# 2026 Accommodations Tax Funds Request Application

Organization Name: Arts Center of Coastal Carolina

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

### **Executive Summary**

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

#### 2026

### Accommodations Tax Funds Request Application

Date Received: 09/04/2025 Time Received: 10:15 AM By: Online Submittal

Applications will not be accepted if submitted after 4 pm on September 5, 2025

#### A. SUMMARY OF GRANT REQUEST:

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

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

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

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

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

Event Date(s): Event Location(s): Arts Center of Coastal Carolina

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

The Arts Center requests \$447,000 for FY25-26 tourism operations support in two TERC eligible areas: 1) destination advertising/promotion of arts programs to tourists; 2) tourism-related cultural arts programming/events through Producing Theater, Great Performances, and Community Festivals.

These programming and facility maintenance costs total \$5,842,077. This request remains flat to FY25 despite a projected 2.8% inflation rate and represents just 7.7% of our FY26 operating budget—a fiscally responsible investment in our 30th Anniversary Season. Considering ongoing inflationary pressures, this support is both necessary and prudent. Notably, this request excludes \$670,544 in eligible facility maintenance and administrative costs. Appendices G & B.

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

Visitors attend our year-round multi-arts programming, festivals, and performances; thus, the Arts Center is a vital contributor to visitorship and a major cultural amenity.

Tracking visitor statistics is through our robust ticketing system. Geographic attendance

#### data quantifies impact.

Measuring FY25 attendance at 158 event performances, tourism from 50-mile radius was: Theater 30%(11,179); Presenting 20%(820); Visual Arts 28%(150); and Outreach 34%(2,584). Of the 49,375 total ATAX eligible attendees (out of 60,645 total patrons) served in these programs (not including education services and rentals) 15,786 (32%) were mainland visitors and 14,733 (30%) tourists beyond 50-mile radius totaling 30,519 (62%). Appendix A.

A. Total Number of Physical Tourists Served: 14733

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: 15786

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: 18,856

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): 49375

How was the Number of visitors documented? (250 words or less)

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

In addition to detailed tracking through our ticketing system, for 29+ years various surveys and detailed reports have confirmed the exuberant programming appeal to island visitors and the greater community, along with informing national, regional, and local marketing strategies using proven methods.

In FY25, the Arts Center prioritized in-person engagement through all performances and festivals, intentionally stepping further away from COVID's virtual theatre. However, digital offerings that globally promote the Arts Center & Hilton Head Island received a grand total of 1.4 million views since inception in 2020! In FY25, these not only provided 115,108 education viewers and/or instruction but helped in FY25 to promote-and continues to promote- Hilton Head and the Arts Center.

Marketing continued to leverage the highly viewed virtual cast introductions and show promotions to our 17,062 global email addresses for each theater production and presenting performers, as well as our free outreach festivals. These provided universal tourist promotions for the Arts Center and Hilton Head Island.

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

For 29+ years, the Arts Center's Mission has been "to enrich and benefit the community through the arts."

The Arts Center is a core multi-arts venue at the heart of Hilton Head Island (HHI) and integral to the economic and cultural vitality of the island. As South Carolina's largest professional producing theater and third largest arts organization, we are a significant economic engine for HHI and Beaufort Co. businesses/residents.

Our total FY25 overall economic impact was \$14.67 million and supported 207.9 FTE jobs. Of that, tourism generated \$4.11 million in economic impact. The Arts Center normally represents 37.5%+ of the total economic impact of all arts and culture on Hilton Head Island of \$39.1 million as derived from the Town Office of Cultural Affairs "Arts & Economic Prosperity 5" Calculator.

Since 1996, we have received over 1.82 million attendees at 5,118 performances and programs. FY25 attendance reached 60,645, reflecting ongoing programming and producing momentum.

Our uniquely owned 45,000sf facility open year-round includes a 349-seat mainstage theater showcasing full-scale professional producing theater and presenting artists. We provide visual arts, education, and outreach. Other spaces include a gallery (home to Art League of HHI), a black box rehearsal hall, an art studio, reception parlor, and community room. 441 active volunteers play major roles in operations.

We receive national and local acclaim as an award-winning professional organization, honors including Best Live Theater by Best of Bluffton, Lowcountry's Best BroadwayWorld Regional Awards, TripAdvisor's Award of Excellence, and 2025 SCORE South Carolina Non-Profit of the Year.

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

Our \$447,000 request represents just 7.7% of our FY26 operating budget and will support the development of diverse, multidisciplinary arts programs and targeted marketing efforts aimed at attracting tourists and visitors.

The marketing and development of our programs require considerable financial resources. According to categories defined by TERC, the Arts Center is eligible under the provisions of the law at \$901,474 for visitor programming and marketing expenses. Eligible costs not included total \$670,544 (a 6% increase over FY24) of which Facility/Overhead expenses are \$240,337, and Program Administrative expenses are \$430,207.

Therefore, if \$670,544 was added to Total Estimated Eligible Visitor Expenses of \$901,474 the actual eligible total would be \$1,572,018. Appendix B.

Highlights of marketing fund usage include 100% in-house design and management as a cost-control measure, along with innovative strategies such as a redesigned, cost-effective, and nimble social/digital media campaign, which **delivered 1,670,656** promotional e-blasts to our global email list of 17,062 contacts in FY25.

