4
49715			
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79928 29928			
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the second of th	De la de ate de la completa	at a read the weeks fallen	_
hows & Receptions: Us	lly marks should be equal to e the clicker, no zip codes	are required.	Total:
omer Zip Code Track	er:		
29926			
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29909			
29926			
01775			
01775			
0111			
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ery Shift Time: 10 - L Shift Pre-Show			
ery Attendance: ime: The total number of tally m shows & Receptions: Use the	arks should be equal to the total e clicker, no zip codes are rec	zip codes below. guired.  06	Total // 7
tomer Zip Code Tracker:			
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29926			
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2992Ce			
22193			
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22193 29926 47122 47122			
47122			
47122			
1 54 116			

allery Shift Time: 10-4		9:30-7:30	9.
ay Shift Pre-Show	Reception	,	
allery Attendance:	arks should be equal to the total zip	rodes helow	
e-shows & Receptions: Use the	clicker, no zip codes are require	ed (75)	otal:
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mir and			
istomer Zip Code Tracker:			
47122			2
47177			
47122			
24060			
29926			
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29928			
79909			
79909 79909			
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allery Shift Time: 10 -4	+	5:30-	7:30-p
y Shift Pre-Show	Reception		
rtime: The total number of tally marks e-shows & Receptions: Use the clic	should be equal to the to ker, no zip codes are r	tal zip codes below. equired. 54	Total:
stomer Zip Code Tracker:			
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15809			
72660			
65809		4	
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2960)			

allery Shift Time:			
Day Shift Pre-Sho	ow Reception		
allery Attendance: aytime: The total number of	tally marks should be ed	qual to the total zip codes belo	w.
re-shows & Receptions: (	Use the clicker, no zip	codes are required.	Total:
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ustomer Zip Code Trac	cker:		
29909	1		
79909			
29909			
2909			
Orto,			
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Daily Log		D	ate: 7/17/23
vame: Lyndsi		by	dia
Gallery Shift Time: 10-1	4		5:30-7:3013
Day Shift Pre-Show	Reception		/
Gallery Attendance:			
Daytime: The total number of tally more-shows & Receptions: Use the	arks should be equal to e clicker, no zip code:	the total zip codes below. s are required.	Total:
MAN Show Care	7 40	clock color	
7			
Customer Zip Code Tracker:	14 14 4	HITHER HE HE HE	THE CROShow
29909			UKE
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38562			
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ame: LyndSi		
allery Shift Time: 10-9		
ay Shift Pre-Show Reception		
allery Attendance: sylime. The total number of tally marks should be equ re-shows & Receptions: Use the clicker, no zip of	al to the total zip codes below.	
e-shows & Receptions: Use the clicker, no zip o	odes are required.	Total:
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istomer Zip Code Tracker:		
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ame: LyndS1 allery Shift Time: 10-4	1	6:30	-7:30pm
ay Shift Pre-Show [	Reception		7
ytime: The total number of tally e-shows & Receptions: Use	marks should be equal to the the clicker, no zip codes are	total zip codes below. required. [07	Total)
stomer Zip Code Tracker		i lave +	he New !
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Daily Log	Date: 1	20/23
ame: Lynds	Lydia	
allery Shift Time: 10-4	6:30-7	30-6.
ay Shift Pre-Show Reception		1
allery Attendance:		
aytime: The total number of tally marks should be equal tre-shows & Receptions: Use the clicker, no zip code	o the total zip codes below: es are required.	Total:
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lin lik mel		4
Istomer Zip Code Tracker:		
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ne: Lyndo	-U	5 30 -	1 200
lery Shift Time; 10	7	2 30-1	1.30p
y Shift Pre-Shov	Reception		
lery Attendance: time: The total number of ta shows & Receptions: Us	ally marks should be equal to se the clicker, no zip codes	the total zip codes below.	Total
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in the the	1111 1.	* *	
tomer Zip Code Track	er:		
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45040			
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178844			
en 11103			
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aily Log	na Smit	4 8	Date: 7/	72/23
lery Shift Time:	10-4		5:30-0	1:30p
y Shift Pre-Sho llery Attendance:	Reception [			
rime: The total number of	tally marks should be equi Ise the clicker, no zip co	al to the total zip codes be ides are required.	95	Total:
stomer Zip Code Trac	ker:			
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allery Shift Time:			
ay Shift Pre-Show	Reception		
allery Attendance:	ally marks should be equal to th	e total tie codes heleur	
re-shows & Receptions: Us	se the clicker, no zip codes a	re required.	Total
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ustomer Zip Code Track	er		
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Daily Log Gallery Shift Time: Pre-Show Day Shift Reception Gallery Attendance: Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes are required. Total: Customer Zip Code Tracker:

	30-7:30-p
	- ruf
the total zip codes below. are required.	Total:
	45)
	4
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	the total zip codes below. are required.

Daily Log me:		ia.5-7:30	7/26/23
Day Shift Pre-Sho  allery Attendance:  Daytime: The total number of tally Pre-shaws & Receptions: Use the o	marks should be equal to the tol licker, no zip codes required.		Total: 186
ustomer Zip Code Track	er:		
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Illery Shift Time:	me: Lyndsi		Typ	1120 A12	A.
ytime: The total number of tally marks should be equal to the total zip codes below.	y Shift Pre-Show Reception	ľ+		J. 20-713	ep.
110 mm 117		to the total zip co es are required.	des below. Pre Snou 91	Total:	

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me: Lyndsi lery Shift Time: 10	-4	5:30-	7:30%
y Shift 🕅 Pre-Show	W Reception		, u
lery Attendance: time: The total number of to	ally marks should be equal to t	he total zip codes below.	T
shows & Receptions: U	se the clicker, no zip codes a	are required.	Total - U
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stomer Zip Code Track	er;		
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allery Shift Time: 10 - 4		5:30-1	7/30p
ay Shift Pre-Show Red	ception		
allery Attendance:	H. In second and the L. Lister and	Estion.	
aytime: The total number of tally marks shou re-shows & Receptions: Use the clicker,		Delow.	Total:
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istomer Zip Code Tracker:			
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illery Shift Time: / ]	-4		
ay Shift Pre-Show	Reception		
allery Attendance:	ks should be equal to the lotal zip code	se halow	T
e-shows & Receptions: Use the c	clicker, no zip codes are required.	3 bolow	Total
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ACC. I			
etanas Zin Kada Terakar			
ustomer Zip Code Tracker:			
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Daily Log			Date: 7/3	31/2-3
Name: Upda				
Gallery Shift Time: 10	-4			
Day Shift 🔼 Pre-Sho	w Reception	]		**
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Daytime: The total number of tally in Pre-shaws & Receptions: Use the cli	narks should be equal to the to cker, no zip codes required.	otal zip codes below.		Total:
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ustomer Zip Code Tracke	<del></del>			
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Daily Log	Date: August 1, 2013
Name: Kristen, Lyndsi	- Judia
Gallery Shift Time: 10-4	5:30-7:30 p.
Day Shift Pre-Show Reception	
Gallery Attendance:	× × × × × × × × × × × × × × × × × × ×
Daytime: The total number of tally marks should be equal to the total zip	codes below.
Pre-shows & Receptions: Use the clicker, no zip codes required.	the how Total:
	PreShow Total:
1	100 (101)
Customer Zip Code Tracker:	
40304	
40324	
29926	
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29926	
44813	
94813	

Daily Log	Date: 8/2/23
Name: Lyndsi	Lydia
Gallery Shift Time:	538-1130-p
Day Shift Pre-Show Reception	•
Gallery Attendance:  Daytime: The total number of tally marks should be equal to the total zip	
Pre-shows & Receptions: Use the clicker, no zip codes required.	Reshow Total:  (94)
Customer Zip Code Tracker:	
29928	
29926	
29926	
100	

Daily Log	Date: 8/3	/23
summe: Lyndsi Caulder	Ludis	
Gallery Shift Time: 10-4	5.30	-7:30p
Day Shift Pre-Show Reception		- September 1
Gallery Attendance:		
Daytime: The total number of tally marks should be equal to the total zip codes below.  Pre-shows & Receptions: Use the clicker, no zip codes required.	PreShow 75	Total:
Customer Zip Code Tracker:		
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Gallery Shift Time: 10 - 4  Day Shift Pre-Show Reception  Gallery Attendance:  Day International Day International Day International Day Codes required.  Pre-shows & Receptions: Use the clicker, no zip codes required.  HAN HAN HAN TO 90  Customer Zip Code Tracker:  29910 29926 29926 29926 29926
Customer Zip Code Tracker:  29910 29926 29926 29926
Customer Zip Code Tracker:  29910 29926 29926 29926
Gallery Attendance:  Daystime: The total number of tally marks should be equal to the total zip codes below.  Pre-shows & Receptions: Use the clicker, no zip codes required.  The Show Total:  70 99  Customer Zip Code Tracker:  9990 29910  29926  29926  29926
Daytime: The total number of tally marks should be equal to the total zip codes below.  Pre-shows & Receptions: Use the clicker, no zip codes required.  The Show Total:  Tota
HH M HL H 70 (92)  Customer Zip Code Tracker:  99910 29910 29926 29926 29926 29926
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29921

Daily Log	-		Date: 8-5	-23
Name: Mer	ra		Ludia	
Gallery Shift Time:	10-4		15:30-	7:300
Day Shift Pre-Show	☐ Reception ☐			1
Gallery Attendance:				
Daytime: The total number of tally ma	irks should be equal to the total	al zip codes below.	2000	
11 M M 1111	19	-	98	(1/7)
Customer Zip Code Tracker	•			
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Daily Log	25	Date: _	8-6-23
Mame: Www.	ro-		
Gallery Shift Time:	12-4		
Day Shift Pre-Show	Reception		,
Gallery Attendance:			
Daytime: The total number of tally marks Pre-shows & Receptions: Use the clicker, n	snouid be equal to the total zi to zip codes required.		Tetal
THI		Pre Show	
Customer Zip Code Tracker:		, ,	
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llery Attendance:			
Pre-shows & Receptions: Use the clicker, no zip code.	equal to the total zip codes below. s required.	Total	6
stomer Zip Code Tracker:			
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me: LIMOSI  Illery Shift Time: LO-4	Date: 870	123 14 -7:30b.
Pre-Show Reception Recepti		Total:
tomer Zip Code Tracker;		
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GL5025L		
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00831		
29301		
29377		
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Daily Log  Name: Lyndsi  vallery Shift Time: 10	Cavlder 1-4	Date: 8/0 System 5.	35-7:30p
Day Shift Pre-Show    Comparison of the comparis	narks should be equal to the total zin		Total:
ustomer Zip Code Tracke	G		
33774			
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Daily Log		Date: 8/10/23
Name: Lynds	l	Luxia
/ 1	-4	5:30-7:30p.
Day Shift Pre-Show		
'	5	
Gallery Attendance:  Daytime: The total number of tally m	arks should be equal to the total zip	The control of the co
Pre-shows & Receptions: Use the click	ter, no zip codes required.	+ reShow Total:
I IM IM IM	LH 11	95 (1117)
Customer Zip Code Tracker	r:	
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ame Lychon		Date: 8	/ Dona
allery Shift Time: 10 a - 40		5.30-	7:30
pay Shift Pre-Show R	eception		
allery Attendance; sytime: The total number of tally marks sh	ould be equal to the total z	ip codes below.	T
re-shows & Receptions: Use the click	r, no zip codes are requ	ired. Preshow	Total
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ustomer Zip Code Tracker:			
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Daily Log	Date: 8/12/23
Name:	Ludia!
Gallery Shift Time: / 0 - 4	5:30-1:30-h
Day Shift Pre-Show Reception	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total zip co Pre-shows & Receptions: Use the clicker, no zip codes required.	odes below.
10004 THAI	Total  95 (101)
Customer Zip Code Tracker:	
19928	
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Daily Log	Date: 8-13-23
Jame: Lino Smith	
Gallery Shift Time:	
Day Shift Pre-Show Reception	
Gallery Attendance:  Daytime: The total number of tally marks should be equal to the total zip codes below.	Caro
Pre-shows & Receptions: Use the clicker, no zip codes are required	Total:
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illery Attendance: ytime: The total number of tally marks should be equal to the total zipe-shows & Receptions: Use the clicker, no zip codes are required.	codes below.
ay Shift Pre-Show Reception Illery Attendance: ytime: The total number of tally marks should be equal to the total zip e-shows & Receptions: Use the clicker, no zip codes are require  H	codes below. ed. Total:
allery Attendance:  aytime: The total number of tally marks should be equal to the total zip re-shows & Receptions: Use the clicker, no zip codes are requir	codes below. ed. Total:
aytime: The total number of tally marks should be equal to the total zip re-shows & Receptions: Use the clicker, no zip codes are requir	rodes below. ed. Total:
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ustomer Zip Code Tracker:	
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aily Log ne: Lundsi	1/2	Pate: 8/1	3/23
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ery Shift Time: 10 ~ 4  y Shift		1 2120 1	Sup
y Shift Reception Reception ery Attendance:			
ime: The total number of tally marks should be equal	to the total zip codes below	to.	Total -
shows & Receptions: Use the clicker, no zip cod	The regulation	5how-	Total:
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tomer Zip Code Tracker:			
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Daily Log Lyndsi			Date: 8/11	123
ame: 4 97 (CIS) allery Shift Time: 10	-4		5:30-	7'30-p.
allery Attendance:		3		
aytime: The total number of ta e-shows & Receptions: Us	ally marks should be equ se the clicker, no zip co	don ore required	Strow 96	Total:
ustomer Zip Code Track	er:			
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aily Log me: Lynds			5/17/23 -7:30-p.
lery Shift Time: 10	-9	3 30	7:30-p.
y Shift Pre-Sho	W Reception		*
	ally marks should be equal to		
-shows & Receptions: U	se the clicker, no zip code:	s are required to the	Total:
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tomer Žip Code Traci	ker:		
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ime: (00) Un	1051/ Lydia 12-40	- Syo	5:30-7130-p
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stomer Zip Code Track	rer:		
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allery Attendance: sytime: The total number of tall re-shows & Receptions: Use	ly marks should be equal the clicker, no zio co	I to the total zip codes be	elow.	Total:
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mank on	13		02	AC.
ustomer Zip Code Tracke	er:			
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ellery Attendance: lytime: The total number of the e-shows & Receptions: U	ally marks should be equise the clicker, no zip co	al to the total zip codes below.	Total: 123
stomer Zip Code Tracl	cer:		
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hift Pre-Show	Reception		
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ows & Receptions: Use	the clicker, no zip codes are re	equired.	Total:
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ner Zip Code Tracke	re		
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y Shift Time: 10=1	4		
hift Pre-Show			
y Attendance:	П		
e: The total number of ta	ally marks should be equal to se the clicker, no zip codes	the total zip codes below.	Talel
III	se the choker, no zip codes	are required.	Total
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mer Zip Code Track	er:		
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ne: Lyndsi			
lery Shift Time: 10-4			
y Shift Pre-Show Reception			
lery Attendance:			
time: The total number of tally marks should be equal to shows & Receptions: Use the clicker, no zip code	o the total zip codes below, es are required.		Total:
tomer Zip Code Tracker:			
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Daily Log	Date: 8/2	4/23
Alame: Lynds!		
Callery Shift Time: 10-9		
Day Shift Pre-Show Receptio	n 🗖	
Gallery Attendance:  Daytime: The total number of tally marks should be e	onual to the lotal vin codes helow	
Pre-shows & Receptions: Use the clicker, no zip		Total: 5
Customer Zip Code Tracker:		
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Daily Log		Date: 8/25/23
me: Lyndsi		
liery Shift Time: 10-4		
ay Shift Pre-Show Reception		
llery Attendance:		
rtime: The total number of tally marks should be equ e-shows & Receptions: Use the clicker, no zip o	ial to the total zip codes belo odes are required.	Total:
stomer Zip Code Tracker:		
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allery Shift Time: 10-4			
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Gallery Attendance: Daytime: The total number of tally marks shot	uld be equal to the total zip cod	es below.	Tame
re-shows & Receptions: Use the clicker,	, no zip codes are required.		Total:
un			
ustomer Zip Code Tracker:			
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Daily Log me:	na .	Date: _	0,000
lery Shift Time:	2-4		
y Shift Pre-Show	Reception		
llery Attendance:			
rume; The total number of tall e-shows & Receptions: Use	y marks should be equal to the the clicker, no zip codes an	total zip codes below. e required.	Total
stomer Zip Code Tracke	r:		
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Daily Log	de	,05	Date: 8/28/023
lame: Lyh	10-4		
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allery Attendance:			
Paytime: The total numb Pre-shows & Reception	per of tally marks should be equa ons: Use the clicker, no zip co	al to the total zip codes bei des are required.	Total:
ustomer Zip Code	Tracker:		

Daily Log Lyndsi	Date: 8/29/23		
Gallery Shift Time: 10-4			
Day Shift Pre-Show Reception	П		
Gallery Attendance:			/www.
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Justomer Zip Code Tracker:			
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ame: <u>UM d.S</u> allery Shift Time: [C	-4		
ay Shift Pre-S	Show Reception		
ytime: The total number	of tally marks should be equal is. Use the clicker, no zip code	to the total zip codes below. es are required.	Tour 1
stomer Zip Code Tr	acker:		
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Daily Log		Date: _	9/1/23	
ame: Lundsi		2010.2	1.1-	
() 10 11				
allery Shift Time: 10~ 7  Day Shift Pre-Show R				
TY	eception			
allery Attendance: aytime: The total number of tally marks sh	ould be equal to the to	al zip codes below.		
re-shows & Receptions; Use the click	er, no zip codes are n	equired.	Total:	
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ustomer Zip Code Tracker:			-	
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29910			-	
~				
\$10524				
19524				
01100				

ame:	5-4	14 rister 6-7:30	
Pre-Show	-	0 7 20	
allery Attendance; aytime: The total number of tally re-shows & Receptions; Use	marks should be equal to the clicker, no zip godes Pre-show 40	o the total zip codes below. s are required.	Total:
ustomer Zip Code Tracker			
29923			
29928			
29909			
29989			
01432			
29910			
29929			
79928			
05405			
29644			
29644			
29 Ley4			

Daily Log	i v	Da	te: 9-3-23
Name:	Dina	/ AMV -V	reception
allery Shift Time:	12-4	1 11-1:30	CANA
	Show Reception	1 4 1.00	PIVI
Gallery Attendance:	Keception _		
aytime: The total number	r of tally marks should be equal to s: Use the clicker, no zip code PRE	to the total zip codes below. es are required.	Total:
ustomer Zip Code Ti	racker:		
	1		

ne: Krustov		Date: 91	
10.11			
ery Shift Time: 10-4  Shift X Pre-Show Reception	-		
lery Attendance:			
time: The total number of tally marks should be equi- shows & Receptions: Use the clicker, no zip co	al to the total zip codes be odes are required.	lów.	Total:
tomer Zip Code Tracker:			
98911			
38311			
30062			
29926			
30067			
29928			
29928			
79485			
79485 79978 79978			
19928			
74418			
	0		

Daily Log	Date: 4/5/23
Name: Lyndsi	
allery Shift Time: 10-4 5	
Day Shift Pre-Show Reception	Ø.
Gallery Attendance:  Daytime: The total number of tally marks should be equal to the total number of tally marks.	I \
Pre-shows & Receptions: Use the clicker, no zip	codes are required
Customer Zip Code Tracker:	
19928	
29928	
29910	
29910	
29926	
46140	
96140	
60189	
60137	
29910	

Daily Log		Date: 4/6	6/23
Name: Lynds			
Sallery Shift Time: 10-4			
	ception		
Gallery Attendance:	сериоп 🗖		
Daytime: The total number of tally marks shown and the clicker, the cl	uld be equal to the total zip c no zip codes are required	odes below. d.	Total.
Customer Zip Code Tracker:			
29926			
29926			
29926			
29926			
29926			
29926			
79976			
29926			
29928			
29926			
29926			
29928			
29928			
45140			
29926			
29910			
29936			
29931	981		
29926			
		1	

ollery Shift Time: 10-4		
allery Attendance:	Reception	
	should be equal to the total zip codes below.	Total:
HT WHIII	15 Demo	
ustomer Zip Code Tracker:		
29928		
31216		
29928		
30040		
30040		
30040		
30040		
28210		
29926		
29974		
29926		
29316		
29924 29926 29316 27282 29926		
29926		

Daily Log	Date:	1/8/23
vame: Lyndsi		
Lallery Shift Time: 10-4		
Day Shift Pre-Show Reception		
Gallery Attendance:		
Daytime: The total number of tally marks should be equ Pre-shows & Receptions: Use the clicker, no zip c	ial to the total zip codes below. odes are required	Total:
美层之三差		D
Customer Zip Code Tracker:		
60614		
60614		
29601		
29601		
Denmark		
5000.		
29926		
29928		
30909		
30909		
28273		
28273		
30068		
30062		
30067		
30909 38273 28273 30068 30069 30069 30068		
17372 63146 63146 29928		
63146		
63146		
29928		

_allery Shift Time:			-
	eption		
Gallery Attendance: Daytime: The total number of tally marks shou	ld be equal to the total zip codes below.		-
Pre-shows & Receptions: Use the clicker,		Total	
THE WITH IN		2	4
JOHNH N			-
Customer Zip Code Tracker:			
28227			
28227			
29928			
29927			
29927		-	
34293			
29928			
29928			
29910 29910 29909 29909			
29910			
29909			
29909			
3347.2 60048			
60048			
20015			
34426			
V			

me: PATILICI	A MCGREEVEY			
llery Shift Time:	12-4pm			
ay Smit Pre-Sn	ow Reception	3		
allery Attendance; sylime: The total number o e-shows & Receptions;	f tally marks should be equa Use the clicker, no zip co	al to the total zip codes belo odes are required.	w.	Total:
ustomer Zip Code Tra	cker:			
29926				
22403				
			-,	
				= -

Daily Log			Date: 9/u/23
lame: Lynds			
allery Shift Time:	0-4		
Day Shift Pre-Show	W Reception		
iallery Attendance:	ally marks should be on	al to the total zip codes below.	
re-shows & Receptions: Us	se the clicker, no zip c	odes are required.	Foray
14 W/1	, //		(17)
ustomer Zip Code Track	ter:		
29928			
29928			
29928			
40356			
40356			
29928			
19928			
63021.			
63021			
63021			
65021			
29928			
45069			
63021 63021 63021 29928 45069			
	-		

Daily Log	Date: 9/12/23
Name: Lyndsi	
vallery Shift Time: 10 -4	
Day Shift Pre-Show Reception	
Gallery Attendance:	A STATE OF THE PARTY OF THE PAR
Daytime: The total number of tally marks should be equal to Pre-shows & Receptions: Use the clicker, no zip codes	are required.  Total
THE WE HAT THE	(19)
11. 11. 11. 11. 11. 11. 11. 11. 11. 11.	
Customer Zip Code Tracker;	
Unasca -	
46162	
43540	
29926	
28327	
28327	
29627	
29627	
29627	
29926	
29926	
29928	
17277	
17227	
29928	
29928	
33173	
53173	
37849	

ne: Lyndsi		
ry Shift Time: 10 -4		
Shift Pre-Show Reception		
ery Attendance: me: The total number of tally marks should be e	qual to the total zio codes below.	
shows & Receptions: Use the clicker, no zip	codes are required.	Total
IM MI		16
. i did i		
omer Zîp Code Tracker:		
G<19		
73211		
20010		
29928		
29928		
29926.		
29926		
24161		
24101 30075 30075 24101 63128 63128 30328 30328		
30075		
24101.		
/3128		
63128		
31328		
70328		
BUSIN		
10.700		

Tallery Shift Time: 10 -4	+ Cindy S-	
	Reception	
Gallery Attendance:		
Daytime: The total number of tally marks s Pre-shows & Receptions: Use the click	should be equal to the total zip codes below. ker, no zip codes are required.	Total:
MAM/	+ 19	30
Customer Zip Code Tracker:		
40207		
40207		
29909		
29910		
17110		
17110		
29976		
29909		
29909 29910 29910		
29910		
29910		
601441		
29928		
29910		
29928 29910 29910		
29928		

Daily Log		Date: 4	15/23
me: Lyndsi			
llery Shift Time: 10 -4			
ay Shift Pre-Show R	Reception		
allery Attendance: sylime: The lotal number of tally marks st	hould be equal to the total zi	a codas balow	
e-shows & Receptions: Use the clicke	er, no zip codes are requi	red,	Total
1111111111			(6)
MIIN			
ustomer Zip Code Tracker:			
29910			
29926			
29928			
79910			
30000			
31909			
29010			
88181			
28787 28787 12561 12561			
10101			-
125/1			
17501			

Daily Log		Date: _9//	6123
iallery Shift Time: 10 - 4			
	otion 🔲		
Gallery Attendance:	DOI:011		
Daytime: The total number of tally marks should Pre-shows & Receptions: Use the clicker, no	be equal to the total zip codes below	6	Total:
	s zip codes die reguirea.		3
Customer Zip Code Tracker:			
78691			
29927			
10314			
		-	

Daily Log	Date: 9-17-23
Name: Lina	
pallery Shift Time: _/ 2 -²\	
Day Shift Pre-Show Reception	1
Gallery Attendance:	
Daytime: The total number of tally marks should be equal Pre-shows & Receptions: Use the clicker, no zip co	I to the total zip codes below. des are required.  Total:
Customer Zip Code Tracker:	
2701	
29926	
17360	
29928	
79924	
29924	

allery Shift Time: 10 - 4			
	ception		
aytime: The total number of tally marks show e-shows & Receptions: Use the clicker,	uld be equal to the total zip co no zip codes are required.	des below.	Total:
ustomer Zip Code Tracker:			
29909			
29928			
29928			
		~	

shows & Receptions: Use the clicker, no zip codes are required.		Total:
ine: The total number of tally marks should be equal to the total zip codes below. Shows & Receptions: Use the clicker, no zip codes are required.  Somer Zip Code Tracker:  13054  13054  27408  77365  27765  29924  29924		Total:
13054 13054 27408 27365 27363 29928 29926		
13054 13054 27408 27263 27263 29928 29926		
13054 27408 27263 21263 29928 29926		
27400 27263 27263 29928 29926		
27263 29926		
29926		
29926		
	-	

Daily Log	Date: 9/20/2	
ame: Lynd)		
allery Shift Time: 10-4		
<b>Y</b>	otion 🔲	
allery Atlendance; aytime: The lotal number of tally marks should l	he equal to the total zin codes helpw	-
re-shows & Receptions: Use the clicker, no	zip codes are required.	al:
THE MUNICIPAL SHIT		V
The such that I		
ustomer Zip Code Tracker:		
12309		
12309		
33491		
24015		
33491		
30090		
30040		
16059		
16659 29928		
79928		
1.1747		
48390 29909 29909 29988 10023		
29909		
29909		
29909		
29928		
10002		
(()()2-)		

aily Log	Date:	1/21/23
ame: Lynds 1		
llery Shift Time: 10-4		
ay Shift Pre-Show Reception	1	
allery Attendance: aytime: The total number of tally marks should be equa	I to the total zip codes below.	
e-shows & Receptions: Use the clicker, no zip co	des are required.	Total
M M III		$( \cdot , t )$
16 142		
ustomer Zip Code Tracker:		
37934		
37934		
29926		
27403		
27403		
44256		
28451		
29928 48603 48603 48823 48823		
48603		
48603		
48873		
48873		

Daily Log		Date: 9/2	2/33
Name: Lyndsi			
0 10-11			
datiety stifft fine.	December -		
Day Shift Pre-Show Dailery Attendance:	Reception		
Daytime: The total number of tally ma	arks should be equal to the total zip cod e clicker, no zip codes are required.	es below.	Total:
ustomer Zip Code Tracker:			
29928			
29928			
29928			
29909			
29909			
93923			
29928			
4/047			
41047			
32031			
2205			
a-10 (d)			

Day Shift Pre-Show Reception Reception Sallery Attendance:  Paytime: The total number of tally marks should be equal to the total zip codes belower-shows & Receptions: Use the clicker, no zip codes are required.	Total:
iallery Attendance: aytime: The total number of tally marks should be equal to the total zip codes belowers are required.	Total:
aytime: The total number of tally marks should be equal to the total zip codes belower-shows & Receptions: Use the clicker, no zip codes are required.	Total:
ustomer Zip Code Tracker:	
29927	
=9920	
29924	
1000	
29926	
79974	
52204	

Daily Log	ina Smit	Date:	7/24/23
llery Shift Time:	12-4		
Pay Shift Pre-Show	Reception		
allery Attendance:			
aytime: The total number of tally re-shows & Receptions: Use	marks should be equal to the clicker, no zip codes a	ne total zip codes below. are required.	Total
ustomer Zip Code Tracker	\$	4	
39928			
42303			
42303.			
26924			
29976			
29708			
-			

= Lynds		
ry Shift Time: 10 ~4		
Shift Pre-Show Reception Prey Attendance:		
me: The total number of tally marks should be eq shows & Receptions: Use the clicker, no zip	ual to the total zip codes below. codes are required.	Total:
comer Zip Code Tracker:		
27518		
2998		
Jante		
500 60		
34026		1

Date: _ 9/	26/23
total zip codes below. required.	Total:
	(4)
	10
	~
	total zip codes below. required.