FY26 highlights include 150 in-house Equity productions and 16 presenting performances, drawing a projected 58,113 patrons from a total proposed attendance of 70,870.

Maintaining all the Arts Center's owned 45,000sf space in FY26 will cost \$579,631, up 15.4% well exceeding the FY26 projected 2.8% inflation rate. While the facility is not part of this request, an integral part of the visitor experience is attending performances and events at a quality venue. Other funds planned for FY26 operations are earned income, \$3,723,236, and contributed income, \$2,154,398. Appendices G & H (at Presentation).

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

While total theater attendance in FY25 remained consistent with FY24, we successfully expanded our number of performances. Looking to FY26, our milestone 30th Anniversary Season, we're cautiously optimistic about a potential rise in attendance.

The Arts Center's FY26 season was strategically mapped out 18 months ahead, requiring intricate coordination of schedules, licenses, contracts, logistics, and finances.

Partial funding threatens the momentum we have built on the already committed/announced season. Strong audience demand exists, but without full support, we will cut key programming and marketing—leading to fewer high-quality shows, reduced tourism, smaller audiences, lower revenue, and a weaker regional economic impact.

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

The Arts Center, as the only year-round arts venue, undeniably drives cultural tourism and fuels Hilton Head's economy, translating to a vital economic impact for HHI.

Using data from the Town's Office of Cultural Affairs "Arts & Economic Prosperity 5" Calculator, FY25 is projected to generate \$14.7million; 37.5% of the \$39.1 million total arts and culture impact, with tourism impact up 9% to \$4,112,813!

Our ATAX funding over a 7-year history translates to a \$88,141,658 overall economic impact with \$22,580,959 from 50+ mile tourism. Investing in the Arts Center also enhances HHI as a branded destination. Appendices A & C.

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

Total:	100	%
7 - Operation of Visitor Information Centers  Operating visitor information centers.	0	%
6 - Waterfront Erosion/Control/Repair Control and repair of waterfront erosion.	0	%
5 - Tourist Public Transportation  Tourist shuttle transportation.	0	%
4 - Tourism-Related Public Services The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.	0	%
3 - Tourism-Related Facilities  Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.	0	%
2 - Tourism-Related Events  Promotion of the arts and cultural events.	60	%
1 - Destination Advertising/Promotion  Advertising and promotion of tourism so as to develop and increase tourist attendence through the generation of publicity.	40	%

- 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) Collaboration is at the heart of the Arts Center's mission and long-term sustainability. For 29+ years we have actively cultivated partnerships across sectors. These collaborative relationships have not only strengthened the arts locally, but also significantly contributed to tourism, reinforcing the Center's role as a vital community and economic partner.

Centrally located and renowned, our rack card/brochure system is a vital resource for tourists, residents, businesses, and cultural organizations alike. Partnerships include Art League of Hilton Head, Lean Ensemble, NIBCAA, TEDx Hilton Head, Gullah Museum, Concours d'Elegance, Island Writers' Network, and the Town's Office of Cultural Affairs,

highlighting several. Groups frequently utilize and come to rely on our discounted venue rentals, marketing resources, and occasionally free services.

b) For a town with a small full-time population like HHI, it is rare to have a facility the size (45,000sf) and scope (year-round operations) of the Arts Center. It makes an impressive community statement reflected in its ability to produce 178 performances of mainstage theater, performing acts, and events for more than 70,870 projected overall attendees for FY26.

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

Because our patrons exhibit price and accessibility sensitivity, we strive to keep patron ticket prices accessible, reflecting our commitment to inclusivity. To support the community, we regularly donate tickets to fundraising events. Appendix D (at Presentation).

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

For FY26, we project an impressive total economic impact of \$14,922,679, including \$4,363,419 in tourism-related activity—second only to the RBC Heritage Tournament. This proposal is based on 70,870 total attendees, underscoring our ambitious yet attainable goals. However, success depends on our ability to navigate persistent inflationary pressures and shifting audience behaviors—particularly as we steward a 30-year-old facility into its next act.

#### **Facility Challenges**

Rising inflation and continued economic uncertainty are placing intense pressure on nonprofit performing arts organizations. FY26 brings a \$504,000 increase in program, related costs alone, driven by elevated prices in materials, housing, travel, and insurance, still 50–150% above pre-pandemic levels. Facility maintenance reached an all-time high of \$580,000, up \$78,000 from FY24, with no capital improvements included. Our aging infrastructure requires increasing upkeep as it nears its 30th year of service to a high volume of attendees.

#### Audience Preferences & Earned Income

With patrons also facing inflation, pricing sensitivity remains high. We are prudently budgeting for 91% overall occupancy in our Theater and Presenting Series, a hopeful yet realistic approach for our landmark 30th Anniversary Season.

In the past four years, adaptability, vigilance, and fiscal discipline have defined our path forward. As such, we respectfully request continued support from HHI ATAX at the same FY25 level of \$447,000—an unchanged request despite a projected 2.8% inflation rate. This request equates to just \$14.65 per ATAX-eligible attendee (30,519 in FY25), with a comparable return anticipated in FY26.

1. Please	describe how the organization is curr	rently fund	ded. (100 words or less)
14	e FY25 Projected Operating Actual in %-Individual; 11%-Government (State -Events; 1%-Businesses. Contributed	e/County/	Town); 4%-Gift-In-Kind; 5%-Foundations
ad	maining FY25 Operating Actual is Earmission/online fees, concessions/rentalance; earned revenue and contribute	als. Amer	ican for the Arts benchmarked a 55/45
ou pro	-	optimal e	jor donor relationships, we will increase arned/contributed income balance. The ent financial approach, with a proven
pa	th to an achievable \$14,922,679 econ	omic imp	• • • • • • • • • • • • • • • • • • • •
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	also estimate, as a percentage, the s		act!
2. Please	also estimate, as a percentage, the s Government Sources	source of	the organization's total annual funding.  Private Contributions, Donations
2. Please	also estimate, as a percentage, the s Government Sources	source of	the organization's total annual funding.  Private Contributions, Donations and Grants

#### D. FINANCIAL INFORMATION:

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

**Beaufort County State ATAX** 

South Carolina Arts Commission Summer Arts Camp

\$20,000.00

\$20,000.00

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

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

Budget Provided: Yes

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

Current fiscal year Profit Loss Report Provided: Yes

Previous fiscal year Profit Loss Reports Provided:

FY23- Previous FY 2 FY24- Previous FY 1

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

Current fiscal year Balance Sheet Provided: Yes

Previous fiscal year Balanace Sheets Provided:

FY23 - Previous FY 2

FY24 - 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:

FY22 - Previous FY 2

FY23 - Previous FY 1

#### **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 has procurement guidelines, which are utilized and followed in the expenditue of ATAX grant funds.
  - Utilize and follow organization's own procurement guidelines
  - Our organization does not have or follow procurement guidelines

#### F. MEASURING EFFECTIVENESS:

If you received 2024 or 2025 HHI ATAX funds

1. List any ATAX award amounts received in 2024 and/or 2025.

2023 \$420,000.00 Tourism Oper	rating Support
\$430,000.00 Tourism Open	rating Support
2025 \$447,000.00 Tourism Oper	rating Support

2. How were the ATAX fundsused? To what extent were the objectives achieved? The ATAX Effectiveness Measurement spreadsheet available in the application portal will show the numerics. Use the space below for verbal comments. (200 words or less)

FY25 ATAX funding afforded an invigorating execution of our dedicated tourism marketing and program efforts. Strategic marketing plays a crucial role in engaging our target tourists. As always, our approach prioritizes maximum reach with minimal spending by leveraging proven, cost-effective digital channels; a strategy validated by the staggering 235% projected increase in all digital and social media reach in FY25.

In FY25, analytics showed strong growth across all platforms. Website users totaled 133,826 with average engagement up 72% to 1m 48s. Instagram followers rose 22% to 3,631. Facebook reached 363,684 views with 7,867 followers. Email campaigns were delivered to 17,062 emails, targeted with 1.67 million emails, up 33.3%; the open rate was an industry high 38%, and unsubscribed was down 8.8% from last year. Additionally, 40,000 seasonal brochures and 17,500 rack cards were distributed to Tourism and Welcome Centers across the state.

The FY25 ATAX funds drove and enhanced tourism by promoting and presenting 158 performances/events that were met with enthusiasm for our in-house produced originality! Total 30,519 or 62% ATAX eligible attendance, with 14,733 (30%) tourists >50miles and 15,786 (32%) off Island. Subsets include Theater Productions 23,087 (62%); Presenting Artists, 2,005 (49%); Outreach, 5,015 (66%).

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

FY25 produced 5 theater shows, 6 presenting artists, 2 free festivals, and other facility activities. FY25 demonstrated the benefit by our \$14,673,067 in overall economic impact, with \$4,112,813 from 50+ miles tourism while operating 360 days/year.

Aside from significant tourism impact, the Arts Center's FY25 overall economic impact supported over 207 FTE jobs in our community along with generating nearly \$1million in local and state revenues. This economic impact in turn supports local businesses: restaurants/lumber/paint sales/fitness centers/lodging/grocers/medical services/fuel stations. Appendix C.

49,375 ATAX eligible patrons benefited from an-award winning theater season with the in-house produced Something Rotten; 42nd Street; The Cottage; Waitress: The Musical; and Summer: The Donna Summer Musical. Theater performances achieved 37,218 total ATAX attendees and Presenting Artists (1-2 shows each) achieved 4,025. Appendix A.

As previously stated, we try to maintain a balance for patron ticket pricing. Because our patrons exhibit price and accessibility sensitivity, we price accordingly for attracting wide-ranging demographics. Theater group tickets prices encourage communities on/off Island to attend at a discount. Students, educators, first responders, and military also have a reduced ticket price. Side balcony pricing is discounted by \$20 as well.

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

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

In FY25 we served 60,645 despite persistent inflationary pressures and shifting audience behaviors. We achieved 37.5% of overall HHI arts sector economic impact and impacted economy over the past 7-years generating \$88,141,658 with \$22,580,959 from tourism.

Effectiveness measured through action: operating 360 days/year, contributing to year-round HHI tourism (2018 Survey of Public Participation in the Arts, NEA, identified 49.7% "traveled more than 50+ miles from home to attend cultural activities and events despite the time of year."); supporting 207.9 FTE jobs in FY25 for overall economic impact back to Hilton Head Island; leading the industry and workforce development; enriching the community through creating positive change and inspiration, as seen in progressive organizations through tenured, educated staff (most management have specialized bachelor+ degrees/tenures 10+ years—several 20+), resulting in an award-winning organization, solidifying the Arts Center as the cultural hub of our community.