Daily Log	Date: 9/27/23		9/27/23
lame: Lymdsi			**
jallery Shift Time: 10-1	4 25:30=	7:30	
Day Shift Pre-Show	5 Marie and The Second		
Callery Attendance:	* -		
Paytime: The total number of tall Pre-shows & Receptions: Use	the clicker, no zip codes are	total zip codes below. e required.	Total:
HT WHA	th 1/11 35	5/52	80
		1	
ustomer Zip Code Tracke			
29926	29928		
29926	29926		
29928	29926		
29928	29924		
30013	29926		
50013	29928		
29926	29928		
29909	29928		
29909			
28365			
34302			
3/301			
31701			
85396			
85396			
43569			
43402			
43506			
20028			
45430			

Daily Log	Date: 9/28/23
Linder	
Name: 27(03)	
Day Shift Time: Reception ☐	
Day Shift Reception Reception Gallery Attendance:	
Daytime: The total number of tally marks should be equal	to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip code	as are required.
W MINIM	
13.8 1 2 1 13.5	
Customer Zip Code Tracker:	
30030	
74959	
12/80	
10128	
43149	
43130	
79978	
60015,	
29928 29978	
39928	
20910	
23111	
23111 23456 29928	
29928	
29928	
29909	
29909	
29909	
29928 29928 29909 29909 29909 29904 29924	
301076	

ery Shift Time: 10 - L Shift Pre-Show ery Attendance:	Reception		
me: The total number of the	ally marks should be equa se the clicker, no zip co	l to the total zip codes below. des are required.	Total:
omer Zip Code Track	cer:		
37027			
20687			
36038			
29928			
19617			-
29928			
39908			
29976			0.
			1

Daily Log	~ 1.18	Date:	-30-23
lame:	Him an	Dyja	ia
allery Shift Time:	10-4	1.5	: 30-1:30p
Day Shift Pre-Si	now Reception		,
allery Attendance:	0		-
	of tally marks should be equal to Use the clicker, no zip codes		Total:
144		188	127
ustomer Zip Code Tra	acker:		
299210			
29924			
29928			
29910			
29978			
29928			

Daily Log Date: 10-1-25			
ame:	2-4		
allery Shift Time: 18	2-4		
Day Shift Pre-Sho	Reception		
Gallery Attendance:	telly marks should be equal t	o the total zin codes below	
Pre-shows & Receptions: L	Jse the clicker, no zip code	o the total zip codes below. es are required.	Total:
2		73	75
ustomer Zip Code Trac	:ker:		
MOSPIN,			
9,00,10			
Ď.			
		4 1 = 1	

Cos

Date: 10/2/23 Daily Log Name: Gallery Shift Time: Reception Day Shift Pre-Show Gallery Attendance: Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes are required. Total Customer Zip Code Tracker:

Daily Log	1	Date:_	10/3/23
ame:	1-4		
Day Shift N Pre-Show	Reception		
allery Attendance:			
aytime: The total number of ta re-shows & Receptions; Us	lly marks should be equal to t e the clicker, no zip codes	the total zip codes below. are required.	Total;
My AL			11
ustomer Zip Code Track	er:		
29924			
24928			
2993			
79978			
27408			
85351			
30080			
27518			
27518			
24926			
		+	

Daily Log		Date:	Date: 10/4/23	
lame: LUNAS	<u> </u>	Dyd	10-12-	
Gallery Shift Time:		1 6	5:30-1:30p	
Day Shift 🔼 Pre-Sho	W Reception			
Sallery Attendance: Daytime: The total number of t	tally marks should be equal to the	e total zip codes below.	10-	
Pre-shows & Receptions: U	lse the clicker, no zip codes ar	re required.	Total:	
HT 11	1	ÞÇ		
			-1	
Customer Zip Code Traci	ker:			
54494				
54494				
20928				
43201				
29926				
29926				
39928				
(8D)				

aily Log		Date:	12183
ery Shift Time: 10-4		5:30-7.	300
ay Shift Pre-Show	Reception		
llery Attendance:			-
ytime: The total number of tally s-shows & Receptions: Use t	marks should be equal to the total zi he clicker, no zip codes are requi	red. 83	Total:
stomer Zip Code Tracker:			
29909			
29909			
29910			
06410			
18110			
00000			
27707		- 1	
27707		Jus.	
01101			

		100	
Daily Log		Date: 0/0	123
Name: Limds		Ludia	
0 10 11		1/5'2	1:30-
Sundry Strike Things.	ption		
Gallery Attendance:	DEGNIC		
Daytime: The total number of tally marks should Pre-shows & Receptions: Use the clicker, no	be equal to the total zip coo o zip codes are required.	des below. 64	Total:
Customer Zip Code Tracker:			
29910			
79910			
29910			
45140			
115040			
10910			
46032 46032 29926 29926			
46032			
29926			
29926			

Daily Log	-	Lydio	
llery Shift Time: 16-4		5:30-1:	30p.
	ception		9
allery Attendance:			
ytime: The total number of tally marks sho e-shows & Receptions: Use the clicker	uld be equal to the lotal zip codes and zip codes are required.	below.	otal:
(11)		122	126
111		100	2
		4	
ustomer Zip Code Tracker:			
29910			
29165			
299260			
0-110-4			
			_
		-	

Daily Log	Date	10/8
Gallery Shift Time: 12-4	eception	
Daytime: The total number of tally marks sh Pre-shows & Receptions: Use the clicke	ould be equal to the total zip codes below. er, no zip codes are required.	Total:
Customer Zip Code Tracker:		
30518		
30518		
29928		

Daily Log		
allery Shift Time: 10 -4		
Day Shift Pre-Show Reception	n 🔲	
iallery Attendance: aytime: The total number of tally marks should be e	gual to the total zin codes helow	
re-shows & Receptions: Use the clicker, no zip	codes are required.	Total:
14/14/14/1		160
ne MININ		
stomer Zip Code Tracker;		
29910		
29910		
0-8731		
24221		
29926		
29926		
16602		
13001		
99011		
29017		
29926		
3-72100		
09126		
20003		
20010		
0.4.440		

hows & Receptions: Us	e the clicker, no zip code	o the total zip codes below:	
THE MITH	il .	es are required.	Total:
omer Zip Code Track	er:		
45365			
45365			
28117			
29909			
29909			
29909			
29910			
29910			
29928			
29919			
29925			
A 27			
29909			
19909			
19909 19909 35151			
19909 19909 35151			

aily Log		Dat	e: 10/11/b3
me: Lyndsi		Den	dia
llery Shift, Time: 11-4			5:30-9:30 p
ay Shift Pre-Show			
allery Attendance:		and also anadom hadour.	, , ,
ytime: The total number of tally e-shows & Receptions: Use	marks should be equal to the to the clicker, no zip codes are	equired.	Pre Total:
11 LAR LATE W	11 12	Quired.	233
1 monda	1	Dele /	800
Istomer Zip Code Tracker			
44233	62946		
44133			
44153			
00000			
29999			
7 9000			
18254			
78239 78239 29926 29910			
7000			
30010			
2000			
29070			7
15234			
15/46			
15146			
13190			
29926			
44011			
The second secon			

aily Log	Caller	Date: 10/	
ery Shift, Time:	-4	5:30-7	30p
Shift Pre-Show	Reception		,
ery Attendance:	ly marks should be equal to the total zip of	codes below.	Transition of
hows & Receptions: Use	the clicker, no zip codes are require	d. / \	Total.
ruff Inf Co	1 111	01	00
	1X-1		-
mer Zip Code Tracke	NE .		
< > 2 <	30009		
2022	30009		
211725	30001		
2422	30144		
116100	201 20149		
10192			
48192			
5/683			_
28129			
20129			
ucmi			
48021			
28729 28729 U8021 U8021			
48169 48169 48021			

Daily Log	pate: 10/13/23
me: Lyndsi	Dydia 1150
allery Shift Time: 10-4	5 30-1.30 p.
ay Shift Pre-Show Reception	***
illery Attendance: (	o codes below.
e-shows & Receptions: Use the clicker, no zip codes are requi	red. Total
W MILL IN	4
ILK HIX HIV. K	V
ustomer Zip Code Tracker:	
(242)	
19735	
66213	
16648	
29909	
29910	
29976	
29928	
29909	
79909	
30909	
30909	
29927	
29027	
29928	
37771	
37771	
22-00	
92200	
03309	

Daily Log	7.5			-14-13
Name:	10-4	1	Syden 5.	80-7:30.p.
Day Shift Pre-Show	w☐ Reception 🗅	1		
Gallery Attendance: Daytime: The total number of to	ally marks should be equal t	o the total zio codes be	elow.	
Pre-shows & Receptions: Us			92	Total: /03
Customer Zip Code Track	er:			
29926				
55372				
55372		_		
29920				
29909				
79909				
30341				
30341				
29928 29938 2993C	-		- 8-	
20000				
79900				

ame: Jerrs	andy 5.		
allery Shift Time:			
Day Shift Pre-Show Rec	eption		
Gallery Attendance:		anning a const	1
Paytime: The total number of tally marks shou Pre-shows & Receptions: Use the clicker,	ild be equal to the total zip coo no zip codes are required.	les below.	Total:
3	\$	0	05
	D		00
			,
ustomer Zip Code Tracker:			
35213			
19910			
20036			
23185			
A010			

Daily Log	Date: 10/16/23
Name: Lynd Si	
Gallery Shiff/Time: 10-4	
Day Shift Pre-Show Reception	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total zip codes be Pre-shows & Receptions: Use the clicker, no zip codes required.	Total:
Customer Zip Code Tracker:	
29928	
29928	
60010	
60010	
29926	
29938	
79217	
00001	
80026	
19375	
19333	
19335	

Daily Log	Date: 10/17/23	
Name: Lynds		
Sallery Shift Time: 0-4		
Day Shift Pre-Show Reception		
Gallery Attendance:		
Daytime: The total number of tally marks should be energy and the clicker, no zip	qual to the total zip codes below codes are required.	
ustomer Zip Code Tracker:		
30504		
30504		
30114		
30114		
27408		
76180		
76 180		
76078.		
19926		
45737		
65737		
31911.		
31411		

Daily Log	Datej_	10/18/23
allery Shift Time: 0~4	Syc	des 0-1:30
Day Shift Pre-Show Reception		0-1150
allery Attendance:		
aytime: The total number of tally marks should be equal re-shows & Receptions: Use the clicker, no zip coo	to the total zip codes below.	Total:
美美美	(115	135
ustomer Zip Code Tracker:		
29466		
29466		
29466		
34 238		
34238		
34238		
34238		
29910		
27612		
94110		
29910		
27617 94110 29910 29910		
29576 29576 29928 29928		
201576		
30028		
70028		
91436		
91436		
91436		
914330		

Daily Log Lynds		Date: 10/1	)
allery Shift Time: 10~4	,	116:	30-7130
Day Shift Pre-Show	Reception		
iallery Attendance:			
aytime: The total number of tally tre-shows & Receptions: Use	marks should be equal to the to the clicker, no zip codes are i	tal zip codes below. equired.	Total:
H1 71174 114	20 11 114	(95)	117
me in the	W/11 20		1/1
ustomer Zip Code Tracker		4	
29909	31410		
29909	29910		
29909 29909			
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43220			
43220			
29926			
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14706			
23464			
29010			
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29920 29920 29920 14706 14706 29910 29910 29920 29920 29920 29920 29920			
29976			
71324			
3132u			

Daily Log		Date	10/5	10/23
Name: Lynda		h	din	
Callery Shift Time: 10 -	4	= = = = = = = = = = = = = = = = = = = =	5:30	-1136 10
Day Shift Pre-Show	Reception	-	2 . 00	7-07
Gallery Attendance:	Ц желдеолЦ			
Daytime: The total number of tall	ly marks should be equal to the	ne total zip codes below.		T-10
Pre-shows & Receptions: Use	s the chicker, no zip codes a	are required.	1	Total: 69
WWW IN	1)	(∫.)	1/	2.3
		1	/	
Customer Zip Code Tracke	ert			
29928				
29926				
29926				
28805				
28036				
29928				
40513				
29926				
29976				
29928				
29928				
29 a28 29 926				
79978				
85027			4	

Daily Log	no or	nit.	Date:	un non
Gallery Shift Time: /C			25	:30-7:304
Day Shift Pre-Show	Reception	J		
Gallery Attendance: Daytime: The total number of tall	v marks should be equa	I to the total zin codes i	nelow	T
Pre-shows & Receptions: Use	the clicker, no zip co-	des are required.	1/	Total:
1)			65	(-K)
				NY
Customer Zip Code Tracke				
29910				
29910				
29928				
55120				
19808				
20-6/4				
29926				
29926				
28928				
20140				
				_

Total:
Total:
Total:
- 4
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Callery Shift Time: 10-4   Reception   Ballery Attendance: Paytine: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes are required.  Sustomer Zip Code Tracker:  1993-1  293-1  2953-1  200-2  10	
aytime: The total number of tally marks should be equal to the total zip codes below.  The shows & Receptions: Use the clicker, no zip codes are required.  The shows & Receptions: Use the clicker, no zip codes are required.  Solution of tally marks should be equal to the total zip codes below.  The shows & Receptions: Use the clicker, no zip codes are required.  Solution of tally marks should be equal to the total zip codes below.  The shows & Receptions: Use the clicker, no zip codes are required.  Solution of tally marks should be equal to the total zip codes below.  The shows & Receptions: Use the clicker, no zip codes are required.  Solution of tally marks should be equal to the total zip codes below.  The shows & Receptions: Use the clicker, no zip codes are required.  Solution of tally marks should be equal to the total zip codes are required.  Solution of tally marks should be equal to the total zip codes are required.  Solution of tally marks should be equal to the total zip codes are required.  Solution of tally marks should be equal to the total zip codes are required.  Solution of tally marks should be equal to the total zip codes are required.	
Pre-shows & Receptions: Use the clicker, no zip codes are required.  Sustomer Zip Code Tracker:  Jagy 7  28327  27502  JAGY 6  HNS BAS	
Jag27 29927 29327 27562 29926 HNS BAS	Total:
Jag27 29927 29327 27562 29926 HNS BAS	62
Jag27 29927 29327 27562 29926 HNS BAS	
27502 29926 HNS 3 A5	
27502 29926 HNS 3 A5	
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77502 29926 HNS BAS	
HNS BAS	
HNS BAS	
HNS 3A5 HNS 3A5 HNS 3A5	
HNS 3A5 HNS 3A5	
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Daily Log	Date:	10/24/23
ime: Lynds i		
allery Shift Time: 10-4		
ay Shift ☑ Pre-Show ☐ Reception [	1	
allery Attendance:		
sytime: The total number of tally marks should be equal e-shows & Receptions: Use the clicker, no zip co	al to the total zip codes below. des are required.	Fotal
W III III	H 28-3-18-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3	((3)
In VII AII		
e Van Carlo Zing Carlo See Good Wood		
stomer Zip Code Tracker:		
29926		
86336		
86336		
20001-		
24074		
29978		
700170		
29928 29926 29926 39174		
29926		
20 001-		
20174		
2011		

Daily Log	Date: 10/25/23
Name: LUMCS1	Sudie
Sallery Shift Time: 10-4	5-30 7:30.0
Day Shift Pre-Show Reception	V
Gallery Attendance:	
Daytime: The total number of tally marks should be equa Pre-shows & Receptions: Use the clicker, no zip cou	I to the total zip codes below. des are required.  Total:
MI HII (1)	92 100
M 14/11 (10)	17 (01
ustomer Zip Code Tracker:	
1033	
17033	
29910	
29910	
29576	
24576	
29926	
29976	
29926	
29928	
29928	
29938	

Daily Log			Date: 0/2	16/23
Name: Lynds			Furn	
Gallery Shift Time: 10	-4/		1:30	-7:30p.
Day Shift Pre-Sh	ow Reception			
Gallery Attendance:	( )			
Daytime: The total number of Pre-shows & Receptions:	tally marks should be equa Use the clicker, no zip co	l to the total zip codes belov des are required.	N.	Total:
MHIM	1111 19		34	13
108 11 11 11 110	, Ha .			9
Customer Zip Code Trac	cker:			
46240				
46240				
29928				
gaarle				
jaable				
29910				
25117				
251117				
9/732				
90732				
29926				
28642				
28645				
27106				
36098				
90732 90732 29926 28645 28645 27106 27106 29038 29038				
34438				

Daily Log		Date: 1	0/27/23	
Name: Lynds		Ludia		
vallery Shift Time: 10	-4	5.13	10-7:30b.	
Day Shift Pre-Sho	W Reception		1 304	
Callery Attendance:	7			
Daytime: The total number of the street of t	ally marks should be equal to the lse the clicker, no zip codes are	total zip codes below.	Total	
THX 11 2		SC	87)	
ustomer Zip Code Tracl	ker;			
29978				
29978				
29928				
22151				
22151				
53005				
53005				

Daily Log Name: Mina Smith	Date: 10-28-23
Jallery Shift Time: 10 - 9	5:36-7:30 n
Day Shift Pre-Show Reception	
Gallery Attendance:	
Daytime: The total number of tally marks should be equipmershows & Receptions: Use the clicker, no zip o	codes are required.  Total:
Customer Zip Code Tracker:	
37,30	
35022	
33710	
337/0	
29924	
29928	
33412	
105.83	
29605 29605 29920	
296.05	
29920	

Daily Log	no /	Liz Har	Date		2/(20
allery Shift Time:	12-4				
ay Shift Pre-S	how Recei	otion 🔲			
allery Attendance: ytime: The total number	of tally marks should	be equal to the tota	l zip codes below.		
e-shows & Receptions	: Use the clicker, no	zip codes are re	quired.		Total:
6	2	PS =	-77		79
	-				
stomer Zip Code Tr	acker:				
21210					
21210					
	4			_	
	-				
	+				
					-

Daily Log		Date: _ / C	130/23
ame: Lynds			
allery Shift Time:	4		
Day Shift Pre-Show	Reception		
iallery Attendance:	consider what I'd Ke was a locate to the start.	The second of th	-
re-shows & Receptions: Use	marks should be equal to the total a the clicker, no zip codes are requ	rip codes below. lired.	Total:
TH IIII			1(9)
vi Villi			
ustomer Zip Code Tracker	1		
79976			
32-309			
29925			
29978			
91908			
21208			
29400			
79905			
29928			
			AT.

Daily Log		Date:	131/23
ime: Lynds			
illery Shift Time: 10-4			
ay Shift Pre-Show	Reception		
allery Attendance:	was the atom the transition of	and the refer to the	
aytime: The total number of tally re-shows & Receptions: Use	the clicker, no zip codes ar	e rotal zip codes below; e required.	Total
THE ILI			6
no all			(9)
			0
ustomer Zip Code Tracker	•		
15755			
29936			
79928			
20126			
20120			
60098			
60098			
60302			
60305			
		i	
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aily Log			Date: M	100
- 4/1	-4			
y Shift Pre-Show	Reception	]		
lery Attendance: time: The total number of tally	made chauld ha agus	il to the sate/ sie sad - E	1	
shows & Receptions: Use	the clicker, no zip co	des are required.	elow.	Total:
WHITH				16
4.4.1				1 . +
tomer Zip Code Tracker	÷			
74066				
31647 -				
51647				
29926				
30 345				
705,43				
62072				
28601			-	
30509			- 1	
308,09				
2007(6,				
2926				
			-	

Daily Log		Date: 11/2/23		
Name: Lyndsi				
Gallery Shift Time:	-4			
Day Shift Pre-Shov				
Gallery Attendance:	П			
Daytime: The total number of ta	ally marks should be equal to the se the clicker, no zip codes ar	e total zip codes below e required.	Total:	
Customer Zip Code Track	er			
Faldre	29978			
19130	29928			
19130	29926			
30625	299210			
30625	47 150			
76717				
78717				
03244				
03244				
03244				
33551				
71551				
27901				
27407				
21213				
55347				
53590				
53590				
2998				
4dd32				

Daily Log		p	oate:	3/23
Name: LUMS1				
Gallery Shifty Time: 10-4				
Day Shift Pre-Show	Reception			
Gallery Attendance:				
Daytime: The total number of tally ma Pre-shows & Receptions: Use the	rks should be equal to clicker, no zip codes	the total zip codes below. are required.		Total:
THE TOWNER				17
the Line is				1.7
A SAMPLE SECTION				
Customer Zip Code Tracker:			- 7	
24420				
25213				
25215				
25314				
29936				
17055			10 ± 11	
17011		Net see		
12603				
12603				
29926				
06471				
06471				
29926				
398				
29938				
12603 12603 29926 06471 06471 29926 29938 29938 48072 48072				
48077				

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Daily Log	Bate: 11-4- 2	3
Name:	Sydia	
Day Shift Time: 104. 40  Day Shift Pre-Show Reception	4:30-7:30	P
Gallery Attendance:		
Daytime: The total number of tally marks should be equal to Pre-shows & Receptions: Use the clicker, no zip code	to the total zip codes below. es are required.  Total:	3
		)

## Customer Zip Code Tracker:

29485	1001		
27284	GAA 1EX	GODA LED	
24319	29978	299110	
34319	39928	30370	
29938	29938	29926	
3/3/3			
31313			
39907			
28358			
28340			
29940			
29938			
29928			
39928			
29918			
39910			
29910			
1 29910			
29906			
29910			

Daily Log	On	Date:	11/5/23
lame:	Dina		
allery Shift Time:	10-0		
Day Shift Pre-Sh	now Reception		
Gallery Attendance:			
Daytime: The total number of Pre-shows & Receptions:	f tally marks should be equal to the Use the clicker, no zip codes a	e total zip codes below, re required.	Total:
ustomer Zip Code Tra	cker:		
48240			
196163			
496 103			
29928			
	+		

Daily Log	cos dsi	, c	Date: 11/6/	23
Name: LVYY	(00)			
Callery Shift Time:				
Day Shift P	re-Show Reception			
Gallery Attendanc				
paytime: The total num Pre-shows & Recept	nber of tally marks should be equitions: Use the clicker, no zip	ual to the total zip codes below. codes are required,		Total:
ustomer Zip Cod	e Tracker:			
			-	

Daily Log	_	Date:	1/7/23
Name: Lynds	t	Suldis	
Gallery Shift, Time:	-4	E STORE OF B	: 30-1:30-11.
Day Shift Pre-Shov	Reception		
Gallery Attendance:			
Daytime: The total number of the Pre-shows & Receptions: Us	illy marks should be equal to the	ne total zip codes below.	-6
THAT T		G 2	Tefai: 114
Customer Zip Code Track	er:		
Jaalle	29910		
39928	29909		
29928	0.110		
29978			
29928			
29926		×	
249240			
29928			
01581			
01581			
01581			
28277			
28277			
29928			
19928			
Agazia			
24008			
20026			
Haarla			
79075			

Daily Log		Dat Dat	e: 11/8/23
lame: UST WOT	4 × motor	an Tyd	ea dist
iallery Shift Time: 10 -	1 / Truction	10.	35 7:35p
Day Shift Pre-Shov allery Attendance:	Reception		-
aytime: The total number of ta	ally marks should be equal to th	e total zip codes below.	
re-snows & Receptions: Us	se the clicker, no zip codes a	re required.	75 Total:
IM IM M	1/1/1/	50/	92
	<del>\</del>		
ustomer Zip Code Track	er:	-/	
19976	29910		
29976	29910		
29978			
29978			
29910			
29910			
29909			
79909.			
29910			
29910			
29910			
29910			
79909			
76658			
25707			
75707			
45/07			
35243			
55243			
W6266			

Daily Log Lyndsi In-U		Date:	9192
allery Shift Time: 10 7  Day Shift Pre-Show Reception allery Attendance:			
raytime: The total number of tally marks should be edite-shows & Receptions; Use the clicker, no zip	ual to the total zip codes be codes are required.	elow.	Total:
ustomer Zip Code Tracker:			
29909			
29909			
19910			
29910			

Daily Log	Lydia Lynd	. Da	ate: 11-10-23
Gallery Shift Time: 16-11:30 a m   1-30-4  Day Shift Pre-Show Reception Callery Attendance:  Daytime: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes are required.  Total:			
29926 Jaa26			

Name:			
Callery Shift Time: Day Shift Pre-S	how Reception		
Gallery Attendance:	now   Reception		
Daytime: The total number	of tally marks should be equal to the clicker, no zip code:	o the total zip codes below. es are required.	Total:
Customer Zip Cade Tr	acker:		

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cos

Daily Log		Date:	1/13/23
UM	17		
Name:	12-4		
Gallery Shift Time:	10 1		
7	-Show Reception		
Gallery Attendance: Daytime: The total number	per of tally marks should be equal	to the total zip codes below.	7
Pre-shows & Reception	ons. Use the clicker, no zip cod	les are required.	Total:
Customer Zip Code	Tracker:		

D2:00:10:25		111	
Daily Log		Date: 11	14/73
Name: Lynds1	7		
Gallery Shift Time: 10 - 1	1		
Day Shift Pre-Show	Reception		
Gallery Attendance:			
Pre-shows & Receptions: Use	y marks should be equal to the total zi the clicker, no zip codes are requi	p codes below. red.	Total:
WMMI	HHH		(20)
Customer Zip Code Tracke	r:		
46060	78233		
46060	77489		
29910	77578		
29910	78220		
29910	5 9910		
29928	04441		
79976			
79976			
45052			
40883			
40383			
47143			
47143			
29926			
30022			
19709			
19709			
37919			
390100			
77001			

aily Log .		Date:	15 23
ne: Lyndsi			
llery Shift Time: 10-1			
ay Shift Pre-Show	Reception		
illery Attendance:			
ytime: The total number of tally e-shows & Receptions: Use :	marks should be equal to the total zip the clicker, no zip codes are require	codes below.	Total:
MIMIM	IN MINIM IN	168	165
110 100 101	1,4 11/2 11/21	100	100
stomer Zip Code Tracker	- C		
46914	28912		
46914	38712		
46214	55362		
46014	3010		-
38469	24910		
78469	Ø0183U	74	
32153	0/830		
33079	29910		
30131	P3996		
33153	44118		
33099	44118		
30131	44145		
9019/	09926		
62631	29970		
02631	20175		
47124	20175		
29928	LARDSS		
29978			
25215			
25216			

Daily Log		Dat	e: 11/16/23
lame: LUN VIOI	- (1		
allery Shift Time:	-4		
Day Shift Pre-Show	Reception		
allery Attendance: aylime: The lotal number of tal	ly marks should be equal to the t	otal zip codes below.	
re-shows & Receptions: Use	the clicker, no zip codes are	required.	Total.
MINIM	111 W W	[ 11	(3)
and the all	K mills 2		
ustomer Zip Code Tracke	er:		
NIE4G5	29910		
NIE4G5	29910		
29803	29928		
29803	29926		
299345069	27292		
43026	27292		
43026	72761		
37681	12065		
28645 28645 29928	12065		
28645	32.043		
29928	55113		
19968	55113		
29646			
19968			
29909			
29909			
28104			
28104			
42315			
24215			

ner Lynusi			
and annual transcription	-4		
y Shift Pre-Show	V Reception ☐		
lery Attendance: time: The total number of ta	ally marks should be equal to the to	otal zip codes below:	
shows & Receptions: Us	se the clicker, no zip codes are	required	Total:
WII			1
200			-1-2-
tomer Zip Code Track	er-		
20523	01.		
20523			
lucail			
49508			
44508			
29926			
ACAMI TONO	/		
- History			

Callery Shift Time: 10	-4		
Day Shift Pre-Show	☐ Reception ☐		
Gallery Attendance:	7 - 1 - 11 / 21 F H	ELECTION CONTRACTOR	
Daytime: The total number of tali Pre-shows & Receptions: Use	y marks snould be equal to the the clicker, no zip codes are	e required.	Total:
Customer Zip Code Tracke	r. 31324 (3)	29927(3) 29910 2	Cinto
29928	44903(2)	58 201	63084
29923		26201	279 26
*87100-1	Finland	48108	25910
88610	11	299.10	31324
29483		02184	2992862
2992843	29926	28655	29724
36117	57009	29926	46074
36117	95046	61073	79910X2
30522	27927(2)	29928XZ	2916
30022	29926	15421	79927
29605(3)	29928	10994	29926
2928 (V)	299 26	3000	29928XZ
29924	11525(3)	29928	44/29 (3)
29926	35039 35009	21770	29928 2014 44074
29909	35009	29728	2014
40514(2)	45036	30044	44074
05458(2)	85095	27926	299102
29934	33001	79924 19910 x2 19206	99910
299 26	29974	29910x2	40514 (4)
24928	19910 25105(2) 281924 137	192010	

iallery Shift Time:  Day Shift Pre-Show Reception Reception islery Attendance:  aytime: The total number of Itally marks should be equal to the total zip codes below. Itershows & Receptions: Use the clicker, no zip codes are required.  Interpretation of the control of the control of the total zip codes below. Itershows & Receptions: Use the clicker, no zip codes are required.  Interpretation of the control o				O VIII	lame:
allery Attendance: aytime: The total number of tally marks should be equal to the total zip codes below. re-shows & Receptions: Use the clicker, no zip codes are required.  Jetan:  J				2.00 (No. 1)	
aytime: The total number of tally marks should be equal to the total zip codes below.  re-shows & Receptions: Use the clicker, no zip codes are required.  Lotat:  17  ustomer Zip Code Tracker:  29 40 5				Reception	
Total:    17	1		al zip codes below.	urks should be equal to the t	
2960513 29928x2 29928 29206 19926 405 04x3 29918 x3	5)	Total:	quired.	clicker, no zip codes are	re-shows & Receptions: Use
2960573 2992872 29928 29206 19926 405 04 x3 29918 x3	1)				
29605 x 3 29928x2 29928 29206 19926 405 04 x 3 29918 x 3					
29605 x 3 29928x2 29928 29206 19926 405 04 x 3 29918 x 3					
29928x2 29928 29206 19926 405 04 x3 29918 x3					
29928 29926 19926 405 04 x3 29918 x3					2960573
29206 29926 405 04 x3 29918 x3					29928X2
19926 405 04 x3 29918 x3					29928
405 04 x3 29918 x3					
29918 X3					29926
7918 K3 79304 02921 02921					405 04 x3
79304 02921 02921					7 9918 83
02921					48304
02921					02921
					02921

aily Log		Date: 1	\$ /23
ne: Lynds.			
llery Shift Time: 10 - 4			
ay Shift D Pre-Show	Reception		
illery Attendance: ytime: The total number of tally marks	should be equal to the total z	ip codes below.	
e-shows & Receptions: Use the clic	cker, no zip codes 📞 requ	ired.	Total:
stomer Zip Code Tracker:			
29978			
29926			
29926			
29926			
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31312			
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29928 29928 29926 30033			
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29926			
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51317			
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30033 30033			

	Date: 1/	21/23
-4		
☐ Reception ☐		
y marks should be equal to the tota the clicker, no zip codes are re	l zip codes below. quired.	Total
11 41 1411	* 100 A 200	(30)
IKI IIK IIIV. II		(0)
nr.		
29909		
29909		
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64113		
64113		
63006		
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63006	- 8.	
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63.006		
64113		
	Reception	Reception

Shift Times 10-	J		
y State fiffie.			
Shift Pre-Show y Altendance:	v ☐ Reception ☐		
e: The total number of ta	ally marks should be equal to		Total
A THE	se the clicker, no zip codes	Gollahtar: 11	AG.
112 This 1	IN INTIMI	CISCO	
mer Zip Code Track			
06488	31088		
06488	27341		
24701	27341		
24701	27341		
24701	27316		
37027			
37027			
28278			
28278 28278 64113		*	
28778			
64113			
37076			
MG OCAL			
08081			
(3808)			
68081	-		
08081			
20910			
08081 08081 08081 08081 080811 29910 29910			
1110			

		- A	1011/23
Daily Log	n+	Date: 17	120/25
Name: Lynds	51		
Gallery Shift Time: 10-1	4		
Day Shift Pre-Show	Reception		
Gallery Attendance:			
Daytime: The total number of tally Pre-shows & Receptions: Use	marks should be equal to the tot the clicker, no zip codes are re	al zip codes below, equired,	Total:
Customer Zip Code Tracker	1		
29928	43701		
29928	32180		
48309	32180		
48306	29928		
29926	17025		
48306	17025	A.	
29926	30082		
37212	301260		
06105	30126		
06105	29835		
06100	29910		
06105	29910		
06105	30339		
30909	29928		
44870	37939		
29910	29910		
29910	29928		
49870 29910 29910 49910	29978		
7111	19540		
0-9909			

Daily Log	D	Date: //	-25-23
Same: Z	ydin		
Gallery Shift Time:	10.4		
Day Shift Pre-Show	Reception		
Gallery Attendance:			
Daytime: The total number of tal Pre-shows & Receptions: Use	lly marks should be equal to the total z e the clicker, no zip codes are requ	ip codes below. lired.	Total:
	30		
Customer Zip Code Tracke	er:		
92106	299,26		
27105	29926		
46236	29926		
46236	45706		
98173	45206		
37814	29910	2.1	
37814	29926		
37814	29926		
37814	30005		
03867	30005		
29926	13/38		
29918	99938		
29927	2998		
39927	29936		
29212	29924		
313/2			
29910			
29910		-	
7800 0			
1000 1			

Daily Log	0	Date: _	1/26-23
ame:	you		
allery Shift Time:	12-4p.		
Pre-Show	Reception		
allery Attendance: aytime: The total number of tally	marks should be equal to the i	total zip codes below.	
re-shows & Receptions: Use	the clicker, no zip codes are	required.	Total:
	25		(26)
ustomer Zip Code Tracker	f.		
29928	+3821		
55416	43831		
79908	21410		
97408	33547		
29936	52753		
29936	29928		
60185		18	
60185		8	
39902 39902 33881			
39902			
33881			
33980		1	
29938			
80401			
86401			
29928			
29412			
29930			
39930			

Daily Log		Date:	1/27/23
0 10-	Ч		
Sallery Shift Time: Day Shift Pre-Show	Reception		
Gallery Attendance:			
Daytime: The total number of tall Pre-shows & Receptions: Use	y marks should be equal to the to the clicker, no zip codes are	otal zip codes below. required.	Total.
			(21)
批批批	MI		
Customer Zip Code Tracke	24012		
30305	Cipio		
18450			
200210			
33710			
29928			
15139			
15139			
15139 61036 61036 49508			
61036			
49508			
49508			
29926			
11791			
29928			
49508 29926 11791 29928 29928			
11933			
11933			
09912			

Daily Log		Date: 1/	28/23
me: Lyndsi			3
lery Shift Time: 10-0	1		
y Shift Time: Pre-Show	Reception		
lery Attendance:	П кесериил		
time: The total number of ta	lly marks should be equal to the lotal z	ip codes below.	Total:
WILL HILL	e the clicker, no zlp codes are requ	red.	107
WMII	x W W		7
1.			
tomer Zip Code Track	er:		
29928	29672		
29910	KOK3LO		
32174	KOK 3LO		
19147	23831		
32174	23831		
19142	31061		
45040	31061		
45140			4
45140			
NOKINO			
NOKINO			
43054			
43054			
48187			
48187			
29436			
44440			
44021			
29910			
22220			

Daily Log		( pate: 11/6	29/23
lame: Lyndsi Ca	ulder	Dudin	1
iallery Shift Time: 10-4	4	15:30	-7130p.
Day Shift Pre-Show	Reception		
iallery Attendance:	<u> </u>		
	marks should be equal to the total zip or the clicker, no zip codes are required		Total:
MI HI HI IM	My Gollah 15	50	90
MI Hamsin	Link Olomas 12		10
A STATE OF			
ustomer Zip Code Tracker.			
300 15	19317		
20012	1931		
21093	19317		
79970	29926		
4da38	29924		
29976			
20710			
39710			
14726			
28210			
2820			
11725			
14326 28210 28210 11725 11725			
45373			
45373			
30571			
45373 45373 30571 31919			
21919			
20026			
200,260	7 2 2		

. .