#### 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 you create your own format, please refer to the "ATAX Effectiveness Measurement" form and use the criteria as a guideline in developing your executive summary below.

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

Signature: Jeffrey S. Reeves

Title/Position: President/CEO

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

Email Address: jreeves@artshhi.com

Office Phone Number: 843-686-3945

Home Phone Number: 843-298-0144

#### **Arts Center of Coastal Carolina**

#### **Executive Summary/Effectiveness Indicators**

The Arts Center's Effectiveness Indicators, as applied to our **FY25** tourists and visitors' results, as well as our plans for **FY26** ATAX funding, indicate year-round TERC eligible tourist activities in two main areas: **1) Destination Marketing** and **2) Programming Cultural Arts.** In support of our request for \$447,000 in ATAX funding, please consider the following:

- FY25's total overall ATAX attendance (excluding education and rental services) slightly increased to 49,375 over FY24's 48,990 in Theater, Presenting, Visual Arts, and Outreach Festivals. Appendix A.
- FY25 produced 158 total Theater/Presenting Performances, and Outreach Events: an increase to FY24's 153.
- Tourists: In FY25, patrons from beyond the 50-mile radius totaled 14,733 or 30% of our ATAX patrons. This was a significant 8% increase over FY24's 13,610. Appendix A.
- Visitors: In FY25, our mainland visitors totaled 15,786, or 32% of our patrons. This was a negligible 2% decrease over FY24's 16,146. Appendix A.
- FY25's ATAX TERC eligible tourism promotional advertising expenses were \$300,448. Appendix B.
- FY25's ATAX TERC eligible tourism program expenses were \$601,026 in Theater, Presenting and Outreach. Appendix B.
- FY25's Arts Center's overall economic impact was a comparable \$14,673,067 to FY24's \$14,746,500 actual. Appendix C.
- FY25's Arts Center's tourism economic impact was \$4,112,813 up 9% over FY24's actual \$3,758,019. Appendix C.
- FY25's Arts Center's overall economic impact of \$14,673,067 represented 37.5% of the total Hilton Head Island arts and culture sector's total economic impact of \$39.1 million. Appendix C.

ATAX support of the Arts Center is greatly beneficial to all. The ROI for the Arts Center's FY25 grant of \$447,000 relative to our tourism's (50+ Miles) \$4,112,813 economic impact is 9.2 to 1 per Americans for the Arts HHI formula. The cost per 30,519 ATAX eligible attendee (50+ Miles & Off Island, 62%) in FY25 was merely \$14.65; a sound investment of FY25's \$447,000 ATAX funding. The Arts Center works every ATAX dollar year-round to achieve the visitorship creating this desirable ROI. Our rare facility, at the size (45,000sf) and scope (year-round operations) for a town with a small full-time population like HHI, allows us to be operationally strong by recruiting and retaining our hard-sought educated and tenured staff and nurturing the livelihoods and creativity of our accomplished production and stage artists—key to sustaining our vibrant community and producing quality visitor attractions; resulting in high visitorship and unparalleled economic impact.

The requested FY26 ATAX funds (based on FY25 results) will directly support our milestone **30**<sup>th</sup> **Anniversary Season**:

- 1) Tourism destination marketing efforts: FY25 TERC eligible marketing expenses were \$300,448, which includes printing and distribution of season brochures at SCPRT Welcome Centers; distribution of rack cards in tourist locations; discount and special offer coupons to regional hospitality professionals; online marketing; e-blasts; advertisements in tourism-based publications; event listings on local, state, and nationwide websites; regional radio, newspaper, and magazine. Appendix B.
- 2) Programming of performing arts and cultural events: FY25 TERC eligible Programming expenses were \$601,026. Our Theater and Presenting Series especially attract tourists, reinforcing our role as a cultural destination—just as our 29th Annual Town Holiday Kick-Off and Voices of Gullah, both free community festivals do. The Arts Center's FY26 planned and programmed 168 total comprehensive ATAX events are basically one arts event every other day! Appendix B and P.

Other TERC eligible expenses, which are not included in our ATAX request are: Our FY25 tourism-related eligible facility overhead, maintenance costs, and program administrative costs are prorated at \$670,544 (a 6% increase over FY24). Under TERC law, these expenses are ATAX eligible. However, we are not requesting ATAX grant funds based on these expenses. Appendix B.

Therefore, the Arts Center respectively requests \$447,000 in new ATAX funds for development and implementation of FY26 destination marketing, as well as the programming of tourism-related events to enhance and drive visitorship. This request remains flat compared to FY25, against the projected 2.8% inflation rate for FY26, and represents only 7.7% of our FY26 operating budget, making it a fiscally responsible investment in our enhanced 30th Anniversary celebratory season.

Arts Center of Coastal Carolina Effectiveness Indicators FY26			
Topic	Plan	Results	
<b>FY26 Programming</b>	Fall 2025	Produce: Come from Away (A Remarkable True Story) – 28 Performances	
Visitors Targeted	eted October 2025 Booked: Second City Comedy 65th Anniversary (Comedy) – 2 Performances		
All Year Round	Year Round Holiday 2025 Produce: <i>Frozen</i> (Holiday Musical) – 32 Performances		
February Snowbirds 2026 Booked: <i>Tom Papa</i> (Comedian) – 2 Performances			
February Snowbirds 2026 Produce: <i>The Play The Goes Wrong</i> (Farce/Comedy) – 23 Performances			

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New Opportunities & Challenges	February Snowbirds 2026 Spring Visitors 2026 Spring Visitors 2026 May Visitors 2026 Summer Visitors 2026 July Visitors 2026 Summer Visitors 2026 Labor Day Weekend 2026 Theater Productions and Presenting Artists Strategic Scheduling	Booked: <i>Celtic Angels</i> (Irish Traditional & Contemporary) – 3 Performances Booked: <i>Metta Quintet</i> (Jazz) – 1 Performance + 1 Field Trip Produce: <i>Hairspray: The Broadway Musical</i> – 28 Performances Booked: <i>Matt Cooper: The Mentalist</i> – 2 Performances Produce: <i>Mean Girls: The Musical</i> (Phenomenal Hit) – 40 Performances Booked: <i>Tim Meadows</i> (Comedian) – 2 Performances Booked: <i>Divas Through Time</i> (Musical Tribute) – 2 Performances Booked: <i>Black Jacket AC/DC</i> – <i>Back in Black</i> (Hard Rock) – 2 Performances Highlights for the upcoming FY26 year-round theater include 150 in-house produced Equity Theater performances & 126 presenting performances for a projected 58,113 patrons out of a total 70,870 overall program attendees. 5 mainstage productions and 8 Presenting Artists are confirmed for FY26. Just like the strategic placement of our theater productions, artists around holidays, bands in tourist season, and summer comedians draw strong tourist
		crowds. The FY26 Season celebrates 30 years of unforgettable performances, including Broadway hits, musical legends, and world-class entertainment!  Come from Away, Frozen, The Play The Goes Wrong, Hairspray, Mean Girls, and Divas Through Time, Celtic Angels, and Metta Quintet Jazz.
Ongoing Challenges	Inflation: Facility and Audience Preferences	Maintaining all the Arts Center's 45,000sf space in FY26 will cost \$579,631 (up 15.4% - well above inflation). FY26 continues with an ever-changing economic climate and subtle changes in audience use of time and disposable income. Although program and administrative expense controls will be optimized, we are still anticipating \$504,000 in additional program expenses in FY26 – a dramatic 44% increase beyond traditionally normal levels.
Gullah Tourism	Priority Partnerships and Programming for 30 Years	For nearly 30 years, we have proudly celebrated and promoted Gullah culture through impactful initiatives, including educational seminars, co-founding the <i>De Aarts Ob We People</i> exhibit, and producing the consistently popular Voices of Gullah Festival. Our Gullah Virtual Library is widely accessed by educators and the public alike as a trusted cultural resource. 10,706 viewed the Library in FY25; <b>14,890 views since inception in FY22.</b>
Tourism Visitor Attendance	Increase Attendance	Our spaces support hundreds of community arts performances, programs, and activities. The FY25 theater shows experienced higher occupancy rates than did our state and national counterparts. And we will continue to inspire patrons for our FY26 season. FY25 welcomed 60,645 patrons overall, closely aligning with FY24's total of 63,752. Of the 49,375 ATAX eligible attendees, 14,733 (30%) were 50+ miles, and 15,786 (32%) visitors were from mainland Beaufort County for a total of 62% visitors/tourists. In FY25 existing free virtual offerings globally promoting the Arts Center & HHI garnered 1.4 million total views; total YouTube subscribers reached 4.108, a 28% increase.
Visitor Appreciation	Increase Recognition by Visitors	Sustained national and local acclaim as an award-winning professional organization, with honors including Best Live Theater by Best of Bluffton, Lowcountry's Best BroadwayWorld Regional Awards, TripAdvisor's Award of Excellence, and 2025 SCORE South Carolina Non-Profit of the Year Award.
Marketing Website Hits	Increased Usage	Website analytics have indicated continued growth and expansion. <b>Number of users: 133,826;</b> Average Engagement Time: 1m 48s <b>(Up 72%).</b>
Social Media	Increased Followers	The total social media reach is up a staggering 235% to 118,034! Instagram followers increased by 22% from the prior year with a total of 3,631 followers; Facebook followers total 7,867 with our content seen over 363,684 times during FY25; and 17,062 deliverable emails targeted 1,670,656 times by interests/location were sent, up 33.3%, with an impressive 38% open rate.
Online Ticketing	Steady Sales	FY25's online ticket sales of 21,260 remained steady to FY24's 22,480. <b>Tourism tickets (50+ Miles) were 8,072; 34% of all online ticket sales were tourist!</b>



# ARTS CENTER AUTHORIZATION OF THE BOARD OF TRUSTEES

At a meeting of the Arts Center of Coastal Carolina Board of Trustees on August 26, 2024, the following resolution was adopted:

RESOLVED, that the Arts Center of Coastal Carolina apply to The Town of Hilton Head Island, Accommodations Tax Advisory Committee, per TERC Authorized ATAX State Law Section 6-4-10(4)(b) for "1. advertising and promotion of tourism to develop and increase tourist attendance through the generation of publicity; 2. promotion of the arts and cultural events" for the fiscal year beginning September 1, 2025, through August 31, 2026.