Daily Log		Date: 11/30	0/23
Gallery Shift Time: 10-4		J 5:3	10-1420p
Day Shift Pre-Show Rec	eption	1	
Daytime: The total number of tally marks shou Pre-shows & Receptions: Use the clicker,	ld be equal to the total zip codes b no zip codes are required:	etow. Darly	Total:
Customer Zip Code Tracker:			
29926			
MGPIC6			
W6716			
1 40 10			
47006			
29910		· ir	
21047			
21047 29926 29926 29926 29926 29926			
29926			
2001			
29926			
29909			
<u></u>			

Daily Log		Date:_	Date: 12/1/23		
Name: LUMODI	No.	Sydia			
Gallery Shift Time: 10~	4,	108	130-7:30		
Day Shift Pre-Shov	Reception				
Gallery Attendance:					
	ally marks should be equal to the se the clicker, no zip codes are	total zip codes below	Total /		
IM MI	MHHMI	27 / Z	54 8		
_					
Customer Zip Code Track		T			
99508	95062				
79909	N5X169				
24577	NSXIG9				
24572	29928				
24018	29928				
3330[	06443				
Senaant	28721				
08043					
081743					
29723					
29223					
Zaarla					
29400					
25504					
28504					
249210					
2002/					
300					
2000					
45140					

Daily Log	Date: 12-2-23
Name:	Sydia
Jallery Shift Time:	5:30-7:30:20.
Day Shift Pre-Show Reception	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total zig	codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are require	red. Total:
1 20 / 50	78
Customer Zip Code Tracker:	5-50
- CO CO	
79478	
34131	
34131	1
2047-31	
23906	
28901	943 
28956	
119.30.7	
- 9018	
79600	
77105	
11797	
11791	
27565	
27.565	
79409	
28909	
28739	
28739	
374/6	
374//	-

Daily Log	•	Date: _	12/3/23				
Name:	na						
Jallery Shift Time: 16	2-4						
Day Shift Pre-Show	Reception						
Gallery Attendance:							
Daytime: The total number of tally marks should be equal to the total zip codes below.  Pre-shows & Receptions: Use the clicker, no zip codes are required.  Total:							
3	PShow	104	120				
		107	/~0				
Customer Zip Code Tracker:							
	-						
29969							
<del>27707</del>		3 3					
	<u> </u>	2.0					
		-	<u></u>				
			ë				
			,				

Daily Log		[	Date: 174	1/23
Name: WMdSi				
Jallery Shift Time:	-4			
Day Shift Pre-Shov	Reception			
Gallery Attendance:				
Pre shows & Receptions: Us	ally marks should be equal to the se the clicker, no zip codes are	total zip codes below. e required.		Total:
I WHI I	1741 WILLIA			32
1, 11/1/1/	THE WILLY		<del></del>	
Customor Zin Codo Track	D.Y.			
Customer Zip Code Track	08787	_	Ĩ	~
31010	07403			
(15210)	12120		1	
96310	19918		-	
29928	79969		- 52	
24928	29900			
26801	29909	-		
55801	29936			
33467	37918			
28117	37918			A
12/10	29926			
28787	29926			
79978				
29585				
29926 23666				-
3666				
10536	<del>-</del>		Ų.	
1053				-
10536				
_ TU U	<u> </u>			

Daily,Log , .			Date: 12/5	5/23
Name: Jundo				
Jallery Shift Time: 10~	4			
Day Shift Pre-Shov	v			
Callery Attendance:				
Day ne: The total number of ta hows & Receptions: Us	ally marks should be equal to the ge the clicker, no zip codes a	e total zip codes below re required.	1.	Total: \
I MITH! HU	The my M	HIHI		40
713.7	and ill.			
Customer Zip Code Track	er:			
33810	30034	1		
33813	29938			· <u></u>
33813	29910	20 22	-	#
29918	22152			1000
29978	29926		5.0 table - 45	
29928	06811			
31310	06811			
29926	29926			•
31403,	07657			
31405	02553			_
45415	39350			
37870	39350 30345 19518			
32713	19518	7		
40423	24 24860			
30458	21136			
79909	29910			
33813	29910			
33813	97310			- E
44094	22310			
44094	22310			

Daily Log				oate; 12/6	/23
Name: Lynds				Lydia	
Jallery Shift Time: 10 -	.4/			15:30	7:30-p.
Day Shift Pre-Sho	w Reception	on 🔲	Alyx	a Du	Volution
Gallery Attendance: Daytime: The total number of t	tally marks should be	equal to the total	zin codes below	Jan J	
Pre-shows & Receptions: U.	ise the clicker, no zil	p codes are req	uired	5 1	Total:
MMM	Gullah. 21	111.19	<i>9</i> /	1/5	8
Customer Zip Code Track	<er:< td=""><td></td><td></td><td></td><td></td></er:<>				
29928			*		<u>-</u>
29650					1050 E
24650				-237	
29909			22 28 38		*
29909					
19910				_	
79910					
2011					
27055			17		- F
28651					- T
40187					
40185				-	
40815		•	**		
41815	20 M2				
9910	_				
35110					
0/360					
01360					20.000 S
29909					

Daily Log		Date: 12/7/2	3
Name: Upnds	· Cavider	Jupen	
Gallery Shift Time:	)-W	15.30-9	"30D
Day Shift Pre-Show	Reception	C\1	
Gallery Attendance:	4 -		
Daytime: The total number of ta Pre-shows & Receptions: Us	lly marks should be equal to the	total zip codes below.	otal:
W WILL W	11/111 75	(95)	NAO
Ill / Mile III	HIM P		V
			*
Customer Zip Code Track	er:		<del>-</del>
29928	29910		
(3011	44177	,	
84093	44177		
840 93	23236		
1_30517	23236		-
36517			
29926			
29926			
06493			
32086	*		
29904			
31322			
31312			
305/12			_ <del></del>
30518	,		
79976			
29926			
1 06811	-		
<u> </u>			
29910			

Daily,Log ,	Date: 12/5/23
Name: Lynds	- Sudea
Gallery Shift Time: 10-4	5.30 7:30-6
Day Shift Pre-Show Reception	□ Connie Niekons 5:30-7:30 €
Gallery Attendance:	
Daytime: The total number of tally marks should be equipme-shows & Receptions: Use the clicker, no zip c	odes are required.  Total;
MIM MAHLI	921(116)
Tid Ilk well with	
Contain The Contain Total Contain	
Customer Zip Code Tracker:	
35242 11603	
35242 27603	
30601	
29928	
05472	
05472	
29926	
KIHIBU	
CHIBLE	
29926	
19938	
21842	
D 19940	
19709	
11233	
C7M3ya	
L7m 349	
29909	
29909	

Daily Log الر	Date: 12/9
_Name:	Dudio
Gallery Shift Time: 10 -4	5:307:30
Day Shift Pre-Show Reception	Show
Gallery Attendance:  Daytime: The total number of tally marks should be equal to the	total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip codes are	e required. Total:
3	matiner   64 158
	Connie Wich.
Customer Zip Code Tracker:	5:30-1:30p
29909	~
27387	
27537	
<u> </u>	

Daily Log		Date: 12-10-23
_Name:	·	
Gallery Shift Time: 12-4		
Day Shift Pre-Show Reco	eption 🔲	
Gallery Attendance: Wat	noe	
Daytime: The total number of tally marks shoul Pre-shows & Receptions: Use the clicker,	no aip codes are required.	v. ´ Total:
6	/ motinee	77
	/ 7/	
Customer Zin Code Tracker		
Customer Zip Code Tracker:		
29070		
29070		
29924		
29726		
29924		
29926		
	_	
	_	
1	-	*

Daily Log 🔒		Date	12/11/23
Name: Lunds 1			
Gallery Shift Time: 10-4			
Day Shift Pre-Show	Reception		
Gallery Attendance:			1
Daytime: The total number of tally ma Pre-shows & Receptions: Use the	rks should be equal to the clicker, no zip codes are	total zip codes below. e required.	Total:
WM HH			(15)
Customer Zip Code Tracker:			H-
1 0 0 a 1 h a	<u>.</u>		
74.02			
0400			
Tagax			
29076			
27503			
27507			
Zaarlo			
Jaablo			
10850			
20926			
32638			
Jaazo	5		***
72909	01 10 1000		
79909			
	-3		
	35		

Daily Log			Date: _   d	1/12/23
Name: Lynd)				
Gallery Shift Time:	-4			-
Day Shift Pre-Shov	Reception Reception			
Gallery Attendance:				
Pre-shows & Receptions: Us	ally marks should be equal to the se the clicker, no zip codes ar	total zip codes below. e required.		Total:
IM WITH	M 111		<b>ĕ</b> 8	23
11/11/14	111/20			7
Customer Zip Code Track	er:			
29909	29910			
29909	29910			į.
29910	29910			
29910				
29976				
Jag No				
29926				
29926				<u> </u>
29909				
29910 56758 56758	-			·
36138	·			
20727	· · · · · · · · · · · · · · · · · · ·		N = 0	
37737	-			
3/13/			_	
25277	-		-	
26277	-			
29926		<u> </u>		
29936			-	*
23454	**************************************	30		

Daily Log		/Ðate:	12/13/23
Name: WASi		Sudio	)
Gallery Shift Time: 10-0	1	5:3	30-7:30 p.
Day Shift Pre-Show	Reception		
Gallery Attendance:			
Daytime: The total number of tally Pre-shows & Receptions: Use t	marks should be equal to the the clicker, no zip codes are	total zip codes below. e required.	Total:
MMILL		5	2
111/11/11	r 		
Customer Zip Code Tracker:			T
2000			1
29928			
20928			
269240	,		+
2910			
74910	•		
32162			
32162			
29926			
14428			
19958	3		
	<del></del>		
	_		3
		<u> </u>	

Daily Log	Date: 12/	14/23
Name: Lyndsi	Rydin	
Gallery Shift, Time: 10-4	5:30	7;30p
Day Shift Pre-Show Reception		
Gallery Attendance:		
Daytime: The total number of tally marks should be equal to the total Pre-shows & Receptions: Use the clicker, no zip codes are re	al zip codes below.	Total:
HI INTHI	danea.	47
IN IIIMIN		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
<u> </u>		
Customer Zip Code Tracker;		
30127		
30127		_
29926		
29926		<b>3</b> 8 8
7998		
29928		
Sp122		
30122		
29926		
2992le		
2992 Le		
		2
		©

Daily Log			Date: 12/15	5/23	
_Name: Lynds '		47	ydu		417
Gallery Shift Jime: 10-4		5.	80-7:3	0P.	
Day Shift Pre-Show Re	eception 🔲		ecca Se		C272
Gallery Attendance:		ine konstruction in	CCO JE	Heres	521
Daytime: The total number of tally marks sh Pre-shows & Receptions: Use the clicke	ould be equal to the ter, no zip codes are	otal zip codes below. required.		Total:	
MM MI			50	8	
Customer Zip Code Tracker:					
2998				101	
28630					
29910				5	**
48103	10 PM - CAPA (CA			Sure (62)	8
48163				-10	
78777		- <del> </del>	_		4
28379					<u> </u>
38727					2
38379		<u> </u>		e	
48105					5) 09
48105 V961665 a7711		24g	39		
95835	3	\$		-	
45835					
92211	-	<del></del> 2			
(FA)		<u> </u>			
			-		
		<u> </u>	5.		2
		<u> </u>			
	-	<u> </u>		<del>- 5</del>	* * <del>* * *</del>

Daily Log	Date: 12-16-23
Name: Line Smith	1 Juden
Gallery Shift Time: 10 - 4	5:30-7:30%.
Day Shift Pre-Show Reception	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total zip code Pre-shows & Receptions: Use the clicker, no zip codes are required.	s below.
13th Pre Matiral 13 daix	(15 / 1900)
- Delive harm	
Customer Zip Code Tracker:	
24018	
24013	
24018	
24618	
29925	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
29926	
29926	
29924	
79928	
3/432	
44149	
3030S 4414G	
44149	

Daily Log		Date: _	12/17/23
Name:	(a)		
Gallery Shift Time:	12-4		
Day Shift Pre-Show	Reception		
Gallery Attendance:		20 20 20 20 20 20 20 20 20 20 20 20 20 2	1
Daytime: The total number of to Pre-shows & Receptions: Us	ally marks should be equal to the se the clicker, no zip codes are	total zip codes below. e required.	Total:
13	109		(2)
Customer Zip Code Track	er;		
29926			
29925			
29924			
29924			
29909			<del></del>
78 139	700		
78739			
78.739			
78.739			
150/			
1425			
79909	2		
29709		_	

Daily,Log .		Date:	2/18/23
111005			
ary Shift Time:	1	8	<del>-</del> 0
Day Shift Pre-Show	Reception		<del></del>
Gallery Attendance:			
Daytime: The total number of tall Pre-shows & Receptions: Use	ly marks should be equal to the	total zip codes below.	Total:
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the choker, no zip codes are	required.	1 U
1 W/1 W/1			117
100	97 97		
Customer Zip Code Tracke	r:		
2992	, , , , , , , , , , , , , , , , , , ,		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Jaans			
799780			
29926			
29920	29	20	
10010		*	
10010			
06058	22 2 2		
29928	-		
20010			
29900			
26909			
29909 29909 29909 29909 29909			
Daana	· ·	· · · · · · · · · · · · · · · · · · ·	
8 ((05)		-	
-			-

Daily Log	Date: 12/19/23
Name: Lyndsi	
Gallery Shift Time: 10-4	
Day Shift Pre-Show Reception	
Gallery Attendance:	holow I
Daytime: The total number of tally marks should be equal to the total zip codes Pre-shows & Receptions: Use the clicker, no zip codes are required.	Total:
THE THE THE	20
The state of the s	
Customer Zip Code Tracker:	
20191	
20191	
08570	
79928	
1 20191	•
20191	
312 211	
76576	
79526	
110241	
28031	
25021	
32/1/2	
32/63	· ·
29028	
Jerazie	
44256	
44250 44250	
44250	

Daily Log	Date: 12/20123
Name: Lyndsi	Ludin
0 12-11	5:30-1:30p
Gallery Shift Time:	7
Day Shift Pre-Show Reception	
Gallery Attendance:  Daytime: The total number of tally marks should be equ	ual to the total zip codes below.
Pre-shows & Receptions: Use the clicker, no zip c	odes are required.
Mr 14	\ \( \( \) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Customer Zip Code Tracker:	
29926	
299210.	
Jagin	
20010	
6000 -	
(mm) -	
(0000)	
72020	
3200.	
29050. 2997,	

Daily Log			Date:	2/21/23
Name: Lynds			An	den
Gallery Shift Time:	- 4		1	5:30-7:30p
Day Shift Pre-Show	Reception	V	7	1
Gallery Attendance:		· · ·		100
Daytime: The total number of tal Pre-shows & Receptions: Us	lly marks should be equal to the ethe clicker, no zip codes an	e total zip codes be e required.	Now.	Total
is within	KIII			
			.,	
Customer Zip Code Tracke		_		<u> </u>
29928	29910		2. :	
29928	29926			
12053	44087			
12053	29926			
L 20762				
20183				
30058				
36281		10		
70861	1375			-
30215				
30717				727
16801				
15206				
KPIC			= 3	-
29907	5545 SV-2 SV-28			
20018				
20018				
Saaste				<del></del>
23236				
232310				

Daily Log			Date: 12/2	2/23
_Name: Lyndsi	2		Desdia	: :
Gallery Shift Time: 10 -0	4	<u> </u>	5:30	-1:30-p
Day Shift Pre-Shov	v Reception	(	Envis Nake	no
Gallery Attendance:			5130-	-7:30
Pre-shows & Receptions: Us	ally marks should be equal to the t se the clicket, no zip codes are	required.	w.	Total:
IM THE MIT	HT W MI	111 74	9+	9
THE THEFTINE	The whole	111 21		
Customer Zip Code Track		<u>u</u>		<del></del>
29928	32773.			
46410	55038			
48111	10960:		00	2 0 0
-1118	10960	<u> </u>		
481111	10960			
46410	10960:	95		
01950	(0960.	<u> </u>		
01950	29910			
01950	29909			
48440	29909			
45440	29926 29926			
30/89	29926			
30189	29926			
29926	29926			
29926		<del>-</del> .		
29520				
11560				
T8738				
_ 76738		700		
32773				

Daily Log	mith	- Jun	e: 12.23.23
Gallery Shift Time:  Day Shift Pre-Show Rec Gallery Attendance:  Daytime: The total number of tally marks show Pre-shows & Receptions: Use the clicker,			5.30-7:30-0 Nithers 5:20-7:30 HeShow
26 Som Bulkah bus	eg 7	13	
Customer Zip Code Tracker:			
19006			
19008	000		
19008			
29928	23 23 23 24 24 24 24 24 24 24 24 24 24 24 24 24		
18075	_		
48075			
48075			
		<i>g</i>	
	<u> </u>	1/4	
	-	27	
		(3. V.—3.4	
	2		
		76	

Daily Log	1 Date: 12/24/23
Name:	Connie Nickons fre
Gallery Shift Time: 12-4	12:05 -1:40 Vd-
Day Shift Pre-Show Reception	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total Pre-shows & Receptions: Use the clicker, no zip codes are re-	l zip codes below. quired. Total:
14 0.0	1
I Pre 5	
Customer Zip Code Tracker:	
30305	
30305	
4506c	
45066	
45066	
4 566	
29349	
86004	
29910	
2,9910	
19534	
14534	
14.534	
14534	

Daily Log		Date: 12	126/23
Name: Umdsi			
Gallery Shift Time -4			
Day Shift Pre-Show	Reception		
Gallery Attendance:			
Daytime: The total number of ta Pre-shows & Receptions: Us	lly marks should be equal to the e the clicker, no zip codes are	total zip codes below. e required.	Total:
MY HIMI	THE		) J
Tree .			,
Customer Zip Code Tracke			
45848	29926		
45848			
32080			
32080			
15642			
15642			
15642			
15647			
29926			
20853			
37214			
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Daily Log	Date: 12.21-23
Name: Sydia	
Gallery Shift Time:	
Day Shift Pre-Show Reception	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total zip codes below Pre-shows & Receptions: Use the clicker, no zip codes are required.	v. Total:
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Daily Log	Date: 12/28/23
Name: Lyndsi	
Gallery Shift Time: 10-4	
Day Shift Pre-Show Reception	
Gallery Attendance:	
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Callery Shift Time:   O - Y     Day Shift   Pre-Show   Reception   Gallery Attendance:   Daytime: The total number of tally marks should be equal to the total zip codes below.   Pre-shows & Receptions: Use the clicker, no zip codes are required.   Total:	Daily Log		Date: 12	2/29/23
Gallery Shift Time: 10  Day Shift Pre-Show Reception Callery AttAndance:  Daytine: The total number of tally marks should be equal to the total zip codes below. Pre-shows & Receptions: Use the clicker, no zip codes are required.  Total:  Customer Zip Code Tracker:  18560 32466  26500 29365  30345  31329 30345  31329 30345  31329 30345  31329 30345  31329 30345  31329 30345  31339 30345  31349 30345  31359 30345  31359 30345  31360 3466  31595 30345	Name: Lyncol			
Gallery Attendance:    Daytime: The total number of taily marks should be equal to the total zip codes below.   Pre-shows & Receptions: Use the clicker, no zip codes are required.   Total:	Gallery Shift Time: 10-	4		
Daytime: The total number of tally marks should be equal to the total zip codes below.  Pre-shows & Receptions: Use the clicker, no zip codes are required.  Customer Zip Code Tracker:  29  Customer Zip Code Tracker:  29  Customer Zip Code Tracker:  29  20  20  20  20  20  20  20  20  20	Day Shift Pre-Show	w Reception		
Customer Zip Code Tracker:    18560   32466     26560   29365     31322   32466     44106   29365     21322   30345     31322   30345     31322   30345     31323   30345     31323   30345     31323   30345     31323   30345     31323   30345     31323   30345     31323   30345     31323   30345     31323   30345     31323   30345     31323   30345     31323   30345     31323   30345     31335   30345     31335   30345     315   30345     315   30345     315   30345     315   30345     31				<del></del>
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Daily Log Date: 12	/30/23
Name:	
Gallery Shift Time: 16-4	-
Day Shift Pre-Show Reception	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total zip codes below.  Pre-shows & Receptions: Use the clicker, no zip codes are required.	Total:
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Daily Log ,	Date: 12-31-23
Name: Sydin	
Gallery Shift Time: 13 · 40 M  Day Shift ☐ Pre-Show ☐ Reception ☐	
Gallery Attendance:	
Daytime: The total number of tally marks should be equal to the total zip codes bell Pre-shows & Receptions: Use the clicker, no zip codes are required.	ow. Total:
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	1



## ART LEAGUE GALLERY

Located mid-island inside Arts Center of Coastal Carolina at 14 Shelter Cove Lane

843.681.5060 gallery@artleaguehhi.org

#### ART LEAGUE ACADEMY

Located south-island off Pope Avenue at 106 Cordillo Parkway

843.842.5738 academy@artleaguehhi.org

### MAIL TO:

PO Box 22834 Hilton Head Island, SC 29925

#### VISIT US ONLINE:

www.artleaguehhi.org

Live Art. Love Art. Learn Art.

August 13, 2024

Resolved by the Board of Trustees of Art League of Hilton Head, that Kristen McIntosh, Executive Director or her assigned designee is authorized to act on behalf of the organization in the execution of the Town of Hilton Head Island 2025 ATAX Grant Application.

Judy Blahut, Chairperson

**Board of Directors** 

## Art League of Hilton Head Profit & Loss Budget Overview January through December 2025

	Jan - Dec 25
Ordinary Income/Expense	
Income Art Sales	205,000.00
Classes & Workshops	117,000.00
Donations Grants	15,000.00 111,868.00
Membership Dues Special Events	66,000.00 16,000.00
x Other Types of Income	25,000.00
Total Income	555,868.00
Gross Profit	555,868.00
Expense Advertising /Promo /Mailing	82,000.00
Artist Commissions	135,700.00
Awards Credit Card & Bank Fees	5,250.00 12,000.00
Dues & Subscription Guest Instructor Costs Instructors Fees	260.00 2,000.00 67,850.00
Insurance	4,572.00
Legal & Accounting Miscellaneous Payroll Expenses	2,500.00 700.00 166,100.00
Reception-Food & Wine Rent Repairs & Maintenance Rewards Benefits	1,700.00 41,700.00 10,000.00 2,375.00
Scholarship Granted Supplies	2,000.00 8,000.00
Taxes & Licenses Utilities	250.00 12,000.00
Total Expense	556,957.00
Net Ordinary Income	-1,089.00
Net Income	-1,089.00

# Art League of Hilton Head Balance Sheet

As of June 30, 2024

	Jun 30, 24
ASSETS Current Assets Checking/Savings	140,368.46
Accounts Receivable	12,052.86
Other Current Assets Prepaid Postage Undeposited Funds	1,656.13 4,272.23
Total Other Current Assets	5,928.36
Total Current Assets	158,349.68
Fixed Assets	2,888.55
Other Assets CFLC Investment Acct	16,150.80
Security Deposits Asset	2,500.00
Total Other Assets	18,650.80
TOTAL ASSETS	179,889.03
LIABILITIES & EQUITY Liabilities Current Liabilities Accounts Payable	6,925.61
Credit Cards	954.89
Other Current Liabilities Gift Certificates	2,563.15
Unearned Tuition	9,452.00
Total Other Current Liabilities	12,015.15
Total Current Liabilities	19,895.65
Total Liabilities	19,895.65
Equity Restricted Funds	16,100.00
Unrestricted Net Assets Net Income	124,555.69 19,337.69
Total Equity	159,993.38
TOTAL LIABILITIES & EQUITY	179,889.03

# Art League of Hilton Head Balance Sheet

As of December 31, 2023

	Dec 31, 23
ASSETS	
Current Assets Checking/Savings	127,557.80
Accounts Receivable	33,709.97
Other Current Assets Prepaid Annual Marketing Prepaid Postage Undeposited Funds	1,486.10 2,319.80 23,594.70
Total Other Current Assets	27,400.60
Total Current Assets	188,668.37
Fixed Assets	2,888.55
Other Assets CFLC Investment Acct CFLC Cap Improvement CFLC Endowment	5,000.00 10,008.14
Total CFLC Investment Acct	15,008.14
Security Deposits Asset	2,500.00
Total Other Assets	17,508.14
TOTAL ASSETS	209,065.06
LIABILITIES & EQUITY Liabilities Current Liabilities Accounts Payable	14,895.43
Credit Cards	488.28
Other Current Liabilities Gift Certificates	1,636.50
Prepaid Membership Fees Sales Tax Payable Tuition Paid in Advance	28,455.00 1,521.11 20,894.00
Total Other Current Liabilities	52,506.61
Total Current Liabilities	67,890.32
Total Liabilities	67,890.32
Equity Restricted Funds ALHH Scholarship Fund Low Income Educ Fund Michael B. Pearson Award Fund	119.05 1,100.00 400.00
Total Restricted Funds	1,619.05
Unrestricted Net Assets Net Income	118,971.86 20,583.83
Total Equity	141,174.74
TOTAL LIABILITIES & EQUITY	209,065.06

9:34 AM	Art League of Hilton Head
08/29/23	Balance Sheet
Accrual Basis	As of December 31, 2022
	Dec 31, 22
ASSETS	
Current Assets	
Checking/Savings	163,047.08
Accounts Receivable	7,242.85
Other Current Assets	
Prepaid Annual Marketin	
Prepaid Postage	1,624.47
<b>Total Other Current Assets</b>	5,131.47
<b>Total Current Assets</b>	175,421.40
Fixed Assets	2,888.55
Other Assets	2,500.00
TOTAL ASSETS	180,809.95
LIABILITIES & EQUITY	<u></u>
Liabilities	
<b>Current Liabilities</b>	
Accounts Payable	16,151.86
Credit Cards	285.38
Other Current Liabilities	
Gift Certificates	2,315.00
Prepaid Membership	<b>Fees</b> 29,145.00
Sales Tax Payable	952.85
Tuition Paid in Advan	<b>ce</b> 12,188.00
Total Other Current Liab	44,600.85
<b>Total Current Liabilities</b>	61,038.09
Total Liabilities	61,038.09
Equity	
Restricted Funds	800.00
<b>Unrestricted Net Assets</b>	121,153.28
Net Income	-2,181.42
Total Equity	119,771.86

180,809.95

**TOTAL LIABILITIES & EQUITY** 

## Art League of Hilton Head Profit & Loss by Class January through June 2024

	101 Endowment Fund	102 Capital Improvement Fund	6 Gullah	Unclassified	TOTAL
Ordinary Income/Expense					
Income					
Art Sales	0.00	0.00	9,020.00	94,209.02	103,229.02
Classes & Workshops	0.00	0.00	0.00	82,802.33	82,802.33
Donations	1,075.00	0.00	0.00	4,461.44	5,536.44
Grants	0.00	0.00	0.00	46,031.78	46,031.78
Membership Dues	0.00	0.00	0.00	59,400.00	59,400.00
x Other Types of Income	271.26	59.31	0.00	5,466.49	5,797.06
Total Income	1,346.26	59.31	9,020.00	292,371.06	302,796.63
Gross Profit	1,346.26	59.31	9,020.00	292,371.06	302,796.63
Expense					
Advertising /Promo /Mailing	0.00	0.00	468.94	45,562.84	46,031.78
Artist Commissions	0.00	0.00	7,399.00	61,235.86	68,634.86
Credit Card & Bank Fees	159.31	50.00	0.00	6,335.59	6,544.90
Dues & Subscription	0.00	0.00	0.00	260.42	260.42
Fees CFLC Admin	3.60	50.00	0.00	0.00	53.60
Guest Instructor Costs	0.00	0.00	0.00	349.27	349.27
Instructors Fees	0.00	0.00	0.00	48,922.51	48,922.51
Insurance	0.00	0.00	0.00	453.64	453.64
Legal & Accounting	0.00	0.00	0.00	600.00	600.00
Miscellaneous	0.00	0.00	0.00	344.96	344.96
Payroll Expenses	0.00	0.00	0.00	71,115.36	71,115.36
Reception-Food & Wine	0.00	0.00	0.00	1,151.42	1,151.42
Rent	0.00	0.00	0.00	20,850.00	20,850.00
Repairs & Maintenance	0.00	0.00	0.00	2,024.58	2,024.58
Rewards Benefits	0.00	0.00	0.00	1,925.00	1,925.00
Scholarship Granted	0.00	0.00	0.00	3,000.00	3,000.00
Supplies	0.00	0.00	0.00	4,913.75	4,913.75
Taxes & Licenses	0.00	0.00	0.00	160.28	160.28
Utilities	0.00	0.00	0.00	6,122.61	6,122.61
Total Expense	162.91	100.00	7,867.94	275,328.09	283,458.94
Net Ordinary Income	1,183.35	-40.69	1,152.06	17,042.97	19,337.69
t Income	1,183.35	-40.69	1,152.06	17,042.97	19,337.69

## Art League of Hilton Head Profit & Loss by Class

January through December 2023

	101 Endow	102 Capital	4 Got Art	5 Biennale	6 Gullah	Unclassified	TOTAL
Ordinary Income/Expense Income							
Art Sales	0.00	0.00	0.00	8,089.00	14,571.00	184,333.44	206,993.44
Classes & Workshops	0.00	0.00	0.00	2,780.00	0.00	83,825.71	86,605.71
Donations Grants	10,000.00 0.00	5,000.00 0.00	0.00 0.00	3,230.00 0.00	263.14 0.00	20,746.17 106,868.00	39,239.31 106,868.00
Membership Dues Special Events	0.00 0.00	0.00 0.00	0.00 10,340.00	0.00 0.00	0.00 0.00	60,110.00 0.00	60,110.00 10,340.00
x Auction Sales x Other Types of Income	0.00 108.14	0.00	0.00	0.00 13,180.91	0.00	630.00 10,067.40	630.00 23,356.45
Total Income	10,108.14	5,000.00	10,340.00	27,279.91	14,834.14	466,580.72	534,142.91
Gross Profit	10,108.14	5,000.00	10,340.00	27,279.91	14,834.14	466,580.72	534,142.91
Expense Advertising /Promo /Ma	0.00	0.00	484.94	3,372.08	0.00	71,366.01	75,223.03
Artist Commissions	0.00	0.00	0.00	5,013.40	11,949.80	119,957.30	136,920.50
Awards Credit Card & Bank Fees	0.00 0.00	0.00 0.00	0.00 0.00	5,250.00 0.00	0.00 0.00	0.00 12,932.04	5,250.00 12,932.04
Dues & Subscription Events/Lecture/Stipends Fees CFLC Admin Instructors Fees	0.00 0.00 100.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 300.00 0.00 3,000.00	0.00 0.00 0.00 0.00	2,534.17 550.00 0.00 50,628.00	2,534.17 850.00 100.00 53,628.00
Insurance	0.00	0.00	0.00	0.00	0.00	4,098.49	4,098.49
Legal & Accounting Miscellaneous Payroll Expenses	0.00 0.00 0.00	0.00 0.00 0.00	0.00 138.00 0.00	0.00 96.25 0.00	0.00 338.78 0.00	1,800.00 769.79 142,491.98	1,800.00 1,342.82 142,491.98
Reception-Food & Wine Reception expense	0.00 0.00	0.00 0.00	0.00 0.00	0.00 541.01	0.00 0.00	1,221.37 2,277.02	1,221.37 2,818.03
Rent Repairs & Maintenance Rewards Benefits	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	41,701.00 7,958.61 251.93	41,701.00 7,958.61 251.93
Scholarship Granted Supplies	0.00 0.00	0.00 0.00	0.00 218.42	0.00 73.47	0.00 0.00	2,000.00 7,820.40	2,000.00 8,112.29
Taxes & Licenses Travel and Meetings	0.00 0.00	0.00 0.00	0.00 0.00	0.00 664.50	0.00 0.00	50.00 0.00	50.00 664.50
Utilities	0.00	0.00	0.00	0.00	0.00	11,610.32	11,610.32
Total Expense	100.00	0.00	841.36	18,310.71	12,288.58	482,018.43	513,559.08
Net Ordinary Income	10,008.14	5,000.00	9,498.64	8,969.20	2,545.56	-15,437.71	20,583.83
Net Income	10,008.14	5,000.00	9,498.64	8,969.20	2,545.56	-15,437.71	20,583.83

# Art League of Hilton Head Profit & Loss

January through December 2022

	TOTAL
Ordinary Income/Expense	
Income	
Art Sales	209,682.76
Classes & Workshops	98,005.07
Donations	37,097.35
Grants	131,068.00
Membership Dues	50,951.66
Scholarship Income	200.00
Special Events	44,016.57
x Other Types of Income	6,857.37
Total Income	577,878.78
Gross Profit	577,878.78
Expense	
50th Expenses	21,177.14
Advertising /Promo /Mailing	
Advertising	
1 Online Marketing	48,611.45
2 Print Advertising	19,254.55
Additional Advertising	6,533.39
WHHI TV	300.00
Total Advertising	74,699.39
Design	10,515.03
Postage	2,238.23
Printing	16,587.01
Website	959.88
Total Advertising /Promo /Mailing	104,999.54
Artist Commissions	142,671.01
Awards	2,500.00
Contract Services	120.00
Credit Card & Bank Fees	13,257.12
Depr and Amort - Allowable	920.00
Events/Lecture/Stipends	300.00
Instructors Fees	58,693.63
Insurance	3,147.40
Legal & Accounting	1,845.00
Miscellaneous	3,912.66
Model Expense	100.00
Payroll Expenses	137,383.71
Reception expense	7,993.41
Reconciliation Discrepancies	94.25
Rent	40,766.00
Repairs & Maintenance	10,956.02
Scholarship Expense	2,150.00
Supplies	13,619.75
Taxes & Licenses	93.53

9:37 AM 08/29/23 Accrual Basis

# Art League of Hilton Head Profit & Loss

January through December 2022

	TOTAL
Travel and Meetings	569.40
Utilities	12,790.63
Total Expense	580,060.20
Net Ordinary Income	-2,181.42
Net Income	-2,181.42

## Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning

, and ending

57-1061135

Net Asset / Fund Balance at Beginning of Year	r		119,772
Revenue			
Contributions	206,217		
Program service revenue	327,665		
Investment income	261		
Capital gain / loss			
Fundraising / Gaming:			
Cross revenue			
Direct expenses	7		
Net income	-		
Other income	0		
Total revenue		534,143	
Expenses			
Program services	464,324		
Management and general	39,694		
Fundraising	10,769		
Total expenses		514,787	
Excess / (deficit)			19,356
Changes			820
Net Asset / Fund Balance at En	nd of Year		139,948
Net Asset / Fund Balance at En	d of Year	Reconciliation	
Reconciliation of Revenue		Reconciliation expenses per financial state	of Expenses
Reconciliation of Revenue			
Reconciliation of Revenue tal revenue per financial statements	Total e Less:		of Expenses
Reconciliation of Revenue tal revenue per financial statements ss:	Total e Less: Do	expenses per financial state	of Expenses
Reconciliation of Revenue tal revenue per financial statementsss: Unrealized gains	Total e Less: Do Pri	expenses per financial state nated services	of Expenses
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Reconciliation of Revenue tal revenue per financial statements ss: Unrealized gains Donated services Recoveries Other	Total e Less: Do Pri	expenses per financial state nated services or year adjustments sses	of Expenses
Reconciliation of Revenue tal revenue per financial statements ss: Unrealized gains Donated services Recoveries Other	Total e Less: Do Pri Los Ott	expenses per financial state nated services or year adjustments sses	of Expenses
Reconciliation of Revenue tal revenue per financial statements ss: Unrealized gains Donated services Recoveries Other us: Investment expenses Other	Total e Less: Do Pri Los Ott Plus: Inv	expenses per financial state nated services or year adjustments sses ner	of Expenses ements
Reconciliation of Revenue tal revenue per financial statements ss: Unrealized gains Donated services Recoveries Other us: Investment expenses Other	Total e Less: Do Pri Los Ott Plus:	expenses per financial state nated services or year adjustments sses ner	of Expenses ements
Reconciliation of Revenue  tal revenue per financial statements ss:  Unrealized gains Donated services Recoveries Other us: Investment expenses Other	Total e Less: Do Pri Los Ott Plus: Inv	expenses per financial state nated services or year adjustments sses ner restment expenses ner Total expenses per retu	of Expenses ements
Reconciliation of Revenue  tal revenue per financial statements ss: Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return  Beginn	Total e Less: Do Pri Los Ott Plus: Inv Ott  Balance She ning Ending	expenses per financial state nated services or year adjustments sses ner restment expenses ner Total expenses per retu	of Expenses ements  m 514,78
Reconciliation of Revenue  tal revenue per financial statements ss: Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return  Beging Assets  Revenue  Beging Assets	Total e Less: Do Pri Los Ott Plus: Inv Ott  84,143  Balance She Ending 30,810 207,	expenses per financial state  nated services or year adjustments sses ner estment expenses ner Total expenses per retu  eet Difference 838	of Expenses ements  m 514,78
Reconciliation of Revenue tal revenue per financial statements ss: Unrealized gains Donated services Recoveries Other Js: Investment expenses Other Total revenue per return  Beging Assets Liabilities	Total e Less: Do Pri Los Ott Plus: Inv Ott  84,143  Balance She Ending 207, 61,038	expenses per financial state  nated services or year adjustments sses ner  restment expenses ner  Total expenses per retu  eet  Difference 838 890	of Expenses ements
Reconciliation of Revenue  tal revenue per financial statements ss:  Unrealized gains Donated services Recoveries Other Us: Investment expenses Other Total revenue per return  Beging Assets Liabilities	Total e Less: Do Pri Los Ott Plus: Inv Ott  84,143  Balance She Ending 30,810 207,	expenses per financial state  nated services or year adjustments sses ner  restment expenses ner  Total expenses per retu  eet  Difference 838 890	of Expenses ements  m 514,78
Reconciliation of Revenue  tal revenue per financial statements ss:  Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return  Begint Assets Liabilities Net assets 13	Total e Less:  Do Pri Los Ott Plus: Inv Ott  84,143  Balance She Ending 207, 61,038 19,772 139,	expenses per financial state  nated services or year adjustments sses ner  restment expenses ner  Total expenses per retu  eet  Difference 838 890	of Expenses ements
Reconciliation of Revenue  tal revenue per financial statements ss:  Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return  Beginn Assets Liabilities Net assets 11	Total et Less: Do Pri Los Ott Plus: Inv Ott Start She Ending 207, 61, 038	expenses per financial state  nated services or year adjustments sses ner  restment expenses ner  Total expenses per retu  eet  Difference 838 890	of Expenses ements
Reconciliation of Revenue  tal revenue per financial statements ss: Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return  Beginn Assets Liabilities Net assets 11  Amended	Total et Less: Do Pri Los Ott Plus: Inv Ott Start She Ending 207, 61, 038	expenses per financial state nated services or year adjustments sses ner restment expenses ner Total expenses per reture  Bet Difference 838 890 948 20	of Expenses ements

Department of the Treasury

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

Go to www.irs.gov/Form999 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

inten	nai Revenue Ser	do to	www.irs.gov/rorm95	or instructions ar	the latest	information.		1118	Specion
		3 aaaa		a					
	Check if applicable						D Employe	r Identification	number
	Address change	ART L	EAGUE OF HI	LTON HEAD IN	C.		1		
	Name change	Doing business as				1		<u>061135</u>	<u> </u>
一	Initial return	Number and street (or P.O. box if mail is in P.O. BOX 22834	not delivered to street add	iress)		Room/suite	E Telephon	e number <b>681-5</b> 0	160
$\overline{}$	Final return/	City or town, state or province, country, ar	nd ZIP or foreign postal co	ode			010	001 00	
	terminated	HILTON HEAD ISLAND	SC 299	25			G Gross red	minte ©	534,143
	Arnended return	F Name and address of principal officer:	20 200			1	G Gloss led	RINISA	004/140
	Application pendir	JUDY BLAHUT				H(a) Is this a	group return for	subordinates?	Yes No
		67 OUTPOST LANE				H(b) Are all su	ubordinates incl	uded?	Yes No
		HILTON HEAD ISL		29928		If "No	o," attach a list.	See instructions	ıs
$\overline{}$	Tax-exempt statu	[79]	) (insert no.)	4947(a)(1) or	527	7			
	Website:	WWW.ARTLEAGUEHHI.O		1 1 1 1 1 1 1	1	H(c) Group ex	emption numbe	er	
ĸ	Form of organization		ociation Other		L	Year of formation:			egal domicile: SC
		S mma	- 250						
		describe the organization's mission of	or most significant a	activities:				Tax Tax	
۵		S EDUCATION AND PROMO	T/ONT						
2		***************************************							
Ē	2 23211			44	.n				
Governance	• • • • • • • • • • • • • • • • • • • •							(11)	
ၓ		this box if the organization disco		· ·	iore than 25	% of its net ass		10	
∞ర		er of voting members of the governing					3	12	
Activities	4 Numbe	er of independent voting members of	the governing body	(Part VI, line 1b)			4	12	
Ę		umber of individuals employed in cale		art V, line 2a)			. 5	5	
Ac		number of volunteers (estimate if nece						0	
		nrelated business revenue from Part							0
_	b Net un	related business taxable income from	Form 990-T, Part	l line 11		Delea V	7b	Cur	0
	Contrib	outions and grants (Part VIII, line 1h)				Prior Yo	9,117		206,217
e		m service revenue (Part VIII, line 2g)					8,708		327,665
Revenue							54	261	
Re		nent income (Part VIII, column (A), line					74		201
		evenue (Part VIII, column (A), lines 5				57	7,879		534,143
17		evenue – add lines 8 through 11 (mus				1	2,150		2,000
	4 Denest	and similar amounts paid (Part IX, co	Umn (A), lines 1—	0)			2,130		2,000
	4 Deficie	s paid to or for members (Part IX, co	iumin (A), line 4) .	(A) lines 5 (A)	+++	12	2,286		120 405
ses	Salane	s, other compensation, employee ber	neits (Part IX, colu	mn (A), lines 5–10)		13	2,200		138,405
ě	Total fo	s, other compensation, employee ber sional fundraising fees (Part IX, column undraising expenses (Part IX, column	(D) line 25)	10.7	69				
Exponses	Other of	expenses (Part IX, column (A), lines	(D), line 25)			44	5,624		374,382
77		xpenses. Add lines 13–17 (must equa			*********		0,060		514 787
		ue less expenses. Subtract line 18 fro					2 181		19,356
28		ie less expenses. Subtract line 10 lic	om line 12			Beginning of Co		End	of Year
Assets or d Balances	2 Total a	ssets (Part X, line 16)					0,810		207,838
Ass	2 Total lia	abilities (Part X, line 26)		415		6	1,038		67,890
ESE.		sets or fund balances. Subtract line 2				11	9,772		139,948
P		nat e loc							
Un		of perjury, I declare that I have examined	this return, including a	ccompanying schedule	es and statem	nents, and to the b	est of my kn	owledge and	belief, it is
		complete. Declaration of preparer (other							
			_ = = =						
Sig	Signati	ure of officer					Date		
er		OY BLAHUT		PRES	IDENT				
٥.		or print name and title							
		ype preparer's name	Preparer's sig	gnature		Date	Check	if PTIN	J
а		N JUNE, CPA	MARK N J	UNE. CPA		07/15	5/24 self-em	ployed PO(	0630869
	a Firm's	TINTECDA	12241 11 0				Firm's EIN		046229
	Fills	99 MAIN ST	REET				5114		
	Firm's	address HILTON HEAD		sc 29926			Phone no.	843-8	842-6500
May		uss this return with the preparer show					, none no.		
		and and retain that the property shot	45545: 555 11151		PRINCIPLE STATE	COLUMN TURBURA	PERSONAL PROPERTY.	4000000	

orm 990 (2023) ART LEAGUE	OF HILTON HEAD INC.	57-1061135		Page 2
	gram Service Accomplishments		100000000000000000000000000000000000000	
	O contains a response or note to	any line in this Part III		
Briefly describe the organization's ARTS EDUCATION ANI				
7	**************************************		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
***************************************	max-communication of the contract of the contr			
Did the organization undertake ar	ny significant program services during the y	ear which were not listed on the		
prior Form 990 or 990-EZ?			Y	es X No
If "Yes," describe these new serv				
	acting, or make significant changes in how	it conducts, any program	$\Box$ ,	es X No
services?  If "Yes," describe these changes	on Schodulo O		1-04-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	es 🚹 No
•	am service accomplishments for each of its	s three largest program services a	as measured by	
	501(c)(4) organizations are required to repo		·	
	if any, for each program service reported.	•		
PURCHASED BY THE ART ACADEMY - OFFI PURPOSE IS TO NOT	ERS VARIOUS ART CLASS ONLY EDUCATE BUT TO	RY TO EXHIBIT ART ES TO THE GENERAL DEVELOP TALENT.	TWORK THAT CAN	
	PROVIDES SPONSORSHIPS		NTS, LECTURES, S	PACE
RENTAL ETC.			MODELLO MINISTERIO CONTRA	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
+++++++++++++++++++++++++++++++++++++++				
*****************************		***************************************		
(Code: ) (Expenses \$	including grants	s of \$	) (Revenue \$	
N/A				
+4.000.000.000.000.000.000.000.000.000.0			***********	
+++++++++++++++++++++++++++++++++++++++				
+ (*) (*) (*) (*) (*) (*) (*) (*) (*) (*)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
***************************************				
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(Code: ) (Expenses \$	including grants	of \$	) (Revenue \$	
I/A	moduling grants			********
+				
***************************************				
***************************************				
trousers				
+1				
+111111111111111111111111111111111			***************	
Other program services (Describe	on Schedule ()			
(Expenses \$	including grants of \$	) (Revenue \$		
Total program service expenses	464 324	/ (Coording of	-	

#### 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." Is the organization required to complete Schedule B, Schedule of Contributors? See instructions X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, X assessments, or similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part III 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 x "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space. x the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D. Part IV x Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X or in quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more X of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments—program related in Part X. line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 110 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 Did the organization report an amount for other liabilities in Part X, line 257 if "Yes." complete Schedule D, Part X 110 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses x the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 111 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete x Schedule D. Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If x 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E x 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 14b x foreign investments valued at \$100,000 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 х for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X 18 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 b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 206 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 17 If "Yes," complete Schedule I, Parts I and II

				1000	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic indi-	riduals 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 compe	nsated				
	employees? If "Yes," complete Schedule J			23	_	X
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more		4			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer	ir lines 24	10			
	through 24d and complete Schedule K. If "No," go to line 25a			24a	-	X
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period excepti Did the organization maintain an excrow account other than a refunding excrow at any time during		11-11-11-1-1	24b		$\vdash$
	to defease any tax-exempt bonds?	the year		24c		
d				24d	-	-
25a	(1220 MB) (1250 HB) (1221 HB) (1251 MB) (1251		wD			-
400	transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	AUC22 UC	KUIK	258		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person	n in a nei		208		-
	year, and that the transaction has not been reported on any of the organization's prior Forms 990	100				
	If "Yes," complete Schedule L. Part I	UI 990-C2	· f	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to	any cum		200		-
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35			- 1		
	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, t	法中书中共 古世 中 中 中				-
	employee, creator or founder, substantial contributor or employee thereof, a grant selection comm		7	- 1		
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of					1
	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	er conservation and a servation as	77.00		
	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 cont	ributor? If				
	"Yes," complete Schedule L. Part IV			28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	****		28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28	10? N				
	"Yes," complete Schedule L, Part IV			28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Scho	idule M		29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qu		* **************	4.4 F. (7.7 F.)		
	conservation contributions? If "Yes," complete Schedule M			30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Sci	hedule N.	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "You		************	2.5		700
	complete Schedule N, Part II			32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under	Regulation	15			x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R,	Doct II W		33		-
34	or IV, and Part V, line 1	Part II, III,		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?					X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction w					-
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V,			35b		
36	Soction 501(c)(3) organizations. Did the organization make any transfers to an exempt non-cha		121123111111111111	MWW		
20	related organization? If "Yes," complete Schedule R, Part V, line 2	NOUNC .		36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related of	manizatio				-
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule	-		37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, Iir		**************************************			-
	197 Note: All Form 990 filers are required to complete Schedule O.		27) 	38	x	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Pa	art V				
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	88			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
(MF	Did the organization comply with backup withholding rules for reportable payments to vendors and					
c	Did no differences could me secure analysis of the man between the					

-	990 (2023) ART LEAGUE OF HILTON HEAD INC. 57-10 art V Statements Regarding Other IRS Filings and Tax Compliance (co	ntinued	)		Yes	age 5
2a						100
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax r	eturns?		2b	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		***************	3a		x
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Scheol	lule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or off		fiby over.			
	a financial account in a foreign country (such as a bank account, securities account, or other finan			4a		x
b	If "Ves." enter the name of the foreign country		** ***********************************			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance	al Accou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year			5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tran	- A M H H H M M M H	*****************	5b		x
c	M Was to Eng En as Eh, did the appropriation the Form 8888 TO			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and di		0.0000000000000000000000000000000000000	-		
	and the second of the second o			6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contrib			Oil		-
U	ciffs were not tax deductible?	UNIONS OF		6b		1
7	Organizations that may receive deductible contributions under section 170(c).			60	_	-
7		be annula				1
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly to					
			********	7a	-	-
p	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					
	required to file Form 8282?			7¢	_	$\vdash$
d	If "Yes," Indicate the number of Forms 8282 filed during the year	7d				
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene-		<b>17</b>	70	_	$\vdash$
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit or		******	71	_	-
9	If the organization received a contribution of qualified intellectual property, did the organization file			7g	_	-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	lined by t	he			
	sponsoring organization have excess business holdings at any time during the year?			8		-
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		-
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		_		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				1
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a		_		
b	Gross Income from other sources. (Do not net amounts due or paid to other sources			1		
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of F	orm 1041	7	12a		-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			-		_
a	Is the organization licensed to issue qualified health plans in more than one state?			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		_		
c	Enter the amount of reserves on hand	48-				
14a	wild the constant as a solution and a proposed for below tenders and the delegation for the second			148		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sche			14b		
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remi		Of			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	is the organization an educational institution subject to the section 4968 excise tax on net investment	ent incor	ne?	16		x
1000	If "Yes," complete Form 4720, Schedule O.					-
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any a	ctivities				
177	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.	G. CELLINIA	ATTICITED TO A STREET, SALES	200		

57-1061135 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 12 16 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with x any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X 3 x Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 x 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? 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 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a x b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. x 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b x c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," x describe on Schedule O how this was done x Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 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? x a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 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 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records. 1 SUSSEX LANE JANICE GRAY SC 29926 843-681-5060 HILTON HEAD ISLAND

Form 990 /	2023)	ART	LEAGUE	OF	HILTON	HEAD	TNC

57-1061135

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)
  who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than
  \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
  organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
   See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours	bo	oc, uni	Pos check ess pe	rson	then or	an	(D) Reportable compensation from the	(E) Reportable compensation from misted	(F) Estimated amount of other companisation
	per week (list any hours for retated organizations below (lotted line)	individus hustee or director	Iralitational fundee	Officer	Key entroyee	Highest compensated amployee	Former	organization (V-3/ 1099-MISC/ 1099-NEC)	organizations (W-2)/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) LOUANNE BARRETT VICE PRESIDENT	3.00	x		x				0	0	0
(2) PAT BATTEN	0.00	-	$\vdash$	A	-	$\vdash$	-	- V	0	
PAST - PRESIDENT	0.00	x						0	0	0
(3) JUDY BLAHUT	0.00	-			-	$\vdash$	+	-		-
PRESIDENT	5.00	x		x		П		0	0	0
(4) LINDA BLOOM	1.00					П				
MEMBER-AT-LARGE	0.00	X						0	0	0
(5) ART CORNELL	2.00									
COMMITTEE MEMBER	0.00	X					_	0	0	0
(6) JANICE GRAY TREASURER	4.00	x		x				0	o	0
(7) REBECCA JEFFRIES SECRETARY		x		x				0	0	0
(8) TOMMA RYCHENER	3.00					П			5-2	
MEMBER-AT-LARGE	0.00	X					_	0	0	0
(9) FANOULA SEVASTOS COMMITTEE MEMBER	1.00	x						0	0	0
(10) DONNA SIMMONS	3.00									
VOLUNTEER CHAIR	0.00	X			_	$\sqcup$	_	0	0	0
(11) CINDY STRICKLAND	2.00								200	0.40
MEMBER-AT-LARGE	0.00	X						0	0	0 000

(A) Name and site		(B) Average hours per week	bo of	icer a	Pos check ess pe end a	mon	than o	an	(D) Reportable compensation from the	(III) Reportable compensation from related		(F) Smarted an of other	
		(flat any hours for related organizations below dotted line)	or director	Institutional Mustee	Officer	Key employee	Highest compensated employee	Forner	organization (VV-2/ 1099-MISC/ 1099-NE(C)	organizations (W-2/ 1099-MEC/ 1099-MEC)	or	from the ganization ed organiz	and
(12) ROBE (12) ACADEMY ADV	**********	2.00 0.00	x						0	0			0
(13)	***************												
(14)													
(15)	**********												
(16)	************												
(17)													
(18)	1.1.2.4 × + + + + + + 2.1.2 × 1												
(19)	**************	*********											
d Total (add file	ontinuation she nes 1b and 1c)		Secti	on A	١								
	r of individuals (in impensation from			d to 0	thos	e lis	ted a	bove	) who received more than	\$100,000 of		- 13	res No
	nization list any fo line 1a? If "Yes,"								e, or highest compensated			3	x
4 For any indiv	idual listed on lin	e 1a, is the sum	of n	eport	able	con	npens	sation	n and other compensation omplete Schedule J for suc	from the	11++++	4	x
	on listed on line tendered to the o								y unrelated organization or or such person	individual		5	x
Section B. Indepe				and I	land a		land -		actors that received more t	han \$100 000 of			
	n from the organic	zation. Report co							ar year ending with or with	in the organization's tax ye	sar.		0
	Name and	(A) tuoness address	_	_	_	_			Descripti	(B) pa of services		Comp	(C) Persodian
				-		_							
2 Total number	of independent	contractors (inclu	ding	but n the	not i	limite	ed to	those	e listed above) who	0			
DAA Teoelived mor	C PHE! \$100,000	- SALIBOTORIO	HOE	-1 W M	- Carl Li	and the	SHOW!			V		Form	990 (2023)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt (0) (0) Unralated Revenue excluded function revenue from tax under sections 512-514 business revenue 1a Federated campaigns ta 60,110 b Membership dues 16 c Fundraising events 10 d Related organizations 1d 75,000 e Government grants (contributions) 10 1 All other contributions, gifts, grants and similar amounts not included above 1f 71,107 g Noncash contributions included in lines 1a-11 206,217 h Total. Add lines 1a-1f Business Code 206,993 206,993 ART SALES 86,606 86,606 ART ACADEMY 13,294 13,294 CALL FOR SHOW 10,970 10,970 SPECIAL EVENTS 8,072 8,072 f All other program service revenue 1,730 1,730 327,665 g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 261 261 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6a Gross rents 6a b Leas: rental expenses 66 C Rental Inc. or (loss) 6c d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of access 7a other than inventory b Less: cost or other basis and sales exps. c Gain or (loss) 7c d Net gain or (loss) ..... 8a Gross income from fundraising events (not including \$ of contributions reported on line 1cl. See Part IV, line 18 Ba 86 b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses c Net Income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a 10b b Less: cost of goods sold Net income or (loss) from sales of inventory Business Code d All other revenue e Total. Add lines 11a-11d 534,143 327,665 0 261 12 Total revenue. See instructions

Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (D) Fundraising Management and general expenses 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 2,000 2,000 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 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 128,394 94.092 24,599 9,703 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10,011 7,336 757 1,918 10 Payroll taxes 11 Fees for services (nonemployees): a Management 1,800 1,800 c Accounting d Lobbying 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 Schedule (II.) 12 Advertising and promotion 75,223 75,223 13 Office expenses Information technology 14 Royalties 61,270 61,270 Occupancy 16 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 1,227 1,227 23 Insurance 4,098 4,098 24 Other expenses, Itamize 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.) 136,921 136,921 COMMISSIONS INSTRUCTOR FEES 53,628 53,628 12,932 12,932 BANK FEES SUPPLIES 8,112 2,943 5.169 19,171 17,979 883 309 e All other expenses 514,787 464,324 39,694 10,769 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

following SOP 98-2 (ASC 958-720)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X. (A) End of year Beginning of year 1 Cash-non-interest-bearing 163,047 127,558 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 7,243 33,710 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Ř 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 58,165 basis. Complete Part VI of Schedule D 10a 56,504 2,889 1,661 10b 10c b Less: accumulated depreciation 11 Investments—publicly traded securities 11 12 Investments-other securities. See Part IV, line 11 12 13 Investments-program-related. See Part IV, line 11 13 14 Intangible assets 14 7,631 44,909 15 Other assets. See Part IV, Ine 11 15 180,810 207,838 Total assets. Add lines 1 through 15 (must equal line 33) 16 18,752 14,895 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 42,286 52,995 of Schedule D 61,038 26 26 Total liabilities. Add lines 17 through 25 67,890 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33, 27 Net assets without donor restrictions 118.972 27 138,329 800 28 1,619 28 Net assets with donor restrictions or Fund Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 119,772 32 139,948 32 Total net assets or fund balances 180,810 33 207,838 Total liabilities and net assets/fund balances

Form 990 (2023)

orm 990 (2023) ART LEAGUE OF HILTON HEAD	INC. 57-1061135		Page 12
Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response or not	e to any line in this Part XI		
Total revenue (must equal Part VIII, column (A), line 12)	1		4,143
Total expenses (must equal Part IX, column (A), line 25)	2		4,787
3 Revenue less expenses. Subtract line 2 from line 1	3		9,356
4 Net assets or fund balances at beginning of year (must equal Pa	rt X, line 32, column (A))	11	9,772
5 Net unrealized gains (losses) on investments	5		
6 Donated services and use of facilities			
	7		
8 Prior period adjustments	8		
9 Other changes in net assets or fund balances (explain on Sched	ule O) 9		820
10 Net assets or fund balances at end of year. Combine lines 3 thro	ough 9 (must equal Part X, line		
32, column (B))	10	13	9,948
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response or not	e to any line in this Part XII		
			Yes No
<ol> <li>Accounting method used to prepare the Form 990: Cash if the organization changed its method of accounting from a prio Schedule O.</li> </ol>	Transfer of the second	_	
2a Were the organization's financial statements compiled or reviews	ed by an independent accountant?	2a	x
If "Yes," check a box below to indicate whether the financial state			
reviewed on a separate basis, consolidated basis, or both.	and the gray year of the same and the same a		
Separate basis Consolidated basis Both co	insolidated and senarate basis	1 1	
b Were the organization's financial statements audited by an inde		2b	x
If "Yes," check a box below to indicate whether the financial state	· 1000 1000 1000 1000 1000 1000 1000 10	-	
separate basis, consolidated basis, or both.	and the same state of the same	1 1	
	ensolidated and separate basis	1 1	
c If "Yes" to line 2a or 2b, does the organization have a committee	(C) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	1 1	
the audit, review, or compilation of its financial statements and s	도 1. TOT IN TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL IN THE STATE OF STATE O	2c	
If the organization changed either its oversight process or select			
Schedule O.	an process away are an jour, superior an	1 1	
3a As a result of a federal award, was the organization required to u	roterno an aurit or aurits as set forth in the	1.1	
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	a new flat was present at manife on any terms at one	3a	
b If "Yes," did the organization undergo the required audit or audits	? If the organization did not undergo the		
required audit or audits, explain why on Schedule O and describ		3b	
The second secon	The state of the s	Soon	990 (2023)

#### SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Schedule A (Form 990) 2023

Open to Public

Department of the Treasury Internal Revenue Senice Name of the organization

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

Inspection Employer identification number

D	m ! D		OF HILTON HEAD		57-10	61135							
The Later of the L	rt I Rea	son for Public Charit	y Status. (All organizati	ions must compl	ete this part.) See instru	ctions.							
The I	organization is n	ot a private foundation becar	se it is: (For lines 1 through 1	12, check only one b	DK.)								
1	A church, d	convention of churches, or a	ssociation of churches describ	ed in section 170(b	)(1)(A)(i).								
2	A school de	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)											
3	A hospital of	a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	A medical r city, and st	research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
5		THE RESERVE OF THE PARTY OF THE	operated for the benefit of a college or university gamed or gnerated by a governmental unit described in										
		anization operated for the benefit of a college or university owned or operated by a governmental unit described in  170(b)(1)(A)(iv). (Complete Part II.)											
6		state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X An organiza	peral, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  rganization that normally receives a substantial part of its support from a governmental unit or from the general public ribed in section 170(b)(1)(A)(vi). (Complete Part II.)											
8			170(b)(1)(A)(vi). (Complete i	Part II \									
9	An agricultu	ral research organization de	scribed in section 170/hl/4V	AVIVA operated in se	njunction with a land-grant coll								
	or university university:	or a non-land-grant college	of agriculture (see instruction	s). Enter the name,	riginication with a tanto-grant cost city, and state of the college or	ege							
0	receipts from support from	n activities related to its exe n gross investment income a	mpt functions, subject to certa and unrelated business taxable	in exceptions; and (2 c income dess section	ions, membership fees, and gr c) no more than 33 1/3% of its in 511 tax) from businesses	088							
1			30, 1975. See section 509(a)										
2	An organiza	eon organized and operated	exclusively to test for public :	safety. See section	509(a)(4).								
4	one or more	publicly supported organiza	tions described in section 50	9(a)(1) or section 5	ons of, or to carry out the purp 09(a)(2). See section 509(a)(3	). Check							
	a Type L	nes iza urougn izu mai o	escribes trie type or supporting	g organization and co	implete lines 12e, 12f, and 12g								
	the supe	n supporting organization of	perated, supervised, or control	led by its supported	organization(s), typically by git	/ing							
	Sunnortin	on comanization Vou must	wer to regularly appoint or ele complete Part IV, Sections A	ict a majority of the c	inectors or trustees of the								
- 97					orted organization(s), by having	£κ							
	control o	r management of the sunor	opervised or controlled in our iding amanization vested in th	nection with its supp	oried organization(s), by naving control or manage the suppor	) tod							
	organiza	ion(s). You must complete	Part IV, Sections A and C.	e same persons ma	coraroi or manage trie suppor	nea							
10				had in connection will	h, and functionally integrated v	COSC.							
	its suppo	orted organization(s) (see In	structions). You must comple	te Part IV. Sections	A. D. and E.	WILL,							
27	d Type III	non-functionally integrate	d. A supporting organization of	operated in connection	n with its supported organizati	ion(x)							
	that is n	ot functionally integrated. The	e organization generally must	satisfy a distribution	requirement and an attentiver	1888							
	requirem	ent (see instructions). You	must complete Part IV, Sect	ions A and D, and I	Part V.								
	Check th	is box if the organization re-	ceived a written determination	from the IRS that it i	s a Type I, Type II, Type III								
	Tunctions	ny integrated, or Type III n	on-functionally integrated supp	corting organization.		-							
9		mber of supported organiza			*************************	(1101)							
77.5%			he supported organization(s).										
m v	lame of supported organization	(II) EIN	(III) Type of organization	(iv) is the organization	(v) Amount of monetary	(NI) Amount of							
	On Beautiful and		(described on lines 1-10 above (see instructions))	listed in your governing document?	0.707	Other support (see							
			and the manager and	Yes No	instructions)	instructions)							
)				185 763									
)													
0.5													
;)													
)						1							
_													
D) E)													

Schedule A (Form 990) 2023

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.)

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	139,811	157,669	272,854	219,117	206,217	995,668
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	139,811	157,669	272,854	219,117	206,217	995,668
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						995,668
	tion B. Total Support						Control of the last
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	139,811	157,669	272,854	219,117	206,217	995,668
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	180	83	113	54	261	691
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						996,359
12	Gross receipts from related activities, etc.					12	1,433,308
13	First 5 years. If the Form 990 is for the or		cond, third, fourth,	or fifth tax year as	s a section 501(c)(3	3)	-
_	organization, check this box and stop here						
-	tion C. Computation of Public Se					1771	22 -2 24
14	Public support percentage for 2023 (line 6,						99.93%
15	Public support percentage from 2022 Sche 33 1/3% support test — 2023. If the organ			O and line 44 is 5	22 1/20/ as many a	hank this	99.93%
16a	33 1/3% support test — 2023. If the organ	nizaeon did not chei	ox the box on line	io, and line 14 is a	33 173% OF ITIONS, C	HOCK UTS	X
	box and stop here. The organization quali 33 1/3% support test — 2022. If the organ	ves as a publicly st	pported organizati vira hav on line 13	or the and line t	6 is 33 1/36 or m	on chack	
ы	this box and stop here. The organization of			2			
17a		the same of the same of		444 444 144	la or 16h and line	14 is	
	10% or more, and if the organization meet						
	Part VI how the organization meets the fac-	cts-and-circumstanc	es test. The organ	zation qualifies as	a publicly support	led	
h	10%-facts-and-circumstances test — 20						
_	15 is 10% or more, and if the organization in Part VI how the organization meets the	meets the facts-an facts-and-circumsta	d-circumstances te nces test. The org	st, check this box anization qualifies	and stop here. Ex as a publicly supp	plain orted	_
18	organization  Private foundation. If the organization did	not check a box or	line 13, 16a, 16b,	17a, or 17b, chec	k this box and see	110000000000000000000000000000000000000	
	Instructions						
_	ACTOR DESCRIPTION OF THE PROPERTY OF THE PROPE		111101111-1111-111		Contract of the Contract of th		(Form \$90) 2022

Schedule A (Form 990) 2023

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.)

	ction A. Public Support	,	110 10000 10000	outer, produc	complete r are	111.7	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Giffs, grants, contributions, and membership fees received. (Co not include any "unusual grants.")	- W. S.	-				
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the organization, check this box and stop here		second, third, fourth	, or fifth tax year a	as a section 501(c)	(3)	
Sect	ion C. Computation of Public Su	A RESIDENCE TO SERVICE AND ADDRESS OF THE PARTY OF THE PA	tage	******************		Charles and Advantage Control of the	
15	Public support percentage for 2023 (line 8,	The second liverage and the se	CONTRACTOR OF THE PARTY OF THE	m (f))		15	%
16	Public support percentage from 2022 Sche-			************			- %
Sect	ion D. Computation of Investme						
17	Investment income percentage for 2023 (lin	ne 10c, column (f)	, divided by line 13	, column (f))		17	%
	nvestment income percentage from 2022 S	chedule A, Part II	l, line 17			18	%
19a	33 1/3% support tests — 2023. If the orga			Company of the Compan			
b	17 is not more than 33 1/3%, check this box 33 1/3% support tests — 2022, If the orga	mization dld not ch	neck a box on line	14 or line 19a, and	f line 16 is more th	nan 33 1/3%, and	Ц
	line 18 is not more than 33 1/3%, check this		and the second s	Charles and the second	Control of the contro	The state of the s	
20	Private foundation. If the organization did	not check a box of	on line 14, 19a, or	19b, check this bo	x and see instruction	ons	

Schedule A (Form 990) 2023

Part IV Supporting Organizations

(Complete only if you checked a box on 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.)

			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.	1.1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		7.	
9.44	lines 3b and 3c below.	3a		
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.	3ъ		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	95		
6		3c		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	30		
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.	4a		_
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.	4b		_
¢	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	- 1		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	1		
	purposes.	40		
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;	1 1		
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	1 1		
	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		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	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		. 1	
	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.	6		
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).	7		
3	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	-		
	77 If "Yes," complete Part I of Schedule L (Form 990).	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.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	1		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	and the second s			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	90		
200	Was the organization subject to the excess business holdings rules of section 4943 because of section			
Qa.	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		
14	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	7,011		
ь	determine whether the organization had excess business holdings.)	10b		

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions	8).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
¢	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	huctions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify		-	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	100		
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1
	of its supported organizations? If "Yes," describe in Part VI the role played by the groundsation in this regard.	35		

_	use A (Form 990) 2023 ART LEAGUE OF HILTON HEA		57-1061	135 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
- 1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization			
Sec	tion 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		
10000	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	tion 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):			
- 4	Average monthly value of securities	1a		
ı	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	f Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
	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		
	Multiply line 5 by 0.035.	6		
-	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	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

Schedule A (Form 990) 2023

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

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2023

Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule A (For	m 990) 2023	ART I	LEAGUE	OF H	TLTON	HEAD	TNC.		57-10611	35	Page 8
Part VI	Supplemental III, line 12; Part B, lines 1 and 2 3a, and 3b; Par lines 2, 5, and	Information. IV, Section A Part IV, Section A TV, Ine 1; Part IV, IIII	Provide the lines 1, 2 ction C, line art V, Section C	e expl , 3b, 3 e 1; Pa on B, li	anations c, 4b, 4c art IV, Sec ine 1e; P	required 5a, 6, 9 ction D, li art V, Se	by Part la, 9b, 9d ines 2 ar lotion D,	c, 11a, 1 nd 3; Par lines 5, 6	); Part II, line lb, and 11c; F t IV, Section E i, and 8; and I	17a or 1 art IV, 9 , lines 1	7b; Part Section Ic, 2a, 2b,
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#### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

ART LEAGUE	OF HILTON HEAD INC.	57-1061135								
Organization type (chec	k one):									
Filers of:	Section:									
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization									
	4947(a)(1) nonexempt charitable trust not treated as a private foundation									
	527 political organization									
Form 990-PF	501(c)(3) exempt private foundation									
	4947(a)(1) nonexempt charitable trust treated as a private foundation									
	501(c)(3) taxable private foundation									
나의 생님이 가는 생님이 있는데 그리고 있는 것이라고 그렇게 그리고 있는데 없었다.	is covered by the General Rule or a Special Rule.  (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule, See								
General Rule										
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling 3 y or property) from any one contributor. Complete Parts I and II. See instructions for determinant contributions.									
Special Rules										
regulations under 16b, and that reo	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/s% support test sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 1 sived from any one contributor, during the year, total contributions of the greater of (1) \$5.00 punt on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	13, 16a, or								
contributor, during literary, or educati	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than \$1,000 exclusively for religious, charitable, scient onal purposes, or for the prevention of crueity to children or animals. Complete Parts I (ent o) instead of the contributor name and address), II, and III.	ntific,								
contributor, during contributions total during the year fo General Rule ap	in described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, contributions exclusively for religious, charitable, etc., purposes, but no such ad more than \$1,000. If this box is checked, enter here the total contributions that were recir an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless to this organization because it received nonexclusively religious, charitable, etc., contributions that were received nonexclusively religious, charitable, etc., contributions during the year.	beived the ributions								
Caution: An organization must answer "No" on Par	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990 meet the filing requirements of Schedule B (Form 990).	orm 990), but it								

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TOWN OF HILTON HEAD ONE TOWN CENTER COURT HILTON HEAD ISLAND SC 29926	s 75,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GAYLORD & DOROTHY DONNELLY FOUNDATIO 4 NORTH ATLANTIC WHARF, SUITE 100 CHARLESTON SC 29401	s 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SC ARTS COMMISSION 1026 SUMTER STREET COLUMBIA SC 29201	s 21,868	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
mae	\$	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	* ************************************	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	+ 42-01/12/11/12/12/12/12/12/12/12/12/12/12/12	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### 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.

2023
Open to Public Inspection

Employer Identification number ART LEAGUE OF HILTON HEAD INC. 57-1061135 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included on line 2a d Number of conservation easements included on line 2c acquired after July 25, 2005, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(l) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (iii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Part IV	Schedule D (Form 990) 2023							Page 2
collection items (check all that apply).  a Public exhibition of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  So Luring the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be soid to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements  Complete if the organization an asymmetry of the organization of the organization on a spent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X7. Imp 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X7. Imp 21.  1a Is the organization and part trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X7. Imp 21.  1b If "yes." explain the arrangement in Part XIIII and complete the following table.  C Beginning balance  4 Additions during the year  4 Additions during the year  5 Ending balance  4 Additions during the year  5 If "yes." explain the arrangement in Part XIIII. Part Y Endowment Funds  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance  1a Beginning of year balance  1b If "yes." explain the arrangement in Part XIIII. Part Y Endowment Funds  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance  1b Organization was a fundament of the organization and programs  5 Organization or year-part of the organization and programs  1c Administrative expenses  10,000  9 End of year balance  10,000  9 End of year balance  100  9 Form endowment funds not in the possession of the organization that are held and adminis								s (continued)
b Scholarly research c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's evempt purpose in Part XIII.  Part IV Excrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21,  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X line 21,  1a is the organization and part trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X line 21,  1b if "Yes" explain the arrangement in Part XIII and complete the following table.  C Beginning balance  1c Beginning balance 1d Additions during the year 1d Id Beginning balance 1d Additions during the year 1d Id Beginning balance 1d Additions during the year 1d Id Beginning balance 1d Additions during the year 1d Id Beginning balance 1d Additions during the year 1d Id Beginning of year balance 1d Yes and the organization intolude an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes If Yes "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance 1	3 Using the organization's ac collection items (check all t	quisition, accessionat apply).	on, and other records,	check any of the	e following that ma	ike significant u	se of its	
Preservation for fautre generations  Preservation for fautre generations  Amount  Description of the organization's collections and explain how they further the organization's exempt purpose in Part  XIII.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form  990, Part X, line 21.  Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  If I'Yes," explain the arrangement in Part XIII and complete the following table.  Amount  Beginning balance  Amount  C Beginning balance  Bustitutions during the year  Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Amount  Administrative expenses  10,000  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Administrative expenses  100,000  Complete if the organization and the organization that are held and administered for the organization sy.  Administrative expenses the fundament of the organizations and programs  Administrative expenses the fundament of the organization stend as required on Schedule R?  The percortages on lines 2a, 2b, and 2c should equal 100%.  Are three endowment funds not in the possession of the organization and sequence of the sequence of the current year end balance (line fundament of the organizations?  (i) Unrelated organizati	a Public exhibition		d L	oan or exchange	program			
Preservation for future generations A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to traise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included or Form 990, Part X?  If "Yes," explain the arrangement in Part XIII and complete the following table.  Amount 1c Beginning balance  Distributions during the year  Distributions during	b Scholarly research		e 🗌 O	ther				
Surling the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Ia is the organization an agent, tustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII and complete the following table.  Beginning balance  C Beginning balance  It and Additions during the year  I be of Ending balance  I c I d I d I d I d I d I d I d I d I d	c Preservation for future	generations						
5 Curing the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to take than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X ill not included on Form 990, Part X ill and complete the following table.  C Beginning balance  4 Additions during the year  4 Additions during the year  5 Ending balance  6 Distributions during the year  7 Ending balance  8 Distributions during the year  8 Distributions during the year  9 Distributions during the year  10 Distributions during the year  11 Distributions during the year  12 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  40 Current year  40 Distributions  10 Distributions  20 Distributions  10 Distributions  10 Distributions  10 Distributions  10 Distributions  10 Distributions  20 Distributions  10 Distributions  10 Distributions  10 Distributions  20 Di		organization's co	ollections and explain h	low they further	the organization's	exempt purpose	e in Part	
assets to be sold to risise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an aspent, fusales, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Is If "Yes," explain the arrangement in Part XIII and complete the following table.  Amount  1b If "Yes," explain the arrangement in Part XIII and complete the following table.  Amount  1c Beginning balance Beginning balance Distributions during the year Distribution and the part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Contributions  Occurrent year (a) Prior year (c) Two years back (a) Time years back (a) Form years back Contributions Distributions Distribution		sanization solicit c	or receive donations of	art historical to	easures or other s	imilar		
Part IV Escrow and Custodial Arrangements  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b if "Yes," explain the arrangement in Part XIII and complete the following table.  C Beginning balance  d Additions during the year  e Beginning balance  1c Indiana balance  d Additions during the year  f Ending balance  1d Indiana								Yes No
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table.  C Beginning balance  Additions during the year  1c   Admount   1c   Admount   1c   1c   1c   1c   1c   1c   1c   1				TOTOTO OF GOTTO	and in concession			100 110
1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Part V   Complete if the organization amount on Form 990, Part X, line 21, for escrow or custodial account liability?   Yes   16   17   18   19   19   19   19   19   19   19	Complete if th	e organization		on Form 990	, Part IV, line	9, or reported	d an amour	nt on Form
included on Form 990, Part X?  b if "Yes," explain the arrangement in Part XIII and complete the following table.		Address of the Control of the Contro	an or other intermedia	ry for contributio	ins or other assets	not		Total News
b if "Yes," explain the arrangement in Part XIII and complete the following table.    Amount   1c								Yes No
c Beginning balance   1c   1d   1d   1d   1d   1d   1d   1d	b If "Yes," explain the arrange	ement in Part XIII	and complete the folio	wing table.			*************	
d Additions during the year				400				Amount
d Additions during the year	c Beginning balance						1c	
Distributions during the year for Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes bit "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance	d Additions during the year		***************************************				1d	
### Per Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  ### Part V	e Distributions during the year	r					10	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Brit Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance  b Contributions  c Net investment earnings, gains, and losses  10,000  c Net investment earnings, gains, and losses  108  d Grants or schotarships  e Other expenditures for facilities and programs  f Administrative expenses  10,008  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment  b Permanent endowment  100,008  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment  b Permanent endowment  100,008  1 The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations?  (ii) Related organizations?  (iii) Related organizations?  (iii) Related organizations?  (iii) Related organizations and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10.  Description of property  (ii) Book willing  (iii) Book willing  (iii) Book willing  (iii) Book willing  (iii) Book willing								450 -300
Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses 108 10,000 119 100 119 119 119 119 119 119 119	2a Did the organization include	an amount on F	orm 990, Part X, line 2	1, for escrow or	r custodial account	liability?		Yes No
Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    A Current year   (a) Prior year   (b) Prior year   (c) Two years book   (d) Twee years book   (d) Foor years book   (d)							************	
Beginning of year balance  b Contributions  c Net investment earnings, gains, and losses  d Grants or scholarships  C Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  100 08  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment  b Permanent endowment  The percentages on lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organizations?  (ii) Unrelated organizations?  (iii) Related organizations?  (iii) Related organizations?  (iii) In Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10.  Description of property  [iv) Cost or other basis [iv) Accumulated depreciation [iv) Cost or other basis [iv) Accumulated depreciation [iv) Cost or other basis [iv) Accumulated depreciation [iv) Book value [iv) Cost or other basis [iv) Accumulated [iv) Book value [iv) Book value [iv) Cost or other basis [iv) Accumulated [iv) Book value [iv) Book va			1.25					
Beginning of year balance b Contributions 10,000  Net investment earnings, gains, and losses  Other expenditures for facilities and programs Other expenditures for facilities and programs Administrative expenses 100  End of year balance 10,008  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment Note the permanent endowment Note the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Note the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Note the permanent endowment 100,00 % Term endowment 100,00 % Term endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? Sa(i) X Sa(i) X Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (ii) Rock value depreciation (investment) (investment) (investment) (investment) (investment)	Complete if th	e organization	answered "Yes"	on Form 990	, Part IV, line	10.		
b Contributions 10,000   10,000   108   10			(a) Current year	(b) Prior year	(c) Two year	s back (d) 7	hree years back	(e) Four years back
b Contributions 10,000   10,000   108   10	1a Beginning of year balance			7. 4. 4.				
c Net investment earnings, gains, and losses 108 108 108 108 108 108 108 108 108 108	b Contributions		10,000					
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 10,008 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	c Net investment earnings, ga	ains, and	100					
e Other expenditures for facilities and programs  f. Administrative expenses g. End of year balance g. End of year	d Crasts or scholarshine	*******	100					
f Administrative expenses 1.00					_			
## Administrative expenses   1.00   ## End of year balance   10,008   ## Provide the estimated percentage of the current year end balance (line 1g. column (ai)) held as: ## Board designated or quasi-endowment   % ## Permanent endowment   100.00 % ## The percentages on lines 2a, 2b, and 2c should equal 100%. #								
g End of year balance 10,008    2 Provide the estimated percentage of the current year end balance (line 1g. column (a)) held as: a Board designated or quasi-endowment	f Administrative evenence	13:14++-+4+1-+	100					
Provide the estimated percentage of the current year end balance (line 1g. column (a)) held as:  a Board designated or quasi-endowment	a End of year balance	111111111111	The second secon					
a Board designated or quasi-endowment 100.00 %  b Permanent endowment 100.00 %  c Term endowment	2 Decide the estimated service	etans of the ever		The to solve	felt held as:			
b Permanent endowment 100.00 % c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (ii) Related organizations?  5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (ii) Cost or other basis (iii) Book value (investment)  1a Land			era year erio baianco (	line ig. countil	(a)) nero as:			
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations?  (ii) Related organizations?  5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment)		The second secon	· · · · · · · · · · · · · · · · · · ·					
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations?  (ii) Related organizations?  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment) (other) depreciation	a Maria and Anna and	ALCOHOLD STREET						
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations?  (ii) Related organizations?  (iii) Related organizations?  (iii) Tyes* on line 3s(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (ii) Cost or other basis (ii) Cost or other basis (iii) Accumulated (iii) Book value (investment) (other)	The state of the s		uid equal 100%					
organization by:  (i) Unrelated organizations?  (ii) Related organizations?  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the Intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment) (other) depreciation				on that are held	and administered	for the		
(ii) Unrelated organizations? (iii) Related organizations?  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the Intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land		tion in the boson	eent or nic orderstan	on that are nero	and administrate	101 0.10		Yes No
(ii) Related organizations?  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment) (other) depreciation		2						The second second
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment) (other)		· · · · · · · · · · · · · · · · · · ·						2-40 3
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment) (other)			dione lielad or ramina	d on Cohadida S	99	*****	***********	
Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  [8] Cost or other basis (investment) (other)  1a Land					A A PERSONAL PROPERTY.	KKR-14-1-1-1-1	*************	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  [a) Cost or other basis (investment) (other)  (other)  (c) Accumulated (d) Book value (d) Book value				trigers; nursus.				
Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment) (other) depreciation				on Form 990	Part IV line	11a See For	m 990 Par	d X line 10
(investment) (other) depreciation								
1a Land	Cestifica, or proper	· ·		, juj co	The second secon			(a) man rang
AND	to Land		- Annual		1			
D DURGHON.	The second of the second secon	******						
A AMARIAN STORESTON STORES	- I		_					
c Leasehold improvements	4 Forderson							
d Equipment 58,165 56,504 1,6					58 165	56	5.504	1,661
		Salvana Adl more	sound Form 000 Out 5	fine the col-		30	7504	1,661

	Form 990) 2023 ART LEAGUE OF HILTON	N HEAD INC.	57-1061135	Page :
Part VII	Investments – Other Securities Complete if the organization answered "Yes"	on Form 990 Part IV I	ine 11h See Form 990 Par	X line 12
	(a) Description of security or category	(b) Book value	(c) Methos of value	
	(including name of security)	1.224/2411.3341110	Cost or end-of-year man	ost value
(1) Financial				
(2) Closely h	eld equity interests	41		
(3) Other				
(A)	***************************************	10		
(B)	***************************************			
(C)				
(D)				
(E)	+	149		
(F)	***************************************			
(G) (H)	**************************************	ir -		
	on (b) must equal Form 990, Part X, line 12, col. (B))	W		
Part VIII	Investments - Program Related			
	Complete if the organization answered "Yes"	on Form 990. Part IV. I	ine 11c. See Form 990. Part	X. line 13.
	(a) Description of Investment	(b) Book value	(c) Method of value	
			Cost or end-of-year man	ket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
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(9)				
	in (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11d. See Form 990, Par	
440	OTHER CURRENT ASSETS			(b) Book value 27,403
(1)	CFLC INVESTMENT ACCT			15,008
(3)	SECURITY DEPOSITS			2,500
(4)				-/
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, line 15, col. (B))			44,909
Part X	Other Liabilities Complete if the organization answered "Yes"	on Form 990, Part IV, I	line 11e or 11f. See Form 99	0, Part X,
	fine 25. (a) Description of lab	in.		(b) Book value
(1) Endoral	income taxes	7		fed more same
AND DESCRIPTION OF THE PERSON NAMED IN	AID MEMBERSHIP FEES			28,455
	RNED TUITION			20,89
(4) GIFT	CERTIFICATES			1,63
1.4	S TAX PAYABLE			1,52
The second linear linea	IT CARDS			48
(7)				
(8)				
(9)				
otal. (Colum	n (b) must equal Form 990, Part X, line 25, col. (B))			52,995
	uncertain tax positions. In Part XIII, provide the text of the			
rganization's	liability for uncertain tax positions under FASB ASC 740. C	heck here if the text of the fo	cotnote has been provided in Part X	BL.

Sche	dule D (Form 990) 2023 ART LEAGUE OF HILTON HEAD	INC. 57-	-1061135	Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial S			
1	Complete if the organization answered "Yes" on Form Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	************	CONTRACTOR	
a	Net unrealized gains (losses) on investments	2a		
b		2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	26		
0	Add lines 2a through 2d	ALAKERI	20	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
a	Add lines 4a and 4b		4c	
5		)	5	
Pa	irt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form			
1	Total expenses and losses per audited financial statements	***************************************	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
ь	Prior year adjustments	2b		
c	Other losses			
d	Other (Describe in Part XIII.)			
0	Add lines 2a through 2d		20	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		

Part XIII Supplemental Information

b Other (Describe in Part XIII.) c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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Schedule D (F	orm 990) 2023	ART	LEAGUE	OF	HILTON	HEAD	INC.	57-1061135	Page 5
Part XIII	Supplemen	ital Inf	ormation (	contin	ued)		Ld R/W		
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#### SCHEDULE O (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. 2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
ART LEAGUE OF HILTON HEAD INC.	57-1061135
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO	REVIEW FORM 990
A COPY OF THE RETURN WAS REVIEWED BY THE TREASURER PRICE	OR TO SUBMISSION. A
COPY WILL BE REVIEWED BY THE ENTIRE BOARD AT THE NEXT B	(//////////////////////////////////////
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLO	SURE EXPLANATION
DOCUMENTS ARE AVAILABLE UPON REQUEST.	
***************************************	
	***************************************
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	15-233-6-03-6-11-6-11-11-11-11-11-11-11-11-11-11-11
	**************************************
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Form 4562

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

### Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

2023

Identifying number

achment 175

ART LEAGUE OF HILTON HEAD INC. 57-1061135 Business or activity to which this form relates INDIRECT DEPRECIATION Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 1,160,000 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 2,890,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 ... 12 12 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A 1.227 17 MACRS deductions for assets placed in service in tax years beginning before 2023 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (g) Depreciation deduction (a) Classification of property (e) Convention 65 Method placed in (business/investment use period only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property f 20-year property 25-year property 25 yrs. SAL 27.5 yrs. St Residential rental property MM S/L 27.5 yrs. 39 yrs. MM SA I Nonresidential real property MM 84 Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life SAL SA b 12-year 12 yrs. LILL SIL 30 yrs. 30-year C MM d 40-year 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 Total, Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 1,227 22 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

ARTLEA Art League of Hilton Head Inc.
57-1061135 Federal Asset Report
Form 990, Page 1

Asset		Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per	Conv Meth	Prior	Current
Prior	MACRS:		20004						****		
2	Computer Fire Ext		3/09/95 9/05/97	3,424 515			3,424 515	3	HY 200DB HY 200DB	3,424 515	0
3	Computer/		1/31/00	3,466			3,466	7	HY 200DB	3,466	0
4		m & Equip	1/31/01	718			718	7	HY 200DB	718	0
6		H/W & S/W	1/31/01 1/30/01	2,299			2,299	7	HY 200DB HY 200DB	2,299 6,363	0 0 0 0 0
7	Carpet Fum & Fi	ortures	1/31/01	6,363			6,363 3,103	7	The second secon	3,103	ő
8		Improvements	1/31/01	17,715			17,715	7		17,715	Ö
9	Desk/Filin	g Cab	1/31/00	1,732			1,732	7	HY 200DB	1,732	0
10	HP Comp		12/29/10	516		X	0	5	HY 200DB	516	0
11	Printing P Computer	ress	2/28/11 12/31/11	800 564		X X X X	0	- 1	HY 200DB HY 200DB	800 564	0
13	Desk		12/31/11	321		ŵ	ő	7	HY 200DB	321	ő
14	Shelving		9/20/11	772		x	Ö	7	HY 200DB	772	0
16	Computer		1/01/19	2,205			2,205	5	HY 200DB	1,824	254
17	Lockers		1/01/19	851			851	7	THE R. LEWIS CO., LANSING, MICH.	585	76 897
18	Equpment		7/01/22	2,801		- 1	2,801	3	HY 200DB	560	
				48,165		- 3	45,192		,	45,277	1,227
	Depreciat		1401/11	10,000			10.000		MO S/L	10,000	
13	Leasenood	Improvements	1/01/11	10,000		13	10,000	3	MO S/L		
		Total Other Depreciation	-	10,000		2	10,000			10,000	0
		Total ACRS and Other I	Depreciation _	10,000		i	10,000			10,000	0
		Grand Totals		58,165			55,192			55,277	1,227
		Less: Dispositions and To		0			0			0	0
		Less: Start-up/Org Exper	nse _	0			0			0	0
		Net Grand Totals	_	58,165			55,192			55,277	1,227

ARTLEA Art League of Hilton Head Inc.
57-1061135 SC Asset Report
Form 990, Page 1

Asset		Description	Date In Service	Cost	Basis for Depr	SC Prior	SC Current	Federal Current	Difference Fed - SC
Prior	MACRS:								
1	Computer		3/09/95	3,424	3,424	3,424	0	0	0
2	Fire Ext		9/05/97	515	515	515	0	0	0
3	Computer/		1/31/00	3,466	3,466	3,466	0	0 0 0 0 0 0	0 0 0 0 0 0
4	Office Fur	n & Equip	1/31/01	718	718	718	0	0	0
6	Carpet	H/W & \$/W	1/31/01 1/30/01	2,299 6,363	2,299 6,363	2,299 6,363	0	ů,	0
7	Furn & Fi	wheres	1/31/01	3,103	3,103	3,103	ő	ő	0
8		Improvements	1/31/01	17,715	17,715	17,715	0	ő	0
9	Desk/Filin	g Cab	1/31/00	1,732	1,732	1,732	0	0	0
10	HP Comp		12/29/10	516	516	516	0		
11	Printing P	ress	2/28/11	800	800	800	0	0	0
12	Computer		12/31/11	564	564	564	0	0	0
13 14	Desk Shelving		12/31/11 9/20/11	321 772	321 772	321 772	0	0	0
16	Computer		1/01/19	2,205	2,205	1,824	254	254	0
17	Lockers		1/01/19	851	851	585	76	76	ő
18	Equpment		7/01/22	2,801	2,801	560	897	897	- 0
				48,165	48,165	45,277	1,227	1,227	0
Other	Depreciat	ion:							
		Improvements	1/01/11	10,000	10,000	10,000	0	- 0	0
		Total Other Depreciation	-	10,000	10,000	10,000	0	0	0
	Total ACRS and Other Depreciation		preciation _	10,000	10,000	10,000	0	0	0
		Grand Totals		58,165	58,165	55,277	1,227	1,227	0
		Less: Dispositions Less: Start-up/Org Expense		0	0	0	0	0	0
		Net Grand Totals		58,165	58,165	55,277	1,227	1,227	0
					The second secon				

ARTLEA Art League of Hilton Head Inc.
57-1061135 Bonus Depreciation Report
Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
	HP Computer	12/29/10	516		0	0	516	0
	Printing Press Computer	2/28/11 12/31/11	800 564		0	0	800 564	0
13	Desk	12/31/11	321		o	0	564 321 772	ő
14	Shelving	9/20/11	772		0	0	772	0
		Grand Total	2,973		0	0	2,973	0

FYE: 12/31/2023

ARTLEA Art League of Hilton Head Inc.
57-1061135 Depreciation Adjustment Report

07/15/2024

All Business Activities

						AMT Adjustments/
Form	Unit	Asset	Description	Tax	AMT	Preferences
			There are no assets that meet the criteria of th	ais report		

ARTLEA Art League of Hilton Head Inc.

57-1061135

Future Depreciation Report FYE: 12/31/24

07/15/2024

FYE: 12/31/2023 Form 990, Page 1

Date In Asset Description Service Cost Tax AMT Prior MACRS: 3/09/95 3,424 0 Computer Fire Ext 9/05/97 515 0 3,466 718 Computer/Software 1/31/00 0 0 Office Furn & Equip Computer H/W & S/W 1/31/01 00 4 5 0 2,299 1/31/01 0 Carpet Furn & Fixtures Leasehold Improvements 1/30/01 6,363 0 0 6789 1/31/01 3,103 0 Ô 00 0 1/31/01 17,715 1,732 516 0 Desk/Filing Cab 1/31/00 HP Computer Printing Press 10 12/29/10 0 11 12 13 800 0 0 2/28/11 0 0 Computer 12/31/11 564 Desk 12/31/11 321 0 14 Shelving 9/20/11 772 0 0 127 16 Computer 2,205 0 1/01/19 76 ò 851 17 Lockers 1/01/19 18 Equipment 7/01/22 2,801 537 0 48,165 740 0 Other Depreciation: Leasehold Improvements 1/01/11 10,000 0 10,000 **Total Other Depreciation** 10,000 Total ACRS and Other Depreciation Grand Totals 58,165 740

ARTLEA Art League of Hilton Head Inc.
57-1061135 SC Future Depreciation Report FYE: 12/31/24

EVE: 12/31/2023 Form 990, Page 1

Asset	Description	Date In Service	Cost	sc
Prior N	IACRS:			
1 2 3 4 5 6 7 8 9 10 11 12 13 14 16 17 18	Computer Fire Ext Computer/Software Office Furn & Equip Computer H/W & S/W Carpet Furn & Fixtures Leasehold Improvements Desk/Filing Cab HP Computer Printing Press Computer Desk Shelving Computer Lockers Equpment	3/09/95 9/05/97 1/31/00 1/31/01 1/31/01 1/31/01 1/31/01 1/31/01 1/31/00 12/29/10 2/28/11 12/31/11 12/31/11 19/20/11 1/01/19 1/01/19 7/01/22	3,424 515 3,466 718 2,299 6,363 3,103 17,715 1,732 516 800 564 321 772 2,205 851 2,801 48,165	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Other	Depreciation:			
15	Leasehold Improvements	1/01/11	10,000	0
	Total Other Depreciation		10,000	0
	Total ACRS and Other Depreciation		10,000	0
	Grand Totals		58,165	740

32. Number of employees

33. Number of volunteers

Two Year Comparison Report Form 990 2022 & 2023 For calendar year 2023, or tax year beginning Name Taxpayer Identification Number ART LEAGUE OF HILTON HEAD INC. 57-1061135 2022 2023 Differences 22,810 1. Contributions, gifts, grants 48,297 71,107 1. 2. Membership dues and assessments 2. 50,952 60,110 9,158 3. Government contributions and grants 119,868 75,000 -44,868 3. 4. Program service revenue 358,708 -31,043 4. 327,665 5. Investment income 261 207 5. 6. Proceeds from tax exempt bonds 6. 7. Net gain or (loss) from sale of assets other than inventory 7. 8. Net income or (loss) from fundralsing events 8. 9. Net income or (loss) from gaming ...... 9, 10. Net gain or (loss) on sales of inventory 10. 11. Other revenue 11. -43,736 577,879 534,143 12. Total revenue. Add lines 1 through 11 12 2,150 2,000 13. Grants and similar amounts paid 13. -15014. Benefits paid to or for members 14. 15. 15. Compensation of officers, directors, trustees, etc. 132,286 138,405 6,119 16. Salaries, other compensation, and employee benefits 16. 17. Professional fundralsing fees 17. -45 18. Other professional fees 1,845 1,800 18. 64,513 61,270 -3,24319. Occupancy, rent, utilities, and maintenance 19. 920 1,227 307 20. Depreciation and Depletion 20. 310,085 -68,261 378,346 21. Other expenses 21. 514,787 -65,273 22. 580,060 22. Total expenses. Add lines 13 through 21 21,537 -43,736 23. -2,181 19,356 23. Excess or (Deficit). Subtract line 22 from line 12 24. Total exempt revenue 577,879 534,143 24. 25. Total unrelated revenue 25. 327,926 -30,836 358,762 26. Total excludable revenue 26. 27. Total assets 27. 180,810 207,838 27,028 61,038 67,890 6,852 28. Total liabilities 28. 119,772 139,948 20,176 29. Retained earnings 12 18 30. Number of voting members of governing body 30. 12 18 31. Number of independent voting members of governing body 31.

5

32.

5

Form 990 Tax Return History 2023

Name
ART LEAGUE OF HILTON HEAD INC.

Employer Identification Number 57-1061135

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	108,484	122,289	213,069	168,165	146,107	
Membership dues	31,327	35,380	59,785	50,952	60,110	
Program service revenue	309,279	220,685	217,051	358,708	327,665	
Capital gain or loss						
westment income	180	83	113	54	261	
undraising revenue (income/loss)						
Saming revenue (income/loss)						
Other revenue						
Total revenue	449,270	378,437	490,018	577,879	534,143	
Grants and similar amounts paid	2,000	2,000	2,000	2,150	2,000	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	122,092	121,069	128,454	132,286	138,405	
Professional fees	2,400	7,200	1,300	1,845	1,800	
Occupancy costs	59,206	51,566	57,347	64,513	61,270	
Depreciation and depletion	563	914	572	920	1,227	
Other expenses	278,827	210,175	238,575	378,346	310,085	
Total expenses	465,088	392,924	428,248	580,060	514,787	
Excess or (Deficit)	-15,818	-14,487	61,770	-2,181	19,356	
Total exempt revenue	449,270	378,437	490,018	577,879	534,143	
Total unrelated revenue						
Total excludable revenue	309,459	220,768	217,164	358,762	327,926	
Total Assets	126,745	135,753	176,979	180,810	207,838	
Total Liabilities	49,113	73,063	52,871	61,038	67,890	
Net Fund Balances	77,632	62,690	124,108	119,772	139,948	

ARTLEA Art League of Hilton Head Inc. 7/15/2024 Federal Statements 57-1061135 FYE: 12/31/2023 Taxable Interest on Investments Description Unrelated Exclusion Postal Acquired after US
Business Code Code 6/30/75 Obs (\$ or %) Amount 261 14 \$ 261 TOTAL

ARTLEA Art League of Hilton Head Inc.