Elizabeth B. Mayo, Board Chair)

Date

# ART CENTER OF COASTAL CAROLINA FY2025-2026 PROPOSED EXPENSES BY TYPE

EXPENSES	2025-2026	
Program Expenses:	PROPOSED	%
Theater Total Program*	2,374,390	,,,
Project Expenses	2,158,022	
Marketing Expenses	216,368	
marrowing Expenses	210,000	
Presenting Total Program*	278,002	
Project Expenses	196,667	
Marketing Expenses	81,335	
Visual Arts Total Program	260	
Project Expenses	100	
Marketing Expenses	160	
<u> </u>		
Education Total Program	89,876	
Project Expenses	81,966	
Marketing Expenses	7,910	
Outreach Total Program*	23,277	
Project Expenses	4,835	
Marketing Expenses	18,442	
Rentals Total Program	6,775	
Project Expenses	1,218	
Marketing Expenses	5,557	
Development Total Program	185,880	
Program Expenses	56,110	
Marketing Expenses	129,770	
Administration Total Program	4,195	
Project Expenses	-	
Marketing Expenses	4,195	
Total Program Expenses	2,962,655	51%
Fixed Expenses:	4.005.044	
Salaries	1,825,841	
Taxes	139,430	
Benefits	190,244	
Overhead Expense	723,906	
Total Fixed Expenses	2,879,421	49%
Total Evney	¢ 5040.077	40007
Total Expenses	\$ 5,842,077	100%

<sup>\*</sup>Program Expenses Included in ATAX Grant Request

### ARTS CENTER OF COASTAL CAROLINA STATEMENT OF OPERATIONS

	2025/2026
	PROPOSED
Earned Income:	
Subscriptions	\$ 556,348
Admissions	2,114,219
Group Sales	119,239
Field Trips	9,989
Tuition & Fees	23,690
Food & Beverage Concessions	98,230
Merchandise	29,275
Event Commissions	-
On-Center Patronage	40,000
Venue Rental	54,469
Equipment Rental	5,580
Reimbursed Services	32,965
Rental Subsidies	(2,021)
Ticketing Fee	302,711
Online Ticket Fees	144,498
Other	19,507
Investment Income	174,537
Total Earned Income	3,723,236
Contributed Income:	
Individual	
Annual Giving	582,100
Designated Underwriting	181,000
Sub-total Individual	763,100
Business	
Business Partner	108,900
Sub-total Corporate/Business	108,900
In Kind	
Gifts in Kind	61,429
Media in Kind	
Sub-total In Kind	167,700
Sub-total III Killu	229,129
Foundations	181,500
Government	543,769
Special Events	173,000
Special Major Gifts	155,000
Total Contributed Income	2,154,398
	, - ,
Total Income	\$ 5,877,634
Program Expenses:	
Theater	2,374,390
Presenting	278,002
Visual Arts	260
Education	89,876
Outreach	23,277
Rentals	6,775
Development	185,880
Administration	
Total Program Expenses	4,195 <b>2,962,655</b>
	2,302,033
Fixed Expenses:	
Salaries	1,825,841
Taxes	139,430
Benefits	190,244
Overhead Expense	723,906
Total Fixed Expenses	2,879,421
	_,,,
Total Expenses	\$ 5,842,077
Net Operating Earnings Before Interest	\$ 35,558
Interest	125,890
Net Earnings After Interest	\$ (90,332)
THOLEGITHINGS ALLOI THEFEST	ψ (90,332)

### ARTS CENTER OF COASTAL CAROLINA STATEMENT OF OPERATIONS

	2024/2025
	PROJECTED
Earned Income:	FROSECTED
Subscriptions	\$ 439,468
Admissions	1,610,331
Group Sales	98,091
Field Trips	7,235
Tuition & Fees	15,497
Food & Beverage Concessions	73,802
Merchandise	17,640
Event Commissions	0
On-Center Patronage	26,735
Venue Rental	51,720
Equipment Rental	7,176
Reimbursed Services	31,934
Rental Subsidies	(1,163)
Ticketing Fee	252,351
Online Ticket Fees	-
	139,464
Other	68,205
Investment Income	290,077
Total Earned Income	3,128,563
Contributed Income:	
Individual	
Annual Giving	668,504
Designated Underwriting	49,386
Sub-total Individual	717,890
Sub-total individual	717,890
Business	
Business Partner	68,929
Sub-total Corporate/Business	68,929
Sub-total Corporate/Business	00,929
In Kind	
Gifts in Kind	66,753
Media in Kind	154,127
Sub-total In Kind	220,880
Foundations	241,510
Government	570,819
Special Events	126,725
Special Major Gifts	1,000
Total Contributed Income	1,947,753
Total Income	¢ 5.070.240
Total Income	\$ 5,076,316
Program Expenses:	
Theater	2,069,392
Presenting	189,354
Visual Arts	-
Education	100,040
Outreach	21,146
Rentals	8,089
Development	151,877
Administration	3,334
Total Program Expenses	2,543,232
Fixed Expenses:	4.007.040
Salaries	1,627,349
Taxes	119,659
Benefits	127,532
Overhead Expense	758,840
Total Fixed Expenses	2,633,380
Total Evnances	¢ 5.470.040
Total Expenses	\$ 5,176,612
Net Operating Earnings Before Interest	\$ (100,296)
Interest	139,615
Net Earnings After Interest	\$ (239,911)