57-1061135 FYE: 12/31/2023

## **Federal Statements**

7/15/2024

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

Description	E	Total Expenses		Program Service		Management & General		Fund aising
AWARDS PAYROLL FEES RECEPTION EXPESE DUES & SUBSCRIPTIONS MISCELLANEOUS EVENTS TRAVEL & MEETINGS REWARDS BENEFIT	\$	5,250 4,088 4,039 2,534 1,343 850 665 252	\$	5,250 2,996 4,039 2,534 1,343 850 665 252	\$	783	\$	309
CFLC ADMIN FEES TAXES & LICENSES		100 50		50		100	000	
TOTAL	\$	19,171	\$	17,979	\$	883	\$	309

ARTLEA Art League of Hilton Head Inc. 7/15/2024 **Federal Statements** 57-1061135 FYE: 12/31/2023 Schedule A, Part II, Line 1(e) Description Amount 60,110 MEMBERSHIP DUES ATAX - TOWN OF HILTON HEAD 75,000 39,239 DONATIONS 10,000 GDDF SC ARTS COMMISSION 21,868 TOTAL 206,217 Schedule A, Part II, Line 8(e) Description Amount 261 261 TOTAL Schedule A, Part II, Line 12 - Current year Amount Description 206,993 ART SALES 86,606 ART ACADEMY 8,072 MISC SPECIAL EVENTS 10,970 RAFFLE TICKET SALES 1,055 13,294 CALL FOR SHOW 675 MEMORIALS 327,665 TOTAL

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 2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

<u> </u>	For the	2022 c	alendar-year, or tax year beginning	and ending			
В	Check if app	plicable:	C Name of organization			D Employe	r identification number
	Address ch	nange	ART LEAGUE	OF HILTON HEAD INC.			
	Name chan	nge	Doing business as				061135
	Initial return		Number and street (or P.O. box if mail is not delivere P.O. BOX 22834	ed to street address)	Room/suite	E Telephon	e number 681-5060
-	Final return		City or town, state or province, country, and ZIP or fo	preign postal code		043	001 3000
	terminated			SC 29925			577 970
	Amended re	return	F Name and address of principal officer:	50 29923		G Gross rec	eipts\$ 577,879
	Application	pending	JUDY BLAHUT		H(a) Is this a gro	oup return for s	subordinates? Yes X No
			67 OUTPOST LANE		H(b) Are all sub	ordinates incl	luded? Yes No
			HILTON HEAD ISLAND	SC 29928			See instructions
1	Tax-exem	not status:	v	ert no.) 4947(a)(1) or 527			
j	Website:		WW.ARTLEAGUEHHI.ORG	1347(1)(1) 01	H(c) Group exe	motion number	ar.
	Form of org			Other	Year of formation: 1		M State of legal domicile: SC
	artl	•	Immary	Other	real of formation.		Tier State of legal dofflicite.
Ť		111	escribe the organization's mission or most si	ignificant activities:			
a		ARTS	EDUCATION AND PROMOTION.				
'n	1.50	******		***************************************			
& Governance	12.5			Xxx - + 12 0 0 0 0 1 ( 1 0 2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			***************************************
ove	2 C	check thi	is box if the organization discontinued	its operations or disposed of more than 25	5% of its net assets	0000000	
ري مع			of voting members of the governing body (F				18
Se	4 N	lumber o	of independent voting members of the gove	rning body (Part VI, line 1b)		4	18
Activities	5 T	otal nun	nber of individuals employed in calendar ye	ar 2022 (Part V. line 2a)		5	5
cţì			nber of volunteers (estimate if necessary)			6	70
⋖			elated business revenue from Part VIII, colu	umn (C), line 12		7.	0
	1		ated business taxable income from Form 9			<b>7</b> b	0
				, , , , , , , , , , , , , , , , , , , ,	Prior Yea	ar	Current Year
୍ର	8 C	ontribut	ions and grants (Part VIII, line 1h)			2,854	219,117
aun	9 P	rogram	service revenue (Part VIII, line 2g)	21	7,051	358,708	
Revenue	10 In	nvestme	nt income (Part VIII, column (A), lines 3, 4,	and 7d)		113	54
œ	11 0	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c,			0	
	12 T	otal reve	enue – add lines 8 through 11 (must equal l	Part VIII, column (A), line 12)		0,018	577,879
	13 G	Grants ar	nd similar amounts paid (Part IX, column (A	), lines 1–3)		2,000	2,150
			paid to or for members (Part IX, column (A)			0	
Se	<b>15</b> S	Salaries,	other compensation, employee benefits (Pa	12	8,454	132,286	
Expenses			nal fundraising fees (Part IX, column (A), lii				0
xp	1		draising expenses (Part IX, column (D), line	(1) 新工作工作工作工作工作工作工作工作工作工作工作工作工作工作工作工作工作工作工作			
ш			penses (Part IX, column (A), lines 11a–11d,			7,794	445,624
	1		enses. Add lines 13–17 (must equal Part IX			8,248	580,060
. "		Revenue	less expenses. Subtract line 18 from line 1	2		1,770	-2,181
Net Assets or Fund Balances	20 -	otal as-	ota (Part V. lina 16)		Beginning of Cui	6,979	End of Year 180,810
Asse	20 1		ets (Part X, line 16) ilities (Part X, line 26)	a.		2,871	61,038
Set C	22 N		ts or fund balances. Subtract line 21 from li	***************************************		4,108	119,772
	art II		gnature Block	lie 20 .	12	7,100	113,112
			perjury, I declare that I have examined this return	including accompanying schedules and state	ments, and to the her	et of my kno	wledge and belief it is
			omplete. Declaration of preparer (other than offic				wiedge and belief, it is
						T	
Sig	nn	Signature	e of officer			Date	9
He	- 11	מתדו	Y BLAHUT	PRESIDENT	,		
		_	print name and title	114010111			
_			e preparer's name	Preparer's signature	Date	Check	if PTIN
Pai	d h			MARK N JUNE, CPA		/23 self-em	L_] "
Pre	narer	Firm's na	TIMECDA	para a const ora		irm's EIN	20-4046229
	Only	r min s nai	99 MAIN STREET	_		EII¥	
	1	Firm's add	TITE MONT TENAN TO	LAND, SC 29926		hone no.	843-842-6500
Mav			s this return with the preparer shown above			.,0.10 110.	Yes Noa
	_			X12.413.813.X43.61X43.X43.X43.X43.X43.X43.X43.X43.X43.X43.	COMPTRODUCTION CONTRACTOR		000

Form	m 990 (2022) ART LEAGUE OF HILTON HEAD INC. 57-1061135	Page <b>2</b>
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	CARREST CARREST CONT.
1	Briefly describe the organization's mission:	
A	ARTS EDUCATION AND PROMOTION.	
		**********
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes." describe these new services on Schedule O.	
3		
_	i0	Yes X No
	If "Yes," describe these changes on Schedule O.	
4		
7	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.	
	the total expenses, and revenue, if any, for each program service reported.	
4-	a (Code: ) (Expenses \$ 511,191 including grants of \$ 2,150 ) (Revenue \$	358,708)
		WH W HOW B C
	ART GALLERY - PROVIDES MEMBERS A GALLERY TO EXHIBIT ARTWORK THAT CA	N DE
	PURCHASED BY THE PUBLIC.	
	ART ACADEMY - OFFERS VARIOUS ART CLASSES TO THE GENERAL PUBLIC. TH	<u>E</u>
	PURPOSE IS TO NOT ONLY EDUCATE BUT TO DEVELOP TALENT.	
	SPECIAL EVENTS - PROVIDES SPONSORSHIPS FOR SPECIAL EVENTS, LECTURES,	SPACE
F	RENTAL ETC.	*********
	************************************	1117144471411444744
4b	b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
N	N/A	100
	According to the action of the action are action of the ac	
	1.140.141.144.440.140.140.140.140.140.14	
	NATE TO PRESENTE A PRODUCTION OF A STATE OF A	C44 CC (255 4 C4 C1 C4 4 C4 C
		*************
	*	********
	5.120,111.111.1111.1111.1111.1111.1111.11	******
	***************************************	*****
4-	c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	1
	c(Code: )(Expenses \$ including grants of \$ )(Revenue \$ N/A	
I,		
	\$7500 MOLDON DOVINGO DOS FEDERAS DE LA PROPERTA DEL PROPERTA DE LA PROPERTA DEL PROPERTA DE LA PROPERTA DEL PROPE	
	d Other program services (Describe on Schedule O.)	
4d	d Other program services (Describe on Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$	

### Part IV Checklist of Required Schedules

43	# 6 (X		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			
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		Λ
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		Λ
	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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
b	of more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	of more			
9352	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	The roy of an amount for other assets in rat X, line 15, that is 5% of fillote of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
12	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
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,	1 1		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	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			
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	_	<u>x</u>
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
11	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	_	X
	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	252		
19		18		X
	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.			
202	Did the organization operate one or more hospital facilities? If "Voo." complete School II.	19	_	X
h	If "Yes" to line 20a, did the organization attach a copy of its guidited financial attachments to this activate.	20a	-	X_
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b	-	
	domestic government on Part IV column (A) line 42 # "Vee " count to Debut to 1 Part IV			77
	demestic government on Part IX, column (A), line 17 if Yes, complete Schedule I, Parts I and II	21	- 1	X

10000	- I communication of the commu		Ye	s 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		10	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		X
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J			
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		X
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	by the start invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	*******		1
d		240		+
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d	-	+
	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	234		+22
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
7275	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%	- 18	1	
27	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	overa intentity		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	- 1		
	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	1		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	27		X
	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	1		1
	"Yes," complete Schedule L, Part IV	200		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b	1	X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
	"Yes," complete Schedule L, Part IV	28c	1	x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	200000		Some:
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	_	X
-	sections 301 7701-2 and 301 7701-32 If "Ves." complete Schodule B. Dort I			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33	-	X
	or IV. and Part V. line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	section 50 ((c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
220	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			
00	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 on Schedule O for Part VI, lines 11b and		AMOGES	
Pa	19? Note: All Form 990 filers are required to complete Schedule O.  Int V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V			
	The second of th		· · · · · · ·	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		x

	m 990 (2022) ART LEAGUE OF HILTON HEAD INC. 57-106 art V Statements Regarding Other IRS Filings and Tax Compliance (conf	inued)			Yes	age
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	,,,aca,			Tes	IN
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	5		1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			26	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	1111 <b>5</b> r		2b		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3a		_^
4a		outborit		3b		$\vdash$
	a financial account in a foreign country (such as a bank account, securities account, or other financial	authority	y over,			
b	If "Yes," enter the name of the foreign country	a accour	107	4a		X
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial		······································			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	Account	S (FBAR).	44	-	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?	·····	* * * * * * * * * * * * * * * * * * * *			X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	ction?		<u>5b</u>		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t			5c		_
	organization solicit any contributions that were not tax deductible as charitable contributions?	ne				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions?			6a		X
170	gifts were not tax deductible?	ons or				
7	Organizations that may receive deductible contributions under section 170(c).			6b		
a		2000 to 000 #1000				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for and services provided to the payor?	goods		1100171		
b	**************************************			. 7a		_
c	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
~	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w required to file Form 8282?	as		1005		
d				7c		_
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		/		-
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?				
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control to the organization received a particle of the organization received and the organization received a particle of the organization received and the organization received a particle of the organization received and the organization received	act?		7f		_
g h	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899	as required?	7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file	a Form 1098-C?	7h		
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ed by the	9			
٥	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	1				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1 1				
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
40-	against amounts due or received from them.)	11b			- 1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	*********	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			1 .	
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	i i				
	the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	0		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or				
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					

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

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities

16

17

16

17

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

If "Yes," complete Form 6069.

Form 990 (2022) ART LEAGUE OF HILTON HEAD INC. 57-1061135 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. · Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 18 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 18 1h 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? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 5 Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a 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 X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X 12c Did the organization have a written whistleblower policy? 13 X 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization X 15b 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? X 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b

#### Section C. Disclosure

- List the states with which a copy of this Form 990 is required to be filed 17
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain on Schedule O)

- 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

JANICE GRAY

HILTON HEAD ISLAND

1 SUSSEX LANE

# 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

		-							, director, or trustee.	
(A) Name and title	(B) Average hours per week	bo off	x, unl	Pos check ess pe nd a c	erson directo	than or is both a	an e)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) LOUANNE BARRETT		+	$\vdash$	$\vdash$			_			
	3.00									
VICE PRESIDENT	0.00	X		x				0	0	0
(2) PAT BATTEN						$\Box$		***************************************		
***************************************	1.00									
PAST - PRESIDENT	0.00	X						0	0	0
(3) MARIA BERLINER										
3 000 0 70 70 70 70 70 70 70 70 70 70 70	1.00									
MEMBER-AT-LARGE	0.00	X						0	0	0
(4) JUDY BLAHUT	200									
	3.00									
PRESIDENT	0.00	X		X				0	0	0
(5) LINDA BLOOM										<del>_</del>
* ***********************	1.00									
COMMITTEE MEMBER	0.00	X						0	0	0
(6) ART CORNELL										1
	1.00			Ш						
COMMITTEE MEMBER	0.00	X						0	0	0
(7) JANICE GRAY	5000 VALUE OF									
£	3.00	1 1								
TREASURER	0.00	X		X				0	0	0
(8) GABRIELE HOFFMAN										
	1.00									
MEMBER-AT-LARGE	0.00	X		_				0	0	0
(9) REBECCA JEFFRIES										
* * * * * * * * * * * * * * * * * * * *	2.00						- 1			
MEMBER-AT-LARGE	0.00	X		_				0	0	0
(10) ROSALYN LESTER										
<u> </u>	2.00									
MEMBER-AT-LARGE	0.00	X	_	_	_		_	0	0	0
(11) DELANE MARYNOWSK										7
***********	1.00							500	980	
MEMBER-AT-LARGE	0.00	X						0	0	0

ARTLEA 05/11/2023 Form 990 (2022) ART LEAGU	JE OF HI	LTC	N	HE	AD	I	NC.	57-106	51135			Page
Part VII Section A. Officers	, Directors, Tr	ustee	s, K	ey E	mpl	oyee	es, ai	nd Highest Compensated	d Employees (continued)			raye
(A) (B) Name and title Average hours			lo not o x, unle ficer a	Pos check ess pe	C) sition more erson	than o	one i an	(D) Reportable compensation	(E) Reportable compensation	Estimat of	(F) led amoun	nt
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	fro organiz	ensation om the zation and rganizatio	
(12) CHRISTINE MCM	AHON	$\vdash$		_	_	۵.			r.			
	1.00											
MEMBER-AT-LARGE	0.00	X						0	0			7
(13) JAN ROSS												
	2.00											
MEMBER-AT-LARGE (14) TOMMY RYCHENE	0.00	X						0	0			(
(14) TOMMY RYCHENE	3.00			V 9							F83	
MEMBER-AT-LARGE	0.00	x			n i			_				
(15) FANOULS SEVAS		^		-			$\dashv$	0	0			(
(==, ===:0025   52 viii)	2.00	1 1										
COMMITTEE MEMBER	0.00	x						0	0			
(16) DONNA SIMMONS							-		0			
	3.00											
MEMBER-AT-LARGE	0.00	x						0	0			(
(17) CINDY STRICKI	AND											
	3.00		1									
MEMBER-AT-LARGE	0.00	X						0	0			C
(18) DEBI WEST												
COMMITTEER ACTION	1.00											
(19) ROBERT WORTMA	0.00	X	_	-	_		4	0	0			C
(19) ROBERT WORTMA	1.00											
MEMBER-AT-LARGE	0.00	x										112
1b Subtotal	0.00	Λ		_			+	0	0			0
c Total from continuation shee	ts to Part VII. S	ectio	n Δ			20025	20					
d Total (add lines 1b and 1c)				5355	t definite	21222						
2 Total number of individuals (inc	luding but not lir	nited	to th	ose	liste	d abo	ove)	who received more than \$	100,000 of	11		
reportable compensation from the	he organization		)						100,000 01			
3 Did the organization list any form	mar officer dire	otor :		1							Yes	No
employee on line 1a? If "Yes," c	omplete Sched	ule J	trust for st	ee, k uch i	ndiv	mpio idual	yee,	or nignest compensated		3		x
4 For any individual listed on line	1a, is the sum o	f repo	ortab	le co	mpe	ensat	ion a	and other compensation fro	om the			- 22
organization and related organiz individual	zations greater t	han \$	150	,000	? If "	Yes,	" con	nplete Schedule J for such				17272
5 Did any person listed on line 1a	receive or accru	ie co	mpe	nsati	on f	rom s	any u	inrelated organization or in	dividual	4	$\vdash$	X
for services rendered to the orga	anization? If "Ye	s," co	omple	ete S	Sche	dule	J for	such person	uividuai	5		x
Section B. Independent Contractors	S											
1 Complete this table for your five	highest comper	nsate	d ind	lepe	nder	nt cor	ntract	tors that received more tha	n \$100,000 of			
compensation from the organiza	ition. Report cor	npen	satio	n fo	r the	cale	ndar	year ending with or within	the organization's tax year.			
Name and bi	(A) usiness address			_		_		Description	(B) on of services	C	(C) ompensati	ion
						- 1						
		_		_			_					
					-	+	-					
				191		$\dashv$						
- Miles												
2 Total number of independent cor	ntractors (includ	ing b	ut no	t lim	ited	to the	ose li	isted above) who				
received more than \$100,000 of	compensation f	rom t	he o	rgan	izati	on	- 1	en e	0		1	Title

Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded Total revenue Unrelated business revenue function revenue from tax under sections 512-514 Grants (Mounts) 1a Federated campaigns 1a b Membership dues 1b 50,952 Gifts, ilar An c Fundraising events 1c d Related organizations 1d Contributions, and Other Simi e Government grants (contributions) 1e 119,868 f All other contributions, gifts, grants, and similar amounts not included above 1f 48,297 g Noncash contributions included in h Total. Add lines 1a-1f 219,117 Business Code 2a ART SALES Program Service Revenue 209,683 209,683 ART ACADEMY 98,005 98,005 50TH ANNIVERSARY 35,717 35,717 SPECIAL EVENTS 8,300 8,300 CALL FOR SHOW 3,023 3,023 f All other program service revenue 3,980 3,980 g Total. Add lines 2a-2f 358,708 Investment income (including dividends, interest, and other similar amounts) 54 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents 6a b Less: rental expenses 6b c Rental inc. or (loss) 6c Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory 7a Other Revenue b Less: cost or other basis and sales exps. 7b c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** d All other revenue Total. Add lines 11a-11d Total revenue. See instructions 577,879 358,708

54

0

### Part IX Statement of Functional Expenses

-	ction 501(c)(3) and 501(c)(4) organizations must comp · Check if Schedule O contains a response	e or note to any line in this	s Part IX		
8b	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	assistante to demostic organizations				oxportses
	and domestic governments. See Part IV, line 21				
2	and and addictance to domestic				
,	individuals. See Part IV, line 22	2,150	2,150	Land Committee Committee	
3	and and additioned to lordigit			et in the North American	3 -51-0
	organizations, foreign governments, and				
· A	foreign individuals. See Part IV, lines 15 and 16				
5	Benefits paid to or for members				
5	ended of current officers, directors,				
6	trustees, and key employees				
	Periodical field moraded above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)  Other salaries and wages	100.050			
8	**********	123,053	87,368	25,841	9,844
Ü	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Other employee benefits Payroll taxes	0 222	C 555		
11		9,233	6,555	1,939	739
		1			
56					
		1,845			
	Accounting Lobbying	1,045		1,845	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
ç	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	105,000	105,000		
13	Office expenses		103,000		
14	Information technology				
15	Royalties				
16	Occupancy	64,513	64,513		
17	Travel	569	569		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	920		920	
23	Insurance	3,147		3,147	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column	1			
04	(A) amount, list line 24e expenses on Schedule O.)				
a	COMMISSIONS	142,671	142,671		
b	INSTRUCTOR FEES	58,694	58,694		
C	50TH ANNIVERSARY SUPPLIES	21,177	21,177		
d		13,620	11,181	2,439	
e	All other expenses	33,468	11,313	22,155	
26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	580,060	511,191	58,286	10,583
	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)				

	Check if Schedule O contains a response	or note to any line in	uns Part X	//	TT		
1	Cash—non-interest-bearing			(A) Beginning of year		( <b>B</b> ) End of year	
2	Savings and temporary each inventor			127,581	1	163,04	
3					2		
4	5				3		
5			Landan and the second second	30,550	4	7,24	
"	Loans and other receivables from any current or	former officer, directo	or,		200	A STATE OF	
	trustee, key employee, creator or founder, substa	ntial contributor, or 3	35%				
6	controlled entity or family member of any of these	persons	**********		5		
	- and discrete receivables from other disquality	ed persons (as defin	ed		78	PAY	
7 0	under section 4958(f)(1)), and persons described	in section 4958(c)(3	)(B)		6		
8	The real of the contraction, the contraction of the				7		
9	mremented for sale of use				8		
	repair expenses and deferred charges				9		
100	Land, buildings, and equipment. Cost of other		1		100	STATE SAW	
h	basis. Complete Part VI of Schedule D		58,166		34		
11	Less: accumulated depreciation	10b	55,277	1,007	10c	2,889	
12	Investments—publicly traded securities				11		
13	investments—other securities, see Part IV line 1	1			12		
	investments—program-related. See Part IV, line 1	1			13		
14	intaligible assets		1		14		
15	Other assets, See Part IV, line 11			17,841	15	7,631	
16	Total assets. Add lines I through 15 (must equal	line 33)	See Co. L.	176,979	16	180,810	
17	Accounts payable and accrued expenses		12,607	17	18,752		
19	Cramo payable		18				
	Deferred revenue	*****************			19		
20	Tax-exempt bond liabilities				20		
21	Escrow or custodial account liability. Complete Pa	rt IV of Schedule D	********		21		
22	Loans and other payables to any current or former	officer, director,					
	trustee, key employee, creator or founder, substan	trustee, key employee, creator or founder, substantial contributor, or 35%					
22	controlled entity or family member of any of these	persons			22		
23	Secured mortgages and notes payable to unrelate	d third parties			23		
24	Unsecured notes and loans payable to unrelated the	nird parties			24		
25	Other liabilities (including federal income tax, paya	bles to related third					
	parties, and other liabilities not included on lines 1	7-24). Complete Part	t X	4 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	- 1		
200	of Schedule D			40,264	25	42,286	
	Total liabilities. Add lines 17 through 25	* * * * * * * * * * * * * * * * * * *		52,871	26	61,038	
	Organizations that follow FASB ASC 958, chec	k here X					
	and complete lines 27, 28, 32, and 33.						
	Net assets without donor restrictions		122,065	27	118,972		
	Net assets with donor restrictions			2,043	28	800	
	Organizations that do not follow FASB ASC 95	8, check here					
	and complete lines 29 through 33.						
29	Capital stock or trust principal, or current funds	****************			29		
30	Paid-in or capital surplus, or land, building, or equip	oment fund			30		
31	Retained earnings, endowment, accumulated incor	ne, or other funds	23.23.21.11.12.12.12.1		31		
32	lotal net assets or fund balances			124,108	32	119,772	
33	Total liabilities and net assets/fund balances		,	176,979	33	180,810	

Form 990 (2022)

Part XI Reconciliation of Net Assets  Check if Schedule O contains a response or note to any line in this Part XI  1 Total revenue (must equal Part VIII, column (A), line 12)  2 Total expenses (must equal Part IX, column (A), line 25)  3 Revenue less expenses. Subtract line 2 from line 1  4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  5 Net unrealized gains (losses) on investments  6 Donated services and use of facilities  7 Investment expenses  8 Prior period adjustments  9 Other changes in net assets or fund balances (explain on Schedule O)  9 2 2 155	For	m 990 (2022) ART LEAGUE OF HILTON HEAD INC. 57-1061135				
Total expenses (must equal Part IX, olumn (A), line 12)  Total expenses (must equal Part IX, olumn (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Donated services and use of facilities  Donated services and use of facilities  Prior period adjustments  Other changes in net assets or fund balances (explain on Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII  Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990:	P	art XI Reconciliation of Net Assets			Pa	age 1
Total expenses (must equal Part IX, olumn (A), line 12)  Total expenses (must equal Part IX, olumn (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Donated services and use of facilities  Donated services and use of facilities  Prior period adjustments  Other changes in net assets or fund balances (explain on Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII  Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XI				
Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses. Subtract line 2 from line 1  Revenue lasses or fund balances at beginning of year (must equal Part X, line 32, column (A))  Revenue adjustments 5  Donated services and use of facilities  Prior period adjustments 8  Prior period adjustments 9  Prior period adjustments 9  Prior period adjustments 9  Revenue lasses or fund balances (explain on Schedule O)  Revenue (A)  Rev	1	rotal revende (flust equal Part VIII, column (A), line 12)	1 4	<u></u> 5	77	870
A Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  4 124, 108  5 Net unrealized gains (losses) on investments  5   Donated services and use of facilities  6   Investment expenses  7   Prior period adjustments  8   Prior period adjustments  8   Prior period adjustments  9   Other changes in net assets or fund balances (explain on Schedule O)  10   Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII   Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  1   Accounting method used to prepare the Form 990:	2	A), life 25)	2			
Net unrealized gains (losses) on investments  5 Net unrealized gains (losses) on investments  6 Donated services and use of facilities  7 Investment expenses  8 Prior period adjustments  9 Other changes in net assets or fund balances (explain on Schedule O)  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  10 Interpret	3					
5 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990:	4	rice assets of fulld balances at beginning of year (must equal Part X, line 32, column (A))	4	1		
7 Investment expenses 6 Prior period adjustments 7 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 9 -2,155 9 9 -2,155 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 119,772  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	5	rict difficulties (losses) of filtestments	5		24,	100
Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 9 -2,155 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 119,772  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990:	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32. column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  b If "Yes," did the organization undergo the required audit or audits? If the organizatio	7	Investment expenses	7			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990:	8					
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Accounting method used to prepare the Form 990:						
Accounting method used to prepare the Form 990:			******	**********	Voc	No
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis, consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  3a  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	1	Accounting method used to prepare the Form 990: Cash X Accrual Other			165	NO
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reviewed on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		<u>Za</u>		Α
Separate basis  Consolidated basis  Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		reviewed on a separate basis, consolidated basis, or both:			-	
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separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  3a  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		20		^
Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  3a  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		separate basis, consolidated basis, or both:				
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the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  3a  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	C			-	-1	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  3a  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		the audit, review, or compilation of its financial statements and selection of an independent accountant?		2-		
Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		If the organization changed either its oversight process or selection process during the tay year, explain on		- ZC		-
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Schedule O.			- 1	
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		2.		
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	b			. sa	-	
		required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		26		

#### \* SCHEDULE A (Form 990)

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

Name of the organization

ART LEAGUE OF HILTON HEAD INC

Employer identification number

Part I	Daniel Daniel	OF HILION HEAD	INC.		57-10	61135				
	Reason for Public Charit	y Status. (All organization	ons must	complet	e this part.) See instruct	ions.				
ne organizati	on is not a private foundation beca	use it is: (For lines 1 through 12	2, check onl	v one box.	)					
1 A ch	urch, convention of churches, or as	ssociation of churches describe	ed in sectio	n 170(b)(1	I)(A)(i).					
2 Asc	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3 A ho	spital or a cooperative hospital ser	vice organization described in s	section 17	0(b)(1)(A)(	iii).					
4 A me	edical research organization operat	ed in conjunction with a hospital	al described	in sectio	n 170(b)(1)(A)(iii) Enter the h	osnital's name				
city,	and state:				- (-)(-)(-)(-)(-)	loopital's flame,				
5 An o	rganization operated for the benefi	t of a college or university owner	ed or opera	ted by a go	overnmental unit described in					
sect	ion 170(b)(1)(A)(iv). (Complete Pa	irt II.)								
6 A fed	leral, state, or local government or	governmental unit described in	section 1	70(b)(1)(A	)(v).					
7 🔏 Ano	rganization that normally receives a ribed in section 170(b)(1)(A)(vi). (	a substantial part of its support	from a gove	ernmental	unit or from the general public	ı				
8 A co	mmunity trust described in section	170(b)(1)(A)(vi), (Complete P	art II )							
9 An a	gricultural research organization de	escribed in section 170(b)(1)(A	N(ix) onera	ted in coni	unction with a land grant calle	20				
or un unive	iversity of a non-land-grant college	of agriculture (see instructions	s). Enter the	name, cit	y, and state of the college or	ge				
10 An o	ganization that normally receives (	1) more than 33 1/3% of its sur	nort from o	ontribution	o mombookis f					
recei	pis from activities related to its exe	mpt functions, subject to certain	n exception	s' and (2)	no more than 331/3% of ite	SS				
supp	on from gross investment income a	ind unrelated business taxable	income (le	ss section	511 tay) from husingson					
acqu	red by the organization after June	30, 1975. See section <b>509(a)</b> (	<ol><li>(Complete)</li></ol>	te Part III.	)					
11 An or	ganization organized and operated	exclusively to test for public sa	afety. See s	ection 50	9(a)(4).					
12 An or	ganization organized and operated	exclusively for the benefit of, t	o perform t	he function	s of or to carry out the purpor	ses of				
one c	i more publicly supported organiza	tions described in section 509	(a)(1) or se	ction 509	(a)(2) See section 500(a)(2)	Check				
The bi	ox on lines 12a through 12d that de	escribes the type of supporting	organizatio	n and com	plete lines 12e, 12f, and 12g.					
a [ T	ype I. A supporting organization of	perated, supervised, or controll	ed by its su	pported or	ganization(s), typically by givir	ng				
u	e supported organization(s) the po	wer to regularly appoint or elec	t a majority	of the dire	ectors or trustees of the					
b □ Т	upporting organization. You must	complete Part IV, Sections A	and B.							
, L	ype II. A supporting organization s	upervised or controlled in conn	ection with	its support	ed organization(s), by having					
0	ontrol or management of the supporganization(s). You must complet	Part IV Sections A and C	same pers	ons that co	ontrol or manage the supporte	d				
its	ype III functionally integrated. A supported organization(s) (see in	structions). You must complete	te Part IV	Sections	and functionally integrated wi	ith,				
d T	ype III non-functionally integrate	d. A supporting organization of	nerated in c	connection	with its supported erappinetic	-/->				
tn	at is not functionally integrated. Th	e organization generally must s	satisfy a dis	tribution re	quirement and an attentivene	n(S)				
re	quirement (see instructions). You	must complete Part IV, Secti	ons A and	D, and Pa	rt V.					
e C	heck this box if the organization red	ceived a written determination f	from the IRS	S that it is a	a Type I, Type II, Type III					
iu	nctionally integrated, or Type III no	n-functionally integrated suppo	rting organi	zation.	9866 9 354 25 <b>5</b> 70					
	the number of supported organizat									
	le the following information about the									
<ul><li>(i) Name of supp organization</li></ul>	(CARCO)   MONOTON	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of				
o ga neano.		(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see				
		(**************************************	Yes	No	instructions)	instructions)				
(A)			100	140	1					
(B)										
(C)			_							
` '										
(D)			1							
204 000										
(E)										
otal										

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

Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(4) 2024	(-) 2222	The second
1	Cifts grants and the time		(2) 2010	(6) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not		1		17		
	include any "unusual grants.")	146,518	139,811	157,669			
2	Tax revenues levied for the	=10/520	139,611	157,669	272,854	219,117	935,96
-	organization's benefit and either paid to or expended on its behalf						
8	******						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	146,518	139,811	157,669	272,854	210 115	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		- 120-11-1	237,003	272,854	219,117	935,969
6	Public support. Subtract line 5 from line 4				COLUMN SERVE		122210000
	tion B. Total Support		- 1000 -			and the second	935,969
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(6) T-1-1
7	Amounts from line 4	146,518	139,811	157,669	272,854	DATE FOR STREET	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	252	180	83	113	219,117	935,969
9	Net income from unrelated business activities, whether or not the business is regularly carried on						002
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						936,651
2	Gross receipts from related activities, etc. (se	ee instructions)				12	1,395,866
3	First 5 years. If the Form 990 is for the orga	nization's first, seco	nd, third, fourth, or	fifth tax year as a	section 501(c)(3)		1,393,866
	organization, check this box and stop here						
	ion C. Computation of Public Sur	port Percentag	ae				
4	Public support percentage for 2022 (line 6, c	olumn (f) divided by	line 11, column (f)	)		14	99.93%
5	Table support percentage non 2021 Sched	ule A, Part II, line 14				45	99.92%
6a	33 1/3% support test—2022. If the organization	ation did not check t	he box on line 13,	and line 14 is 33 1	/3% or more, chec	k this	
	box and stop here. The organization qualifie	es as a publicly supp	orted organization				X
b	33 1/3% support test—2021. If the organiza	ation did not check a	box on line 13 or	16a, and line 15 is	33 1/3% or more,	check	
_	this box and stop here. The organization qu	alifies as a publicly :	supported organiza	ition			
7a	10%-facts-and-circumstances test—2022.	If the organization	did not check a box	c on line 13, 16a, c	or 16b, and line 14	is	
	10% or more, and if the organization meets t	he facts-and-circum	stances test, check	this box and stop	p here. Explain in		
	Part VI how the organization meets the facts-	and-circumstances	test. The organiza	tion qualifies as a	publicly supported		
	organization						
b	1070-1acts-and-circumstances test—2021.	if the organization	did not check a box	on line 13, 16a, 1	6b, or 17a, and lin	e	
	15 is 10% or more, and if the organization me	eets the facts-and-ci	ircumstances test.	check this box and	d stop here. Expla	in	
	in Part VI how the organization meets the fac	ts-and-circumstance	es test. The organi	zation qualifies as	a publicly supporte	ed	
10	organization						
8	Private foundation. If the organization did n instructions	of check a box on life	ne 13, 16a, 16b, 17	a, or 17b, check t	his box and see		
	In attribute and						

Schedule A (Form 990) 2022 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.

Se	ction A. Public Support			below, please t	omplete Part I	1.)	
Cal	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	T (=) 2000	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		1,57-5,5	(0) 2020	(u) 2021	(e) 2022	(f) Total
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	idar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6					(O) ZOZZ	(i) iolai
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the organization, should this have and the	nization's first	soond third family	600-1-			ń.
	organization, check this box and stop here	meation 5 mst, Se					
Sec	tion C. Computation of Public Sup	port Percent					
15	Public support percentage for 2022 (line 8, c	column (f) divided	by line 12 selvers	(6)			
16	Public support percentage from 2021 Sched	ule A Part III line	o 15	(1))			%
Sect	ion D. Computation of Investmen	t Income Per	centage	*************	*********	16	%
17	Investment income percentage for 2022 (line	10c column (f)	divided by line 12	(D)			(1) CO
	Investment income percentage for 2022 (line Investment income percentage from 2021 Sc	hedule A Port III	line 17	column (f))			%
19a	33 1/3% support tests—2022 If the organic	ration did not ob-	ok the house "			18	%
-mount	33 1/3% support tests—2022. If the organiz 17 is not more than 33 1/3%, check this box	and etap have T	be ergenized:	4, and line 15 is mo	ore than 33 1/3%,	and line	
	22 4/20/	and stop here. I	ne organization qua	annes as a publicly	supported organiza	ation	
b	33 1/3% Support tests—2021. If the organic	ration did not obo	ck a how on line 44	or line 10-	- 40 !-		
b	33 1/3% support tests—2021. If the organization 18 is not more than 33 1/3%, check this	zation did not che box and stop box	ck a box on line 14	or line 19a, and line	e 16 is more than 3	33 1/3%, and	[-

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? C
- 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).
- 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.
- 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.
- 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
laif		
1		, L
2	See E	
3a		
3b		
3c		3.
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		£=
9b		
9c		
10a		
10b	Form 990	1 202

	art IV Supporting Organizations (continued)  ART LEAGUE OF HILTON HEAD INC. 57-10611	.35		Page
	art IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
i	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	9	100	113
	11c below, the governing body of a supported organization?		AL S	-
i	A family member of a person described on line 11a above?	11a	1	
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	11b		
	provide detail in <b>Part VI.</b>		ALEST .	124
Sec	tion B. Type I Supporting Organizations	11c		
			Van	_ N-
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		Yes	No
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	enectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe now the powers to appoint and/or remove officers, directors, or trustees were allocated among the			100
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			186
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	7.5		17.512
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.		- /	-
Sec	tion C. Type II Supporting Organizations	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
_	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations	1		
4	Didd.		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	-		
	a significant voice in the organization's investment policies and in directing the use of the organization's		- 1	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
04	supported organizations played in this regard.	3		
	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction)	tions).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		- 1	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		-	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Va	-	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Support  Check here if the organization satisfied the Integral Part Test as a qualifying to instructions. All other Type III non-functionally integrated supportions.	rust on Nov 20 19	70 (evolain in Part VA C	ee
instructions. All other Type III non-functionally integrated supporting organiz  Section A – Adjusted Net Income	ations must comple	te Sections A through E.	(D) (C) 1)
	(A) Prior Year	(B) Current Yea (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			(optional)
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors	10		
(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).			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.			
7 Recoveries of prior-year distributions	6		
8 Minimum Asset Amount (add line 7 to line 6)	7		
ection C – Distributable Amount	8		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	5	Company of the second	
emergency temporary reduction (see instructions).			
7 Check here if the current year is the organization's first as a non-functionally int	-		

Schedule A (Form 990) 2022

	art V Type III Non-Functionally Integrated 500(a)(2)	TON HEAD INC.	57-1	061	135 Page
	art V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	ations (continued)		
-	ction D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	oses		1	
2	arrown paid to perform activity trial directly furthers exempt purposes	s of supported		1	
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide det	tails in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		8	
-	(provide details in Part VI). See instructions.			•	
9	Distributable amount for 2022 from Section C, line 6			9	
_10	Line 8 amount divided by line 9 amount			10	
-		(i)	(ii)	10	/III)
Sec	ction E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution		(iii) Distributable
_			Pre-2022	•	
1	Distributable amount for 2022 from Section C, line 6		110-2022	$\rightarrow$	Amount for 2022
2	Underdistributions, if any, for years prior to 2022			-	
	(reasonable cause required-explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022		Figure 1 Annual Commission and		
	From 2017			7	
	From 2018				
	From 2019				
-	From 2020				
_	From 2021				
	Total of lines 3a through 3e		Pro- and the section of the section	_	
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
!	Carryover from 2017 not applied (see instructions)				
-	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years			$\neg$	
	Applied to 2022 distributable amount			_	
	Remainder. Subtract lines 4a and 4b from line 4.				MARKE ALBERTANIAN AND AND
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			$\top$	
	and 4b from line 1. For result greater than zero, explain in				
-	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018			$\neg$	
	Excess from 2019			1	
	Excess from 2020				
	Excess from 2021				
e	Excess from 2022				

Schedule A (Fo	rm 990) 2022	ART I	EAGUE OF	HILTON	HEAD INC		7-1061125	
Part VI	B, lines 1 and 3a, and 3b; F	al Information. art IV, Section A d 2; Part IV, Section Part V, line 1; Part d 6. Also comple	Provide the ex, lines 1, 2, 3b, tion C, line 1; F	cplanations r , 3c, 4b, 4c, Part IV, Sect	equired by Pa 5a, 6, 9a, 9b, ion D, lines 2	art II, line 10; F 9c, 11a, 11b, and 3; Part IV	and 11c; Part I\ ', Section E, line	/, Section
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Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization

Schedule B (Form 990) (2022)

Employer identification number

Organization type (check	OF HILTON HEAD INC.	57-1061135
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization in Note: Only a section 501(c) Instructions.	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. Se	e
General Rule		
For an organization or more (in money contributor's total co	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining another intributions.	
Special Rules		
16b, and that receive	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3% support test of the actions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a and from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or at on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	, or
For an organization	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-F7 that received from any one	
illerary, or education	ne year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, all purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.	
contributions totaled during the year for an	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one e year, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received in exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the	
totaling \$5,000 or mo	s to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions or during the year	
document in our fait in	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Port the filing requirements of Schedule B (Form 990).	V 150 V
r Pananyork Poduction Act	Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	

Name of organization

ART LEAGUE OF HILTON HEAD INC.

Employer identification number 57–1061135

Part	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
1	TOWN OF HILTON HEAD ONE TOWN CENTER COURT HILTON HEAD ISLAND SC 29926	\$ 93,800	Person X Payroll					
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
.2	GAYLORD & DOROTHY DONNELLY FOUNDATIO 4 NORTH ATLANTIC WHARF, SUITE 100 CHARLESTON SC 29401	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)					
3	SC ARTS COMMISSION 1026 SUMTER STREET COLUMBIA SC 29201	\$ 26,068	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
2.642.64		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					

#### 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 Employer identification number ART LEAGUE OF HILTON HEAD INC. 57-1061135 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year (b) Funds and other accounts 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements Held at the End of the Tax Year 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sch	edule D (Form 990) 2022 ART LEAG	UE OF HILTO	HEAD IN	C.	57-106	1135		Pa
3	- 34Zations Maintaini	ng Collections of	Art, Historical	Treasures,	or Other S	imilar Asse	ts (cont	inued)
	collection items (check all that apply):	sion, and other records,	check any of the f	ollowing that ma	ake significant	use of its	,	
6	And Calibridati	d 🔲 L	oan or exchange p	orogram				
t			ther					
C	La de la							
4	Provide a description of the organization's c	ollections and explain h	ow they further the	e organization's	evemnt nurne	so in Dort		
						se iii Part		
5	During the year, did the organization solicit of	or receive donations of	art historical treas	ures or other a	imilar			
-	assets to be sold to raise funds rather than t	o be maintained as par	t of the organization	in's collection?	iiiiiai		П	. [7]
P	- and oustoular Al	ranuements.				A STATE OF THE PARTY OF THE PAR	1000	Yes
	Complete if the organizatio 990, Part X, line 21.	n answered "Yes"	on Form 990, F	Part IV, line 9	, or reporte	d an amoun	t on Fo	m
1a	Is the organization an agent, trustee, custodi	ian or other intermediar	y for contributions	or other assets	not			-
	included on Form 990, Part X?							
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	ving table:			******	Ш	res
			3				A	-1
	Beginning balance						Amou	nt
d	the year							
е	Distributions during the year Ending balance	*******************	*************			1d		
2a	Did the organization include an amount on Foll "Yes." explain the arrangement in Part XIII.	orm 990 Part X line 21	for ecorow or our			1f		
b	If "Yes," explain the arrangement in Part XIII.	Check here if the evols	nation has been a	stodiai account i	lability?		📙 Y	es 🔝 I
Pa	rt V Endowment Funds.	The exple	mation has been p	rovided on Part	XIII			
	Complete if the organization	answered "Yes" o	n Form 990 P	art IV line 1	0			
		(a) Current year	(b) Prior year					
1a	Beginning of year balance		(b) I not year	(c) Two year	s back (d)	Three years back	(e) Fo	ur years back
b	Contributions							
С	Net investment earnings, gains, and			+				
	Taranga (20.000) (20.000)			1	1			
d	Grants or scholarships			-	_			
е	Other expenditures for facilities and			-				
		W.						
f	Administrative expenses							
a	End of year balance							
2	End of year balance							
-	Provide the estimated percentage of the curre	ent year end balance (lir	ne 1g, column (a))	held as:				
a	Board designated or quasi-endowment	%						
n	Permanent endowment % Term endowment %							
	The second secon	PAY TO SECURE SAME						
32	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.						
Ja	Are there endowment funds not in the possess	sion of the organization	that are held and	administered fo	r the			
	organization by:							Yes No
	(i) Unrelated organizations (ii) Related organizations						3a(i)	
awa i	(II) Related organizations						3a(ii)	
b	in res on line sa(ii), are the related organizat	ions listed as required of	on Schedule R?		************	***********	3b	
_	the interided uses of the c	organization's endowme	ent funds.		***********		. 00	
Par	t VI Land, Buildings, and Equip	oment.						
-	Complete if the organization	answered "Yes" or	Form 990, Pa	ert IV, line 11	a. See Forr	n 990 Part	X line 1	0
	Description of property	(a) Cost or other basis	(b) Cost or o	other basis	(c) Accumula		(d) Book	
		(investment)	(oth	er)	depreciation		(d) BOOK	value
la l	_and							
b l	Buildings						-	
c 1	easehold improvements							
٠.		9 100		FO 4 5 5				
d E	equipment			58 766				
d E	Equipment Other Add lines 1a through 1e. <i>(Column (d) must</i> egi			58,166		5,277		8,160 5,27

(including name of security) tives uity interests		(c) Method of valuation: Cost or end-of-year market value
uity interests		
uity interests		
	7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
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	Comment -	
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nust equal Form 990, Part X, col. (B) line 12.)		The state of the s
estments – Program Related.		The state of the state of
mplete if the organization answered "Ye	es" on Form 990 Part IV line 1	10 Soo Form 000 Day V 11 40
(a) Description of investment	(b) Book value	
	(-,	(c) Method of valuation:  Cost or end-of-year market value
		otto or your market value
nplete if the organization answered "Ye	es" on Form 990, Part IV, line 11	d. See Form 990, Part X, line 15.
ust equal Form 990, Part X, col. (B) line 15.)		
er Liabilities.		
nplete if the organization answered "Yes 25.	s" on Form 990, Part IV, line 11	e or 11f. See Form 990, Part X,
	fliability	(b) Book value
		29,145
		12,188
PAIABLE		953
st equal Form 990, Part Y, col. (P) line 25.		
n tax positions. In Part XIII provide the toy of the	e footpote to the arrania " 1 5	42,286
or uncertain tax positions under FASR ASC 740	Check here if the tout of the feet	statements that reports the
	mplete if the organization answered "Y  (a) Description of investment  must equal Form 990, Part X, col. (B) line 13.)  per Assets.  Implete if the organization answered "Ye  (a) Description of investment  (b) Inplete if the organization answered "Ye  (c) Description of investment in the inplete if the organization answered "Ye  (a) Description of investment in the inplete if the organization answered "Ye  (a) Description of itaxes  [EMBERSHIP FEES  TUITION  PAYABLE  [Instead of the investment in the input inp	mplete if the organization answered "Yes" on Form 990, Part IV, line 1  (a) Description of investment  (b) Book value  (c) Book value  (d) Book value  (e) Book value  (e) Book value  (f) Book value  (g) Book value  (h) Pook value  (h) Poo

Part )	D (Form 990 KIII Supp	2022 A	RT LEAG	UE OF 1 n (continu	HILTON ed)	HEAD	INC.	5	7-106113	15	Page \$
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### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# 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

Open to Public Inspection

ART LEAGUE OF HILTON HEAD INC.

57-1061135

Employer identification number

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
A COPY OF THE RETURN WAS REVIEWED BY THE TREASURER PRIOR TO SUBMISSION. A
COPY WILL BE REVIEWED BY THE ENTIRE BOARD AT THE NEXT BOARD MEETING.
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS ARE AVAILABLE UPON REQUEST.

Name		Tax Re	Tax Return History			2022
	ART LEAGUE OF HILTON HEAD	INC.			Employer Identification 57-1061135	Employer Identification Number 57–1061135
	- 1	2019	2020	2021	2022	
Contributions, gifts, grants	-	108,484	122,289	213.069	168 165	2023
Membership dues	29,474	31,327		J 1	4	
Program service revenue Capital gain or loss	290,143	309,279	220,685	1 1	358,708	
Investment income	252	787	000			
Fundraising revenue (income/loss)		POP	93	113	54	
Gaming revenue (income/loss)						
Other revenue						
Total revenue	436,913	449.270	378 437	010 010		
Grants and similar amounts paid	2,500	4 .	٧.	010,004	-	
Benefits paid to or for members			200/1	2,000	2,150	
Compensation of officers, etc.						
Other compensation	105,817	122,092	121.069	128 454	120 000	
Professional fees	2,300	2.400	4	-	~	
Occupancy costs	53,604		٦.	4	1,845	
Depreciation and depletion		4	4	7±0,10	04,313	
Other expenses	276,152	278,827	210.175	238 575	370 346	
Total expenses	440,373	465,088	4 .		7	
Excess or (Deficit)	-3,460	-15,818	1 1	61,770	-2,181	
Total exempt revenue	436,913	449,270	378,437	490,018	577.879	
Total unrelated revenue					200	
Total excludable revenue	290,395	309,459	220,768	217.164	358 762	
Total Assets	145,006	126,745	135,753	176.979	-	
Total Liabilities	51,556	49,113	73,063	52.871	4	
Total Delication	015		200		•	

## Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning

, and ending

57-1061135

### ART LEAGUE OF HILTON HEAD INC.

				62,690
Revenue				
Contributions	7	272,854		a .
Program service revenue	100	217,051	. /	1
Investment income		113	10	of meall
Capital gain / loss				COI THICCO
Fundraising / Gaming:				1
Gross revenue			ilec	of meca,
Direct expenses				110
Net income				trus
Other income		0		1
Total revenue		-	490,018	July 127
Expenses		0:00 000		5/13/20
Program services		347,730		
Management and general		61,169		
Fundraising		19,349		
Total expenses		-	428,248	ca
Excess / (deficit)			-	61,770
				-352
Changes			_	
Changes  Net Asset / Fund Bala	nce at End of Year		=	124,108
			Reconciliation of Ex	
Net Asset / Fund Bala		Total expenses	Reconciliation of Exper financial statements	kpenses
Net Asset / Fund Bala Reconciliation of Revo		Total expenses Less:		kpenses
Net Asset / Fund Bala Reconciliation of Reve tal revenue per financial statements			per financial statements	kpenses
Net Asset / Fund Bala Reconciliation of Revo stal revenue per financial statements		Less:	per financial statements	kpenses
Net Asset / Fund Bala Reconciliation of Revo stal revenue per financial statements ss: Unrealized gains		Less: Donated se Prior year a Losses	per financial statements	kpenses
Net Asset / Fund Bala  Reconciliation of Reve etal revenue per financial statements ess:  Unrealized gains Donated services		Less: Donated se Prior year a Losses Other	per financial statements	kpenses
Reconciliation of Revelotal revenue per financial statements		Less: Donated se Prior year a Losses Other Plus:	per financial statements ervices adjustments	kpenses
Reconciliation of Revolutal revenue per financial statements		Less: Donated se Prior year a Losses Other Plus: Investment	per financial statements ervices adjustments	kpenses
Reconciliation of Revolutal revenue per financial statements	enue	Less: Donated se Prior year a Losses Other Plus: Investment Other	per financial statements ervices djustments expenses	kpenses
Reconciliation of Revolutal revenue per financial statements		Less: Donated se Prior year a Losses Other Plus: Investment Other	per financial statements ervices adjustments	kpenses
Reconciliation of Revolutal revenue per financial statements sess:  Unrealized gains Donated services Recoveries Other us: Investment expenses Other	enue	Less: Donated se Prior year a Losses Other Plus: Investment Other Total e	per financial statements ervices djustments expenses	kpenses
Reconciliation of Revolutal revenue per financial statements	490,018	Less: Donated se Prior year a Losses Other Plus: Investment Other Total e	per financial statements ervices adjustments expenses expenses expenses per return	kpenses
Reconciliation of Revelotal revenue per financial statements	490,018 Beginning	Less: Donated se Prior year a Losses Other Plus: Investment Other Total e  Balance Sheet Ending	per financial statements ervices djustments expenses	kpenses
Reconciliation of Reversal revenue per financial statements	490,018  Beginning 135,753	Less: Donated se Prior year a Losses Other Plus: Investment Other Total e  Balance Sheet Ending 176,979	per financial statements ervices adjustments expenses expenses expenses per return	kpenses
Reconciliation of Reversal revenue per financial statements	490,018 Beginning	Less: Donated se Prior year a Losses Other Plus: Investment Other Total e  Balance Sheet Ending	per financial statements ervices adjustments expenses expenses expenses per return	428,248

Amended return

Return / extended due date 05/16/22
Failure to file penalty

Form 8879-TE

# IRS e-file Signature Authorization for a Tax Exempt Entity

20

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2021, or fiscal year beginning .... Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN

Name of filer					EIN or S	SN
	ART LE	EAGUE OF HIL	TON HEAD	INC.	57-3	1061135
Name and title of officer or person subject to ta				307.654		2.2
	PRESIDEN					
Part I Type of Return						
Check the box for the return for whi			ter the applicab	le amount, if any, fron	n the return.	Form 8038-
CP and Form 5330 filers may enter						
5a, 6a, 7a, 8a, 9a, or 10a below, ar						
5b, 6b, 7b, 8b, 9b, or 10b, whichey						
applicable line below. Do not comp					Market Start	74477
1a Form 990 check here	-	tal revenue, if any (Form	990, Part VIII.	column (A), line 12)		1b 490,018
2a Form 990-EZ check here		al revenue, if any (Form			nessana,	2b
3a Form 1120-POL check here		tal tax (Form 1120-POL,	1			
4a Form 990-PF check here		based on investment		990-PF. Part VI. line s	5)	
5a Form 8868 check here	The second secon	ance due (Form 8868, li	2-1			5b
6a Form 990-T check here	The state of the s	tal tax (Form 990-T, Part				6b.
7a Form 4720 check here		tal tax (Form 4720, Part				7b
8a Form 5227 check here		V of assets at end of ta				8b
9a Form 5330 check here		due (Form 5330, Part I				9b
10a Form 8038-CP check here	A STATE OF THE PARTY OF THE PAR	ount of credit payment				10b
		uthorization of Off				
Under penalties of perjury, I declare		an officer of the above	and the second second second	I am a person subje		respect to (name
of entity)	A STATE		(EIN)			amined a copy of the
2021 electronic return and accompa	anving schedules a			owledge and belief, ti	nev are true.	correct and
complete. I further declare that the						
intermediate service provider, trans						
acknowledgement of receipt or reas						
the date of any refund. If applicable						
(direct debit) entry to the financial in						
return, and the financial institution t	stitution account in	this appoint. To soveke	anon sonware i	or payment or the lea	eneum Fina	ncial Agent at
1-888-353-4537 no later than 2 bus	inces dove prior to	the sayment (settlement	A data I also au	thorize the financial in	etitutione in	volved in the
processing of the electronic payme						
the payment. I have selected a pers						
electronic funds withdrawal.	ionar identification i	number (i liv) as my sign	lature for the cit	outomo retarri ana, ii	арриовою, с	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
PIN: check one box only						
- Thurson	A			to optor my DIM	1224	5 as my signature
X lauthorize JUNECP		O firm name		to enter my PIN	Enter five no	
	ENC	O tirtii riaitie			do not enter	
on the tax year 2021 electron	anically filed return	If I have indicated within	this return that	a conv of the return i	s heing filed	with a state
agency(ies) regulating char	rities as part of the	IRS Fed/State program	l also authorize	the aforementioned F	RO to enter	my PIN on the
return's disclosure consent		into i caratate program,	t also bullioned	the protein of the p		
			. DIV	0.1.	2004	ala ataon (apilly)
As an officer or person sub filed return. If I have indicate	ject to tax with resp	nect to the entity, I will en	ter my PIN as m	ny signature on the ta: vith a state agency/ie:	x year 2021	charities as part
of the IRS Fed/State progra	am. I will enter my F	PIN on the return's disclo	sure consent so	reen.	s) regulating	Granitos do part
Signature of officer or person subject to tax				Date	05/1	1/22
	nd Authentica	ition				
ERO's EFIN/PIN. Enter your six-dig						_
number (EFIN) followed by your five				57175	462291	and the same of th
				Do not en	ter all zeros	The state of the s
I certify that the above numeric enti-	y is my PIN, which	is my signature on the 2	021 electronical	ly filed return indicate	d above. I c	onfirm that I
am submitting this return in accorda	ance with the requir	rements of Pub. 4163, M	lodernized e-Fil	e (MeF) Information for	or Authorize	d IRS e-file
Providers for Business Returns.						
MARK N	JUNE. CP	A		Day 1	05/1	1/22

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

MARK N JUNE, CPA

ERO's signature

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

2021
Open to Public Inspection

Form 990 (2021)

Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see the separate instructions.

For the 2021 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change ART LEAGUE OF HILTON HEAD INC. Doing business as 57-1061135 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 22834 843-681-5060 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated SC 29925 HILTON HEAD ISLAND G Gross receipts \$ 490,018 Amended return Name and address of principal officer. X No H(a) Is this a group return for subordinates? Application pending LINDA SAYLOR No 29 PERCHERON LN. H(b) Are all subordinates included? HILTON HEAD ISLAND If "No," attach a list. See instructions 29926 X 501(c)(3) Tax-exempt status: 501(c) ( ) 4 (insert no.) 527 WWW.ARTLEAGUEHHI.ORG H(c) Group exemption number Year of formation: 1977 Form of organization: X Corporation Trust Association SC M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: ARTS EDUCATION AND PROMOTION. Activities & Governance 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 3 3 Number of voting members of the governing body (Part VI, line 1a) 15 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 7 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 56 6 Total number of volunteers (estimate if necessary) 6 0 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Current Year 157,669 272,854 8 Contributions and grants (Part VIII, line 1h) 220,685 217.051 9 Program service revenue (Part VIII, line 2g) 83 113 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 378,437 490.018 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,000 2,000 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 121,069 128,454 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 19,349 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 297,794 269,855 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 428,248 392,924 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -14,487 61,770 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 135,753 176,979 20 Total assets (Part X, line 16) 73,063 52,871 21 Total liabilities (Part X, line 26) 62,690 124,108 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign PAT BATTEN PRESIDENT Here Type or print name and title Print/Type preparer's name Preparer's signature PTIN Check Paid P00630869 MARK N JUNE, CPA MARK N JUNE, CPA 05/12/22 Preparer JUNECPA 20-4046229 Firm's EIN Firm's name Use Only 99 MAIN STREET 843-842-6500 HILTON HEAD ISLAND, SC 29926 Firm's address May the IRS discuss this return with the preparer shown above? See instructions Yes

4c (Code: ) (Expenses \$ N/A  4d Other program services (Describe (Expenses \$ 4e Total program service expenses)	including grants of \$	(\$ ) (Revenue \$ ) (Revenue \$	
4c (Code: ) (Expenses \$ N/A		######################################	
4c (Code: ) (Expenses \$	including grants of	(*************************************	
4c (Code: ) (Expenses \$	including grants of	f \$	
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h /Codo: \/Evnonsos 6	including grants of	\$ ) (Revenue \$	
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	ROVIDES SPONSORSHIPS FO	OR SPECIAL EVENTS, LECTU	JRES, SPACE
	* A. * C. A. * C. A. * A. * C.		
ART ACADEMY - OFFE	RS VARIOUS ART CLASSES ONLY EDUCATE BUT TO DEV	TO THE GENERAL PUBLIC. VELOP TALENT.	. THE
- (1) 10 10 10 10 10 10 10 10 10 10 10 10 10		mo mus courses system	mur-
PURCHASED BY THE P			**************************************
a (Code: ) (Expenses \$	347,730 including grants of IDES MEMBERS A GALLERY	\$ 2,000 ) (Revenue \$ TO EXHIBIT ARTWORK THE	
		2 000	217,051
	any, for each program service reported.	er en grundstander en egen. 🔻 en grundstag sen begynningen finne til ste fan Sudjoke (film 27)	
	m service accomplishments for each of its thre 01(c)(4) organizations are required to report th		
If "Yes," describe these changes of		an largest program conjects as measured by	
services?	ego egone george kom na mente (esta ke taken kom e man en mente en me	* ( + ( × ( + ) * 1) > ( ± 1 > )	Yes X
	ting, or make significant changes in how it con	nducts, any program	(m)
If "Yes," describe these new service	es on Schedule O.	14 4 6 1 7 5 1 7 3 5 6 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Did the organization undertake any prior Form 990 or 990-EZ?	significant program services during the year v		Yes X
manufacture and administration of the second			
THE ADMITS STREET STREET, NO. OF STREET, STREE	ANTATOWN TO THE RESIDENCE OF THE PARTY OF TH		
ARTS EDUCATION AND	PROMOTION.		
Briefly describe the organization's r	mission:	line in this Part III	211-4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
art III Statement of Prog		line in this Part III	

Part IV

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 1 complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, X 5 assessments, or similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part III 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 X 6 "Yes." complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 complete Schedule D, Part III 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 X 9 debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 10 or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a X complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more X 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more X 11c of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X 12a Schedule D. Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If X 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X 19 If "Yes," complete Schedule G, Part III X 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Form 990 (2021)

Pa	rt IV	Checklist of Required Schedules (continued)		1.	
				Yes	No
22		ganization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
		olumn (A), line 2? If "Yes," complete Schedule I, Parts I and III	COLUMN TO STATE OF THE STATE OF		
23		ganization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the on's current and former officers, directors, trustees, key employees, and highest compensated			
	The state of the s		23		x
		s? If "Yes," complete Schedule J ganization have a tax-exempt bond issue with an outstanding principal amount of more than			
24a		as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		4d and complete Schedule K. If "No," go to line 25a	24a		X
b		ganization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C		ganization maintain an escrow account other than a refunding escrow at any time during the year		1117	
		e any tax-exempt bonds?	24c		
d		ganization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1-
		n with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b		anization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	11320		
350		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			-
	A CONTRACTOR OF THE CONTRACTOR	omplete Schedule L, Part I	25b		X
26		ganization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
		officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
		entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the or	ganization provide a grant or other assistance to any current or former officer, director, trustee, key		1	
		, 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			
		If "Yes," complete Schedule L, Part III	27	-	X
28		organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, in	structions for applicable filing thresholds, conditions, and exceptions):	No.		
а		or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	20-		v
		mplete Schedule L, Part IV	28a		X
b		nember of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	285		A
C		ontrolled entity of one or more individuals and/or organizations described in line 28a or 28b? If			~
		mplete Schedule L, Part IV	280		X
29		rganization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	A
30		rganization receive contributions of art, historical treasures, or other similar assets, or qualified	30		x
		tion contributions? If "Yes," complete Schedule M	31	1	X
31	Did the o	rganization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	1 20012011110	+	-
32		rganization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		X
20		Schedule N, Part II rganization own 100% of an entity disregarded as separate from the organization under Regulations	ACE OVERTICATION TO		
33		301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
24		organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	second continents.		
34		d Part V, line 1	34		X
35a		rganization have a controlled entity within the meaning of section 512(b)(13)?	35a	(3)	X
b		o line 35a, did the organization receive any payment from or engage in any transaction with a			
D		d entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	351	,	1
36	Section	501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			1
••		rganization? If "Yes," complete Schedule R, Part V, line 2	36		X
37		rganization conduct more than 5% of its activities through an entity that is not a related organization	MAIN GREEK IN		
	and that	is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the o	organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		l l	
-2		e: All Form 990 filers are required to complete Schedule O.	38	X	
P	art V	Statements Regarding Other IRS Filings and Tax Compliance			-
6.5	20.50E (S)	Check if Schedule O contains a response or note to any line in this Part V		· Poter	1
				Yes	No
1a	Enter the	number reported in box 3 of Form 1096. Enter -0- if not applicable			
b		e number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			

Form 990 (2021)

c Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ied)			Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				Tell	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	7		100	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	s?		2b	X	
600	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		174 (11 - 11 11 21 1 - 11			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		recontractions as	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	}		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au		over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		X
b	If "Yes," enter the name of the foreign country ▶		and the state of t	797-	1	100
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	count	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	valence		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		walmid lessages	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					E-Maria
	organization solicit any contributions that were not tax deductible as charitable contributions?	11000	(44) 10111	6a	-	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	s or		100		le .
	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 go	ods				
	and services provided to the payor?	er to distribute	reservation of the second	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?	yaran-s	grant and a second	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor	tract?	71-1774-51-151-15	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	t?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	n 889	9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	on file	a Form 1098-C?	7h		_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	ne			
	sponsoring organization have excess business holdings at any time during the year?		ar but findings	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	y emirgoe	- 1 / 4 4 1 C C - 1 C C - 1 C C - 1 C C	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		in policional de la company	9b		-
10	Section 501(c)(7) organizations. Enter:	1				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1 88	ř.			
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			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.			40-	+	
a	Is the organization licensed to issue qualified health plans in more than one state?	* (c t ) = (	* m =	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	1	ã			
	the organization is licensed to issue qualified health plans	13b			11-2	
C	Enter the amount of reserves on hand	13c		14a	+	x
14a			0.000/0.00000 -1 -57	14a	+	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	0		140	-	-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera	ation (	or	100	4	x
	excess parachute payment(s) during the year?			15	-	A
	If "Yes," see instructions and file Form 4720, Schedule N.	Construction of the Constr		40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ncom	e7	16		A
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in			17		1
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	4 4.	- 1 - 1 - 1 - 1 - 1	M.	1	
_	If "Yes," complete Form 6069.			-	90	0 (2021)

Form 990 (2021) ART LEAGUE OF HILTON HEAD INC. 57-1061135 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 1b 15 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X 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? X 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, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: х 8a The governing body? a X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe on Schedule O how this was done 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 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? 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 SC List the states with which a copy of this Form 990 is required to be filed > 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. 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 19 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

14 SHELTER COVER LANE

SC 29928

843-842-5738 Form 990 (2021)

ROBERT SEFTON

HILTON HEAD ISLAND

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

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

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

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

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

(A) Name and title	(B) Average hours per week	bo	x, unli	Pos check ess pe	rson	than or	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) PAT BATTEN	3.00							1		
PRESIDENT	0.00	X		x				0	0	0
(2) JUDY BLAHUT	2.00			F		П		1.0		
COMMITTEE MEMBER	0.00	x				1 1		0	0	0
(3) LINDA BLOOM	2.00					П				
COMMITTEE MEMBER	0.00	x						0	o	0
(4) JANICE GRAY	0.00	1					$\rightarrow$	U	U	0
(4) DANTEL GRAI	3.00									
PAST PRESIDENT	0.00	x		x				0	0	0
(5) GABRIELE HOFFMAN		-		-		1	-	-	-	
	2.00	1								
MEMBER-AT-LARGE	0.00	x						0	0	0
(6) REBECCA JEFFRIES										
	2.00									
MEMBER-AT-LARGE	0.00	x						0	0	0
(7) ROSALYN LESTER	3.00									
SECRETARY	0.00	x		x		100		0	0	0
(8) DELANE MARYNOWSK			nt		7					
	2.00							- 1		
MEMBER-AT-LARGE	0.00	x					_	0	0	0
(9) JAN ROSS										
	2.00		lin							
MEMBER-AT-LARGE	0.00	X						0	0	0
(10) LINDA SAYLOR	2.00									
VICE PRESIDENT	0.00	x		x				0	0	0
(11) ROBERT SEFTON			Mil							
Mark Mark Control	3.00								1,1	
TREASURER	0.00	X		X				0	0	0

(A) Name and title	(B) Average hours	bo	x, unle	ess pe	ition more rson i	than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) imated an of other ompensal		
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key emplayee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	org	from the ganization ed organi	e nand	
(12) FANOULA SEVAS	5.00 0.00	x						0	0				0
(13) CINDY STRICKI VOLUNTEER CHAIR	2.00 0.00	x						0	0				0
(14) PEG WESCHKE MEMBERSHIP CHAIR	2.00	x						0	0				0
(15) DEBI WEST  COMMITTEE MEMBER	2.00	x						0	0				0
10.011.02.01.00.00									-2\/-				
c Total from continuation she d Total (add lines 1b and 1c)  Total number of individuals (in reportable compensation from	ets to Part VII,	Sect	d to	4.70.00	e lis	ted al	▶ boove	) who received more than \$	\$100,000 of			Yes	No
3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line organization and related organization and	"complete Sche e 1a, is the sum nizations greate fa receive or acc rganization? If " ors	dule of re r than crue o Yes,"	J for port \$15 comp	suci able 50,00 pens	com 00? i ation	lividua pens if "Ye. n from hedui	ation ation s," co n any le J fo	and other compensation from plete Schedule J for such unrelated organization or in such person	h individual		3 4 5		x x x
Complete this table for your fit compensation from the organ	ve highest comp ization. Report of (A) d business address	ensa	ted i	nder tion	oenc for t	lent c he ca	ontra lenda	ar year ending with or within	nan \$100,000 of n the organization's tax year (B) stion of services	r,	Cor	(C)	on.
ivalite an	3 DUSINESS AUU 653												
Total number of independent received more than \$100,000	contractors (inc	luding	g bu	not	limit	ed to	thos	e listed above) who	0			- v	

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (D) Revenue excluded (B) Related or exempt Unrelated business revenue from tax under sections 512-514 function revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a b Membership dues 1b 59,785 c Fundraising events 10 d Related organizations 1d 133,354 e Government grants (contributions) 1e All other contributions, gifts, grants, 79,715 and similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g h Total. Add lines 1a-1f 272,854 Business Code 150,981 150,981 ART SALES Program Service Revenue 54,331 54,331 ART ACADEMY SPECIAL EVENTS 9,150 9,150 2,589 2,589 f All other program service revenue 217,051 g Total. Add lines 2a-2f -Investment income (including dividends, interest, and 113 113 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties .... 5 (i) Real (ii) Personal 6a Gross rents b Less: rental expenses 6b c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (ii) Other (i) Securities sales of assets 7a other than inventory b Less: cost or other 7b basis and sales exps. c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a 10b b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code scellaneous Revenue 11a d All other revenue Total. Add lines 11a-11d -490,018 217,051 0 113 Total revenue. See instructions

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (B) Program service (A) Total expenses (D) Fundraising expenses (C) Management and 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2,000 individuals. See Part IV, line 22 2,000 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 119,113 66,703 36,925 15,485 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9.341 5,231 10 Payroll taxes 2,896 1,214 Fees for services (nonemployees): Management b Legal C Accounting 1,300 1,300 Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 65,049 65,049 13 Office expenses Information technology 14 15 Royalties 16 Occupancy 57,347 57,347 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 572 572 3,132 23 Insurance 2,819 313 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.) COMMISSIONS 96,323 96,323 INSTRUCTOR FEES 30,190 30,190 SUPPLIES 13,169 9,877 3,292 C 9,444 MISCELLANEOUS 5,677 1,117 2,650 21,268 e All other expenses 11,074 10,194 Total functional expenses. Add lines 1 through 24e 25 428,248 347,730 61,169 19,349 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 ▶ following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

				(A)		(B)
1	Cash non informat heaving			Beginning of year		End of year
1 2	e e e e e e e e e e e e e e e e e e e			91,918		127,58
3					2	
4	and and an analysis of the second of the sec				3	
100	Accounts receivable, net			30,236	4	30,55
5	and the reservation from any sufferit of for		No.			
	trustee, key employee, creator or founder, substant					
١,	controlled entity or family member of any of these p	ersons	010000000000000000000000000000000000000		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)					
Sasset 7	AT-L-		6			
554 7				7		
0	-1 42 11 12 -	eriterini (m. 10)			8	
9	trapale of portions and deletted onlyings		ALERT CONTROL OF THE PARTY OF T		9	
10	la Land, buildings, and equipment; cost or other				41	
	basis. Complete Part VI of Schedule D	10a	55,364 54,357			
100000	b Less: accumulated depreciation	106	54,357	1,579	10c	1,007
11		US BEES 1 50 5 55 0 10 0 0 0 0 0 0	# # # # # # # # # # # # # # # # # # #		11	
12	investments—other securities. See Part IV, line 11	investments—other securities. See Part IV, line 11				
13	Investments—program-related. See Part IV, line 11		13			
14	intangible assets		14			
15	Other assets. See Part IV, line 11			12,020		17,841
16	Total assets. Add lines 1 through 15 (must equal line 33)			135,753		176,979
17				10,725	17	12,607
18	Grants payable				18	
19	Deferred revenue		19			
20	Tax-exempt bond liabilities			20		
21	escrow or custodial account liability. Complete Part			21		
22		Loans and other payables to any current or former officer, director,				
	trustee, key employee, creator or founder, substantia		1%			
22	controlled entity or family member of any of these pe		22			
23	Secured mortgages and notes payable to unrelated		23			
24	Unsecured notes and loans payable to unrelated thin		24			
25	Other liabilities (including federal income tax, payabl					
1	parties, and other liabilities not included on lines 17-		- 1			
	of Schedule D	=1 = 1		62,338		40,264
26	Total liabilities. Add lines 17 through 25			73,063	26	52,871
	Organizations that follow FASB ASC 958, check	*	FILE			
1	and complete lines 27, 28, 32, and 33.					
27	Net assets without donor restrictions			60,297	27	122,065
28	Net assets with donor restrictions			2,393	28	2,043
	Organizations that do not follow FASB ASC 958, check here ▶					
	and complete lines 29 through 33.					
27 28 29 30 31 32	Capital stock or trust principal, or current funds		29			
30	Paid-in or capital surplus, or land, building, or equipn		30			
31	Retained earnings, endowment, accumulated income, or other funds				31	
32	Total net assets or fund balances	62,690	32	124,108		
33	Total liabilities and net assets/fund balances	135,753	33	176,979		

Pa	art XI Reconciliation of Net Assets			rage 12
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	49	0,018
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,248
3	Revenue less expenses. Subtract line 2 from line 1	3		1,770
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,690
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-352
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			7
	32, column (B))	10	12	4,108
Pa	art XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			0.000
				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			M
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	3500+600) =	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
-	Single Audit Act and OMB Circular A-133?		3a	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
-	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	990,0000
			-	UUII monda

### SCHEDULE A (Form 990)

# **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.

2021
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

ART LEAGUE OF HILTON HEAD INC.