# ARTS CENTER OF COASTAL CAROLINA BALANCE SHEET

	2024/2025
	PROJECTED
ASSETS	
CURRENT ASSETS	
Cash and Cash Equivalents	\$720,638
Accounts Receivable	151,081
Inventory	4,801
Prepaid Expenses	119,398
Total Current Assets	\$995,918
FIXED ASSETS	
Land	\$900,000
Buildings	8,923,498
Accumulated Depreciation - Buildings	(6,749,896)
Furniture & Fixtures	137,174
Production Equipment	1,653,711
Office Equipment	558,733
Vehicles	91,841
Facility Improvements	833,551
Machinery & Equipment	72,530
Accumulated Depreciation - All Other	(2,814,396)
Total Fixed Assets	\$3,606,747
	, ,,,,,,
OTHER ASSETS	
Appreciable Gifts	268,700
Total Other Assets	\$268,700
Total Other Added	Ψ200,100
Total Assets	\$4,871,365
	, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,
LIABILITIES / CAPITAL	
LIABILITIES	
Accounts Payable	\$110,920
Taxes Payable	942
Deferred Revenue	606,118
Notes Payable (Line of Credit)	28,242
Notes Payable (Permanent Capital)	543,768
Notes Payable (LIS SPA FIDI Lean)	870,000
Notes Payable (US SBA EIDL Loan)	498,932
Total Liabilities	\$2,658,922
CADITAL	
CAPITAL  Fund Ralance	¢0 040 440
Fund Balance	\$2,212,443
Total Capital	\$2,212,443
Total Liabilities and Conital	¢4 074 205
Total Liabilities and Capital	\$4,871,365
ENDOWMENT	
ENDOWMENT  Total Endowment Cook and Investments	ФО 440 000
Total Endowment Cash and Investments	\$3,119,932
Total Endowment	\$3,119,932

### ARTS CENTER OF COASTAL CAROLINA STATEMENT OF OPERATIONS

	AOTHAI
Earned Income:	ACTUAL
Subscriptions	\$ 433,224
Admissions	1,632,477
Group Sales	121,562
Field Trips	8,845
Tuition & Fees	12,923
Food & Beverage Concessions	83,425
Merchandise	27,981
Event Commissions	-
On-Center Patronage Venue Rental	23,996
Equipment Rental	53,520
Reimbursed Services	7,900 33,425
Rental Subsidies	(3,158)
Ticketing Fee	259,518
Online Ticket Fees	142,470
Other	84,356
Investment Income	83,163
Total Earned Income	3,005,627
	3,000,02
Contributed Income:	
Individual	
Annual Giving	589,138
Designated Underwriting	43,000
Sub-total Individual	632,138
Business	_
Business Partner	02.049
Sub-total Corporate/Business	93,048 93,048
Sub-total Gorporate/Business	33,040
In Kind	
Gifts in Kind	92,811
Media in Kind	172,150
Sub-total In Kind	264,961
Foundations	237,412
Government	553,560
Special Events	111,850
Special Major Gifts	110,102
Total Contributed Income	2,003,071
Total Income	\$ 5,008,698
Program Expenses:	
Theater Proporting	1,977,293
Presenting Visual Arts	257,052
Education	90,797
Outreach	29,530
Rentals	6,040
Development	124,077
Administration	4,850
Total Program Expenses	2,489,639
Fixed Expenses:	
Salaries	1,628,734
Taxes	121,455
Benefits Overhead Expanse	140,813
Overhead Expense	663,165
Total Fixed Expenses	2,554,167
Total Expenses	\$ 5,043,806
Not Operating Formings Defens laters	6 (05.400)
Net Operating Earnings Before Interest	\$ (35,108)
Interest	158,997
Net Earnings After Interest	\$ (194,105)

# ARTS CENTER OF COASTAL CAROLINA BALANCE SHEET

	2023/2024
	ACTUAL
400570	
ASSETS CURRENT ASSETS	
Cash and Cash Equivalents	\$998,702
Accounts Receivable	246,271
Inventory	3,025
Prepaid Expenses	127,243
Total Current Assets	\$1,375,240
FIXED ASSETS	
Land	\$900,000
Buildings	8,923,498
Accumulated Depreciation - Buildings	(6,521,089)
Furniture & Fixtures	137,174
Production Equipment	1,592,628
Office Equipment	558,733
Vehicles	91,841
Facility Improvements	833,551
Machinery & Equipment	72,530
Accumulated Depreciation - All Other	(2,639,489)
Total Fixed Assets	\$3,949,378
OTHER ASSETS	
Appreciable Gifts	268,700
Total Other Assets	\$268,700
Total Assets	\$5,593,318
LIABILITIES / CAPITAL	
LIABILITIES	
Accounts Payable	\$114,991
Taxes Payable	1,504
Deferred Revenue	712,939
Notes Payable (Line of Credit)	0
Notes Payable (Permanent Capital)	610,677
Notes Payable (LMA Operating)	870,000
Notes Payable (US SBA EIDL Loan)	500,000
Total Liabilities	\$2,810,112
0.1717.1	
CAPITAL  Fund Polones	ФО 700 000
Fund Balance	\$2,783,206
Total Capital	\$2,783,206
Total Liabilities and Capital	\$5,593,318
•	, , ,
ENDOWMENT	
ENDOWMENT  Total Endowment Cash and Investments	<b>0.450.500</b>
Total Endowment Cash and Investments  Total Endowment	\$3,153,503 <b>\$3,153,50</b> 3