Employer identification number 57-1061135

	tl Reas	son for Public Charit	y Status. (All organization	ons must o	complete	this part.) See instruct	ons.				
he org	ganization is no	a private foundation becau	se it is: (For lines 1 through 12	check only	one box.)		310.70				
1			sociation of churches describe			A)(i).					
2		escribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3		r a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		edical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
city, and state:											
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
										6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 3	An organiza	anization that normally receives a substantial part of its support from a governmental unit or from the general public ped in section 170(b)(1)(A)(vi). (Complete Part II.)									
8			170(b)(1)(A)(vi). (Complete Pa	art II.)							
9			scribed in section 170(b)(1)(A		ed in conjun	ction with a land-grant colle	ne.				
	or university university:	or a non-land-grant college	of agriculture (see instructions	s). Enter the	name, city,	and state of the college or	99				
0	An organizat	ion that normally receives (	1) more than 33 1/3% of its sup	oport from co	ntributions	membership fees, and gros	S-11-11-11-11-11-11-11-11-11-11-11-11-11				
	receipts from	activities related to its exer	npt functions, subject to certain	n exceptions	; and (2) no	more than 331/3% of its					
	support from	gross investment income a	nd unrelated business taxable	income (les	s section 51	1 tax) from businesses					
			30, 1975. See section 509(a)(								
1			exclusively to test for public sa								
2	An organizat	ion organized and operated	exclusively for the benefit of, t	o perform th	e functions	of, or to carry out the purpos	ses of				
	the box on liv	publiciy supported organiza	tions described in section 509 scribes the type of supporting	3(a)(1) or sec	ction 509(a	)(2). See section 509(a)(3).	Check				
-											
а	the supp	supporting organization of	perated, supervised, or controll wer to regularly appoint or elec	ed by its sup	ported orga	anization(s), typically by givir	ıg				
	supportin	orted organization (s) the po	complete Part IV, Sections A	and R	or the airec	tors or trustees of the					
b			upervised or controlled in conn		e cuppodo	d organization(s), by boules					
	control o	r management of the suppo	rting organization vested in the	same nerso	ons that cor	trol or manage the supports	d				
	organiza	tion(s). You must complet	e Part IV, Sections A and C.	bame peroc	ono mat oor	into of manage the supporte	4				
C			supporting organization operat	ted in conne	ction with, a	and functionally integrated w	ith.				
	its suppo	rted organization(s) (see in:	structions). You must comple	te Part IV, S	ections A,	D, and E.					
d	Type III	non-functionally integrate	d. A supporting organization o	perated in co	onnection w	ith its supported organization	n(s)				
	that is no	t functionally integrated. Th	e organization generally must s	satisfy a dist	ribution req	uirement and an attentivene	SS				
			must complete Part IV, Secti								
е	functions	is box if the organization red	ceived a written determination in n-functionally integrated suppo	from the IRS	that it is a	Type I, Type II, Type III					
f	Enter the nur	nber of supported organizat	ions	nuing organia	zation.						
		ollowing information about t		- F = - (**) * (**) (=)	14 - F 2 1 - F 1 1 1 1 1 1						
q	1 TOVICE ITE					(4. w. t. ) = 1 - 1 - 1 - 1 (4 - 1) (4 - 1)					
g (i) Na		The state of the s	The second of th	(iv) Is the n	manization	(v) Amount of manatage	I/d) Amount of				
(i) Na	me of supported organization	(fi) EIN	(iii) Type of organization (described on lines 1–10	(iv) Is the o		(v) Amount of monetary support (see	(vi) Amount of other support (see				
(i) Na	me of supported	The state of the s	(iii) Type of organization		r governing	(v) Amount of monetary support (see instructions)	(VI) Amount of other support (sea instructions)				
(i) Na	me of supported	The state of the s	(iii) Type of organization (described on lines 1–10	listed in you	r governing	support (see	other support (see				
(i) Na	me of supported	The state of the s	(iii) Type of organization (described on lines 1–10	listed in you docur	r governing nent?	support (see	other support (see				
(i) Na o	me of supported	The state of the s	(iii) Type of organization (described on lines 1–10	listed in you docur	r governing nent?	support (see	other support (see				
(i) Na o	me of supported	The state of the s	(iii) Type of organization (described on lines 1–10	listed in you docur	r governing nent?	support (see	other support (see				
(i) Na o	me of supported	The state of the s	(iii) Type of organization (described on lines 1–10	listed in you docur	r governing nent?	support (see	other support (see				
(i) Na o	me of supported	The state of the s	(iii) Type of organization (described on lines 1–10	listed in you docur	r governing nent?	support (see	other support (see				
(i) Nai o	me of supported	The state of the s	(iii) Type of organization (described on lines 1–10	listed in you docur	r governing nent?	support (see	other support (see				
(i) Nar o	me of supported	The state of the s	(iii) Type of organization (described on lines 1–10	listed in you docur	r governing nent?	support (see	other support (see				
(i) Nai o	me of supported	The state of the s	(iii) Type of organization (described on lines 1–10	listed in you docur	r governing nent?	support (see	other support (see				
(i) Na	me of supported	The state of the s	(iii) Type of organization (described on lines 1–10	listed in you docur	r governing nent?	support (see	other support (see				
(i) Na o A) B) C)	me of supported	The state of the s	(iii) Type of organization (described on lines 1–10	listed in you docur	r governing nent?	support (see	other support (see				

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.)

2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				(d) 2020	(e) 2021	(f) Total		
		122,688	146,518	139,811	157,669	272,854	839,540		
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
,	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3	122,688	146,518	139,811	157,669	272,854	839,540		
9 9 1	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6 1	Public support. Subtract line 5 from line 4						839,540		
	ion B. Total Support						3337343		
Calend	lar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4	122,688	146,518	139,811	157,669	272,854	839,540		
1	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	57	252	180	83	113	685		
á	Net income from unrelated business activities, whether or not the business is regularly carried on								
1	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
11 1	Total support. Add lines 7 through 10						840,225		
	Gross receipts from related activities, etc. (s	ACCOUNT OF THE PARTY OF THE PAR	Commission of the contract of		1.4.1- 0.10.1.1.1.	12	1,037,158		
13 F	First 5 years. If the Form 990 is for the orga	anization's first, sec	ond, third, fourth, o	r fifth tax year as a	a section 501(c)(3)		70.1		
- (	organization, check this box and stop here			eraneliari eragaleri et			armull•		
	on C. Computation of Public Su					T 1			
	Public support percentage for 2021 (line 6,			f))	n Fox Outress		99.92%		
	Public support percentage from 2020 Scheo		The state of the s			15	99.91%		
	33 1/3% support test—2021. If the organiz				1/3% or more, che	ck this	K 97		
	box and stop here. The organization qualifi		프라이크 레이지를 내려가고 있는 사람들이 없었다.	the second secon	00.4/00/	ere ere er rom rom rom ro	▶ X		
	33 1/3% support test—2020. If the organization quality box and stop here. The organization quality				s 33 1/3% or more	, спеск			
	10%-facts-and-circumstances test—2021			Control of the last the last war and a	and Chand than di				
1	10% or more, and if the organization meets	the facts-and-circur	nstances test, che	ck this box and sto	op here. Explain in				
	Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported								
	organization		error eron error er volt er uttal och volt eron och v				area a P L		
	10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain								
	in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain								
- 2	23 DOMESTAD								
18 F	Private foundation. If the organization did	not check a hov on	line 13 16a 16h	17a or 17h cheek	this how and see		money Sta		
	nstructions			Tra, or Tro, check	nus dox and see				

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support									
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")									
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose									
3	Gross receipts from activities that are not an unrelated trade or business under section 513		1							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to the organization without charge									
6	Total. Add lines 1 through 5									
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons									
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year									
C	Add lines 7a and 7b									
8	Public support. (Subtract line 7c from line 6.)									
	tion B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1	(f) Total		
9	Amounts from line 6	1								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources									
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
c	Add lines 10a and 10b									
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on									
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)									
13	Total support. (Add lines 9, 10c, 11, and 12.)			7 - 1						
14	First 5 years. If the Form 990 is for the org organization, check this box and stop here		econd, third, fourth,	or fifth tax year as	a section 501(c)(3	3)		4.0		
Sec	tion C. Computation of Public Su	CALL AND THE RESIDENCE OF STREET	tage		4.5.1.2.1.2.1.2.1.2.1.2.1.2.1.2.1.2.1.2.1	aus retraining routings	mara-uncert	Longing (Contract		
15	Public support percentage for 2021 (line 8,			r (f))			15	%		
16	Public support percentage from 2020 Scheo		AND THE STATE OF THE PARTY OF THE PROPERTY OF THE PARTY O			10000000	16	%		
-	tion D. Computation of Investmen							,,,		
17	Investment income percentage for 2021 (lin			column (f))			17	%		
18	Investment income percentage from 2020 S					e-tris-time	18	%		
19a	33 1/3% support tests—2021. If the organ		\$3. C4 \$400 \$7100	14, and line 15 is r	more than 33 1/3%	, and line				
		17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
b	33 1/3% support tests—2020. If the organ line 18 is not more than 33 1/3%, check this	ization did not che	eck a box on line 14	or line 19a, and li	ine 16 is more than	33 1/3%, ar	ıd	<b>L</b>		
20	Private foundation. If the organization did						(3) (11-)			

#### 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 Organization	ons	rganizati	ortina C	Supr	All	A.	Section	S
--	-----	-----------	----------	------	-----	----	---------	---

- 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?
- 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.)

- 1	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
6	7	
7		
8	H	
9a		
9b		
9c		
10a		
10b	(Form 9	

	the A (Form 990) 2021 ART LEAGUE OF HILTON HEAD INC. 57-10611	35		Page 5
Par	t IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	110
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
-	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			1
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			1
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
Ar.	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	- 1 - 0		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		-1-11	
98	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	100	-	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		100	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	1-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instr	uctions).	1/	1
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	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,		1	4
	how the organization was responsive to those supported organizations, and how the organization determined	2.7	4	1
	that these activities constituted substantially all of its activities.	2a		-
b				
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If		1	
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would		1	
	have engaged in these activities but for the organization's involvement.	2b	-	-
3	Parent of Supported Organizations, Answer lines 3a and 3b below.			
a		-25		
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b				
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021

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

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 10 d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to

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

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2021

Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt	purposes		
2	Amounts paid to perform activity that directly furthers exempt pur organizations, in excess of income from activity	rposes of supported		
3	Administrative expenses paid to accomplish exempt purposes of	supported organizations		
4	Amounts paid to acquire exempt-use assets	supported organizations		
5	Qualified set-aside amounts (prior IRS approval required—provided	de details in Part VI		
6	Other distributions (describe in Part VI). See instructions.	de details in Part VI)		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the or	ganization is responsive		
	(provide details in Part VI). See instructions.	ganization is responsive		
9	Distributable amount for 2021 from Section C. line 6			
10	Line 8 amount divided by line 9 amount			
10	Line o amount divided by line 9 amount	(1)	m	, m
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required–explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
С	From 2018 as a survey as a survey as a survey as a survey as a			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
	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:			
а	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			OF 30 18
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 <b>Part VI</b> . 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:			
а	Excess from 2017			
-	Excess from 2018			
	Excess from 2019			
	Excess from 2020		~	
	Excess from 2021			

Schedule A (For	m 990) 2021 A	RT LEAGUE OF	HILTON HEA	D INC.	57-1061135	Page 8
Part VI	Supplemental Informa III, line 12; Part IV, Sec B, lines 1 and 2; Part IV 3a, and 3b; Part V, line lines 2, 5, and 6. Also	ation. Provide the extion A, lines 1, 2, 3b, /, Section C, line 1; F 1; Part V, Section B	planations requir 3c, 4b, 4c, 5a, 6 Part IV, Section D , line 1e; Part V,	ed by Part II, line 10, 9a, 9b, 9c, 11a, 11 I, lines 2 and 3; Par Section D, lines 5, 6	0; Part II, line 17a or 1 lb, and 11c; Part IV, 5 t IV, Section E, lines 1 6, and 8; and Part V, 5	7b; Part Section c, 2a, 2b,
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#### Schedule B (Form 990)

Department of the Treasury internal Revenue Service

Name of the organization

#### Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

ART LEAGUE OF HILTON HEAD INC.

Employer identification number

57-1061135

Organization type (check	cone);
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Note: Only a section 501( instructions.	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
and the second s	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.
Special Rules	
regulations under 16b, and that rece	ndescribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% support test of the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or lived from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or unt on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor, during literary, or educati	in described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering in instead of the contributor name and address), II, and III.
contributor, during contributions total during the year fo General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one of the year, contributions exclusively for religious, charitable, etc., purposes, but no such end more than \$1,000. If this box is checked, enter here the total contributions that were received or an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the oblies to this organization because it received nonexclusively religious, charitable, etc., contributions more during the year.
	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

Name of organization ART LEAGUE OF HILTON HEAD INC. PAGE 1 OF 1

Employer identification number 57-1061135

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TOWN OF HILTON HEAD ONE TOWN CENTER COURT HILTON HEAD ISLAND SC 29926	\$ 65,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	GAYLORD & DOROTHY DONNELLY FOUNDATIO 4 NORTH ATLANTIC WHARF, SUITE 100  CHARLESTON SC 29401	s 10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	SC ARTS COMMISSION 1026 SUMTER STREET COLUMBIA SC 29201	\$ 19,488	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4.	STATE OF SC 1200 SENATE STREET, SUITE 214 COLUMBIA SC 29201	s 49,788	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
0.>(0.0		\$ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Financial Statements

► 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.

2021

Open to Public Inspection

Name of the organization Employer identification number ART LEAGUE OF HILTON HEAD INC. 57-1061135 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Part III Organizations Maintain	ing Collections of			er Similar As	ssets (continued)
3 Using the organization's acquisition, accelection items (check all that apply):					
a Public exhibition	d 🗍	Loan or exchange pr	ogram		
b Scholarly research	e			aranananan arananan 5	
c Preservation for future generations					
4 Provide a description of the organization's	s collections and explain	how they further the	organization's exempt	purpose in Part	
XIII,					
5 During the year, did the organization solid		And the second s	The state of the s		
Part IV Escrow and Custodial		art of the organization	s collection?		Yes No
Part IV Escrow and Custodial A Complete if the organizate 990, Part X, line 21.		" on Form 990, P	art IV, line 9, or re	eported an am	ount on Form
1a Is the organization an agent, trustee, cust included on Form 990, Part X?			or other assets not	Career Court and Career	Yes No
b If "Yes," explain the arrangement in Part >	KIII and complete the following	lowing table:			
					Amount
c Beginning balance		135 D.S. I		1c	
d Additions during the year		1830103 (D)   1	maneri montane sur militare de	1d	
e Distributions during the year	use tree is successful for	SERVEROS (100 (10) (10)		1e	
f Ending balance  2a Did the organization include an amount o	n Form 000. Port V. line	21 for possou or our	todial account lightlih	1f	Yes No
b If "Yes," explain the arrangement in Part >	8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		그렇게 하는 아이들이 아니다. 그 나는 아이를 내려가 되었다.		Yes No
Part V Endowment Funds.	till. Officer field if the ex	planation has been p	TOVIDED OIL PAIL XIII	With all took had been	Contract at SCI2-2-20-1
Complete if the organization	tion answered "Yes	" on Form 990, P	art IV, line 10.		
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years	s back (e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
<ul> <li>2 Provide the estimated percentage of the c</li> <li>a Board designated or quasi-endowment ▶</li> <li>b Permanent endowment ▶</li> </ul>		e (line 1g, column (a))	held as:		
c Term endowment ▶ %					
The percentages on lines 2a, 2b, and 2c	should equal 100%.				
3a Are there endowment funds not in the pos	ssession of the organiza	tion that are held and	administered for the		
organization by:					Yes No
(i) Unrelated organizations	*(************************************				3a(i)
(ii) Related organizations	alesa Leopola (e. e. colores) e				3a(ii)
b If "Yes" on line 3a(ii), are the related orga				0 0 000000	3b
Part VI Land, Buildings, and Ed		wment funds,			
Complete if the organizat		" on Form 990 P	art IV line 11a So	e Form 990	Part X line 10
Description of property	(a) Cost or other t			Accumulated	(d) Book value
	(investment)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	her)	depreciation	4-4 2-20 (20-2
1a Land					
b Buildings					
c Leasehold improvements			=-		
d Equipment					
e Other			55,364	54,35	
Total. Add lines 1a through 1e. (Column (d) mu	st equal Form 990, Part	X, column (B), line 10	Oc.)		1,007

DAA

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on	Form 000 Bort IV line 1	11h See Ferry 000 De	Page
	(a) Description of security or category	(b) Book value	(c) Method of va	
	(including name of security)		Cost or end-of-year n	
(1) Financial	derivatives			
(2) Closely he	eld equity interests			
(3) Other	Of the distance of a superconnection and the superconnection of the			
(A)	S-2-4 Section account and the section of the sectio			
(B)	Markey 12: 2 mortes engine and account of the comment			
(C)	. 1990's entre   1   1   1			
(D)	12-04-1-04-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0			
(E)	TOTAL TOTAL TOTAL THE RESERVE OF THE SECTION OF THE			
(F)	THE LOCAL TO SECURE ASSESSMENT OF THE PROPERTY			
(G)	(100001140005000000000000000000000000000			
(H)	-1-1			
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on  (a) Description of investment			
	(a) Description of investment	(b) Book value	(c) Method of val	
(1)			Cost or end-of-year m	arket value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" on  (a) Description	Form 990, Part IV, line 1	1d. See Form 990, Par	t X, line 15.
(1)	UNDEPOSITED FUNDS			13,478
(2)	SECURITY DEPOSITS			2,500
(3)	PREPAID POSTAGE			1,863
(4)				= 7000
(5)				
(6)				
(7)				
(8)				
(9)	#1			
Part X	(b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.	er e		17,841
raitA	Complete if the organization answered "Yes" on	Form 990, Part IV, line 1	le or 11f. See Form 99	0, Part X,
60	line 25. (a) Description of liability			Q2,52,500,000,000
(1) Federal in	ncome taxes			(b) Book value
	ID MEMBERSHIP FEES			20 645
	NED TUITION			28,645 11,119
	L DEPOSITS			500
(5)				500
(6)				
(7)				
(8)				
(9)				
otal. (Column	(b) must equal Form 990, Part X, col. (B) line 25.)		<b>&gt;</b>	40,264
. Liability for u	ncertain tax positions. In Part XIII, provide the text of the footnoted	ote to the organization's financia	al statements that reports the	

Schedule D (Form 990) 2021 ART LEAGUE OF HILTON HEAD INC.	57-1061135	Page 5
Part XIII Supplemental Information (continued)		
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#### SCHEDULE O (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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number ART LEAGUE OF HILTON HEAD INC. 57-1061135 FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A COPY OF THE RETURN WAS REVIEWED BY THE TREASURER PRIOR TO SUBMISSION. COPY WILL BE REVIEWED BY THE ENTIRE BOARD AT THE NEXT BOARD MEETING. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS ARE AVAILABLE UPON REQUEST.

Form 4562

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

#### **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

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

202

ZUZ I

OMB No. 1545-0172

ent 179

Identifying number ART LEAGUE OF HILTON HEAD INC. 57-1061135 Business or activity to which this form relates INDIRECT DEPRECIATION Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 1 Maximum amount (see instructions) 1 1,050,000 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,620,000 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2021 17 17 572 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2021 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 19a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L Nonresidential real 39 yrs. MM S/L property MM S/L Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. S/L c 30-year 30 yrs. MM S/L d 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 22 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 572

For assets shown above and placed in service during the current year, enter the

23

ARTLEA Art League of Hilton Head Inc.

57-1061135 Federal Asset Report
Form 990, Page 1

05/12/2022

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior	MACRS:							
1 2 3 4 5 6 7 8 9 10 11 12 13 14 16	Computer Fire Ext Computer/Software Office Furn & Equip Computer H/W & S/W Carpet Furn & Fixtures Leasehold Improvements Desk/Filing Cab HP Computer Printing Press Computer Desk Shelving Computer Lockers	3/09/95 9/05/97 1/31/00 1/31/01 1/31/01 1/30/01 1/31/01 1/31/00 12/29/10 2/28/11 12/31/11 9/20/11 1/01/19 1/01/19	3,424 515 3,466 718 2,299 6,363 3,103 17,715 1,732 516 800 564 321 772 2,205 851 45,364	X X X X X	3,424 515 3,466 718 2,299 6,363 3,103 17,715 1,732 0 0 0 0 2,205 851 42,391	7 HY 200DB 3 HY 200DB 7 HY 200DB 5 HY 200DB 7 HY 200DB	3,424 515 3,466 718 2,299 6,363 3,103 17,715 1,732 516 800 564 321 772 1,147 330 43,785	0 0 0 0 0 0 0 0 0 0 0 0 0 0 423 149 572
Other 15	Depreciation: Leasehold Improvements	1/01/11	10,000		10,000	5 MO S/L	10,000	0
	Total Other Depreciation		10,000		10,000	5 MO 5/E _	10,000	0
	Total ACRS and Other De	preciation =	10,000		10,000		10,000	0
	Grand Totals Less: Dispositions and Tra Less: Start-up/Org Expens	nsfers se	55,364 0 0		52,391 0 0		53,785	572 0 0
	Net Grand Totals		55,364		52,391		53,785	572

ARTLEA Art League of Hilton Head Inc.

SC Asset Report Form 990, Page 1

FYE: 12/31/2021

Asset	Description	Date In Service	Cost	Basis for Depr	SC Prior	SC Current	Federal Current	Difference Fed - SC
Prior	MACRS:							
1	Computer	3/09/95	3,424	3,424	3,424	0	0	(
2	Fire Ext	9/05/97	515	515	515	0	0	(
3	Computer/Software	1/31/00	3,466	3,466	3,466	0	0	(
4	Office Furn & Equip	1/31/01	718	718	718	0	0	(
5	Computer H/W & S/W	1/31/01	2,299	2,299	2,299	0	0	(
6	Carpet	1/30/01	6,363	6,363	6,363	0	0	(
7	Furn & Fixtures	1/31/01	3,103	3,103	3,103	0	0	(
8	Leasehold Improvements	1/31/01	17,715	17,715	17,715	0	0	(
10	Desk/Filing Cab	1/31/00	1,732	1,732	1,732	0	0	Ç
11	HP Computer	12/29/10	516	516	516	0	0	(
12	Printing Press Computer	2/28/11 12/31/11	800 564	800 564	800 564	0	0	(
13	Desk	12/31/11	321	321	321	0	0	(
14	Shelving	9/20/11	772	772	772	0	0	(
16	Computer	1/01/19	2,205	2,205	1,147	423	423	(
17	Lockers	1/01/19	851	851	330	149	149	C
		-	45,364	45,364	43,785	572	572	
Other	Depreciation:							
15	Leasehold Improvements	1/01/11	10,000	10,000	10,000	0	0	0
	Total Other Depreciation		10,000	10,000	10,000	0	0	
	Total ACRS and Other Depr	reciation _	10,000	10,000	10,000	0	0	C
	Grand Totals		55.264	55 264	52 705	570	570	
	The state of the s		55,364	55,364	53,785	572	572	0
	Less: Dispositions Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals	-	55,364	55,364	53,785	572	572	0
	net Grand Totals	-	33,304	33,304	23,763	312	312	

# ARTLEA Art League of Hilton Head Inc. 57-1061135 Bonus Depreciation Report FYE: 12/31/2021 Form 990, Page 1

05/12/2022

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
11 12 13	HP Computer Printing Press Computer Desk Shelving	12/29/10 2/28/11 12/31/11 12/31/11 9/20/11	516 800 564 321 772		0 0 0 0 0	0 0 0 0 0	516 800 564 321 772	0 0 0 0
		Grand Total	2,973		0	0	2,973	0

FYE: 12/31/2021

# ARTLEA Art League of Hilton Head Inc. 57-1061135 Depreciation Adjustment Report

**All Business Activities** 

Form Unit Asset

Description

Tax

**AMT** 

AMT Adjustments/ Preferences

05/12/2022

There are no assets that meet the criteria of this report

FYE: 12/31/2021

Form 990, Page 1

ARTLEA Art League of Hilton Head Inc.
57-1061135 Future Depreciation Report FYE: 12/31/22

05/12/2022

Asset	Description	Date In Service	Cost	Tax	AMT
Prior M	MACRS:				
1 2 3 4 5 6 7 8 9 10 11 12 13 14 16 17	Computer Fire Ext Computer/Software Office Furn & Equip Computer H/W & S/W Carpet Furn & Fixtures Leasehold Improvements Desk/Filing Cab HP Computer Printing Press Computer Desk Shelving Computer Lockers	3/09/95 9/05/97 1/31/00 1/31/01 1/31/01 1/30/01 1/31/01 1/31/01 1/31/00 12/29/10 2/28/11 12/31/11 12/31/11 12/31/11 1/01/19 1/01/19	3,424 515 3,466 718 2,299 6,363 3,103 17,715 1,732 516 800 564 321 772 2,205 851 45,364	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0
Other 1	Depreciation:				
15	Leasehold Improvements	1/01/11	10,000	0	0
	Total Other Depreciation		10,000	0 _	0
	Total ACRS and Other Depreciation		10,000	0	0
	Grand Totals		55,364	360	0

05/12/2022

FYE: 12/31/22

ARTLEA Art League of Hilton Head Inc.
57-1061135 SC Future Depreciation Report

Form 990, Page 1

FYE: 12/31/2021

Asset	Description	Date In Service	Cost	SC
Prior M	IACRS:			
1 2 3 4 5 6 7 8 9 10 11 12 13 14 16 17	Computer Fire Ext Computer/Software Office Furn & Equip Computer H/W & S/W Carpet Furn & Fixtures Leasehold Improvements Desk/Filing Cab HP Computer Printing Press Computer Desk Shelving Computer Lockers	3/09/95 9/05/97 1/31/00 1/31/01 1/30/01 1/31/01 1/31/01 1/31/00 12/29/10 2/28/11 12/31/11 12/31/11 9/20/11 1/01/19	3,424 515 3,466 718 2,299 6,363 3,103 17,715 1,732 516 800 564 321 772 2,205 851 45,364	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Other I	Depreciation:			
15	Leasehold Improvements	1/01/11	10,000	0
	Total Other Depreciation		10,000	- 0
	Total ACRS and Other Depreciation		10,000	0
	Grand Totals		55,364	360

Name

Form 990

26. Total excludable revenue

30. Number of voting members of governing body

31. Number of independent voting members of governing body

27. Total assets 28. Total liabilities

29. Retained earnings

32. Number of employees

33. Number of volunteers

#### Two Year Comparison Report

For calendar year 2021, or tax year beginning

Taxpayer Identification Number

2020 & 2021

-3,604 41,226 -20,192

61,418

2	ART LEAGUE OF HILTON HEAD INC.			57-106	51135
		1 2-1	2020	2021	Differences
	Contributions, gifts, grants	1.	37,901	79,715	41,814
	2. Membership dues and assessments	2.	35,380	59,785	24,405
	3. Government contributions and grants	3.	84,388	133,354	48,966
ne	Program service revenue	4.	220,685	217,051	-3,634
e n	5. Investment income	5.	83	113	30
>	Proceeds from tax exempt bonds	6.			
R	7. Net gain or (loss) from sale of assets other than inventory	7.			
	Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	44			
	12. Total revenue. Add lines 1 through 11	12.	378,437	490,018	111,581
	13. Grants and similar amounts paid	13.	2,000	2,000	
	14. Benefits paid to or for members	14.			
6 8	15. Compensation of officers, directors, trustees, etc.	15.			
2	16. Salaries, other compensation, and employee benefits	16.	121,069	128,454	7,385
e	17. Professional fundraising fees	17.			
ХP	18. Other professional fees	18.	7,200	1,300	-5,900
ш	19. Occupancy, rent, utilities, and maintenance	19.	51,566	57,347	5,781
	20. Depreciation and Depletion	20.	914	572	-342
	21. Other expenses	21.	210,175	238,575	28,400
	22. Total expenses. Add lines 13 through 21	22.	392,924	428,248	35,324
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-14,487	61,770	76,257
	24. Total exempt revenue	24.	378,437	490,018	111,581
	25. Total unrelated revenue	25.			
		The second secon		Charle Statistics of the Statistics	

26.

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220,768 135,753 73,063

62,690

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217,164

176,979

52,871

124,108

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56

Form 990

## **Tax Return History**

2021

Name

ART LEAGUE OF HILTON HEAD INC.

Employer Identification Number 57-1061135

The state of the s	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants		117,044	108,484	122,289	213,069	
Membership dues		29,474	31,327	35,380	59,785	
Program service revenue		290,143	309,279	220,685	217,051	
Capital gain or loss						
Investment income		252	180	83	113	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue		436,913	449,270	378,437	490,018	
Grants and similar amounts paid		2,500	2,000	2,000	2,000	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation		105,817	122,092	121,069	128,454	
Professional fees		2,300	2,400	7,200	1,300	
Occupancy costs		53,604	59,206	51,566	57,347	
Depreciation and depletion			563	914	572	
Other expenses		276,152	278,827	210,175	238,575	
Total expenses		440,373	465,088	392,924	428,248	
Excess or (Deficit)		-3,460	-15,818	-14,487	61,770	
Total exempt revenue		436,913	449,270	378,437	490,018	
Total unrelated revenue					220,020	
Total excludable revenue		290,395	309,459	220,768	217,164	
Total Assets		145,006	126,745	135,753	176,979	
I otal Liabilities		51,556	49,113	73,063	52,871	
Net Fund Balances		93,450	77,632	62,690	124,108	

ARTLEA Art League of Hilton Head Inc. 5/12/2022 **Federal Statements** 57-1061135 FYE: 12/31/2021 Taxable Interest on Investments Description Unrelated Exclusion Postal Acquired after Business Code Code 6/30/75 Amount Obs (\$ or %) 113 14 TOTAL 113

ARTLEA Art League of Hilton Head Inc.

57-1061135

FYE: 12/31/2021

# **Federal Statements**

5/12/2022

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

Description	Е	Total xpenses	Program Service	nagement & General	Fund aising
BANK FEES AWARDS	\$	7,544 5,250	\$ 3,395 5,250	\$ 4,149	\$
PAYROLL FEES TAXES & LICENSES		4,100 1,595		4,100 1,595	
RECEPTION EXPESE EVENTS TRAVEL & MEETINGS		1,386 600 443	1,386 600 443		
MEMBERSHIPS		350	113	350	
TOTAL	\$	21,268	\$ 11,074	\$ 10,194	\$ C

ARTLEA Art League of Hilton Head Inc. 57-1061135

FYE: 12/31/2021

# **Federal Statements**

5/12/2022

Schedule A, Part II, Line 1(e)

Description	A	mount
MEMBERSHIP DUES LOW INCOME EDUCATION FUND	\$	59,785
P/R PROTECTIONS PROGRAM DONATIONS TOWN OF HILTON HEAD		48,866 19,927
CASH CONTRIBUTION GAYLORD & DOROTHY DONNELLY FOUNDATIO		65,000
CASH CONTRIBUTION SC ARTS COMMISSION		10,000
CASH CONTRIBUTION STATE OF SC		19,488
CASH CONTRIBUTION		49,788
TOTAL	\$	272,854

## Schedule A, Part II, Line 8(e)

Descript	ion	A	mount
		\$	113
TOTAL		\$	113

# Schedule A, Part II, Line 12 - Current year

Description	Amount
ART SALES ART ACADEMY RENTALS HANGING FEES	\$ 150,981 54,331
MISC SPECIAL EVENTS	2,589 9,150
TOTAL	\$ 217,051

# Internal Revenue Service

Date: January 31, 2000

Art League of Hilton Head Island Inc. P. O. Box 3083
Hilton Head, SC 29928-0083

Department of the Treasury

P. O. Box 2508 Cincinnati, OH 45201

513-263-3756

Person to Contact:
Sheena Wallace 31-04021
Customer Service Representative
Telephone Number:
877-829-5500
Fax Number:

Federal Identification Number: 57-1061135

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in August 1977 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 section 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.

Art League of Hilton Head Island Inc. 57-1061135

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,

Robert C. Padilla

Manager, Customer Service