## ARTS CENTER OF COASTAL CAROLINA STATEMENT OF OPERATIONS

	2022/2023
	ACTUAL
Earned Income:	ACTUAL
Subscriptions	\$ 369,866
Admissions	1,599,492
Group Sales	79,847
Field Trips	2,457
Tuition & Fees	27,389
Food & Beverage Concessions	77,686
Merchandise	27,240
Event Commissions	-
On-Center Patronage Venue Rental	14,550
Equipment Rental	56,530 7,565
Reimbursed Services	37,630
Rental Subsidies	(4,093)
Ticketing Fee	237,417
Online Ticket Fees	131,590
Other	67,236
Investment Income	269,367
Total Earned Income	3,001,769
	2,20.,.00
Contributed Income:	
Individual	
Annual Giving	522,528
Designated Underwriting	17,687
Sub-total Individual	540,215
Business	
Business Partner	77,230
Sub-total Corporate/Business	77,230
In Kind	
Gifts in Kind	117,434
Media in Kind	175,250
Sub-total In Kind	292,684
Cub total III Tana	202,004
Foundations	181,405
Government	544,996
Special Events	150,110
Special Major Gifts	76,903
Total Contributed Income	1,863,543
Total Income	\$ 4,865,312
Total meonic	\$ 4,865,312
Program Expenses:	
Theater	1,959,537
Presenting	185,379
Visual Arts	-
Education	91,964
Outreach	16,190
Rentals	9,203
Development	133,421
Administration  Total Brogram Expanses	5,120 <b>2,400,814</b>
Total Program Expenses	2,400,814
Fixed Expenses:	
Salaries	1,492,488
Taxes	113,568
Benefits	125,616
Overhead Expense	651,784
Total Fixed Expenses	2,383,456
Total Evenence	4
Total Expenses	\$ 4,784,270
Net Operating Earnings Before Interest	\$ 81,042
Interest	134,028
Not Farnings After Interest	\$ \( \( \frac{150}{2} \) 0.000
Net Earnings After Interest	\$ (52,986)

## ARTS CENTER OF COASTAL CAROLINA BALANCE SHEET

	2022/2022
	2022/2023
	ACTUAL
ASSETS CURRENT ASSETS	
Cash and Cash Equivalents	\$1,620,276
Accounts Receivable	276,395
Inventory	550
Prepaid Expenses	91,036
Total Current Assets	\$1,988,257
FIXED ASSETS	
Land	\$900,000
Buildings	8,923,498
Accumulated Depreciation - Buildings	(6,292,281)
Furniture & Fixtures	134,082
Production Equipment	1,587,815
Office Equipment	549,335
Vehicles	91,841
Facility Improvements	599,117
Machinery & Equipment	172,772
Accumulated Depreciation - All Other	(2,457,246)
Total Fixed Assets	\$4,208,933
OTHER ASSETS	
Appreciable Gifts	246,200
Total Other Assets	\$246,200
Total Other Assets	Ψ240,200
Total Assets	\$6,443,390
LIABILITIES / CAPITAL	
LIABILITIES	
Accounts Payable	\$254,915
Taxes Payable	2,303
Deferred Revenue	690,983
Notes Payable (Line of Credit)	0
Notes Payable (Permanent Capital)	678,363
Notes Payable (LMA Operating)	1,000,778
Notes Payable (US SBA EIDL Loan)	500,000
Total Liabilities	\$3,127,342
CAPITAL	
Fund Balance	\$3,316,048
Total Capital	\$3,316,048
Total Liabilities and Capital	\$6,443,390
ENDOWMENT	
Total Endowment Cash and Investments	\$2,744,936
Total Endowment	\$2,744,936

Internal Revenue Service

Department of the Treasury

P. O. Box 2508 Cincinnati, OH 45201

Fax Number:

Date: December 4, 2002

Person to Contact: Ms. Benson #31-07273 Contact Representative Toll Free Telephone Number: \$:00 a.m. to 6:30 p.m. EST 877-829-5500

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

513-263-3756 Federal Identification Number: 57-1035817

Dear Sir.

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

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

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

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

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

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

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

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2108, and 2522 of the Code.

Arts Center of Coastal Carolina 57-1035817

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

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

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

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

This letter affirms your organization's exempt status.

Sincerely

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

Internal Revenue Service

Department of the Treasury

P. O. Box 2508 Cincinnati, OH 45201

Date: December 4, 2002

Person to Contact:

Ms. Benson #31-07273
Contact Representative

Toll Free Telephone Number:

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

Fax Number: 513-263-3756

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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.

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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.

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Arts Center of Coastal Carolina 57-1035817

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

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

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

This letter affirms your organization's exempt status.

Sincerely,

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

John & Fights

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**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047 2023 Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Public Go to www.irs.gov/Form990 for instructions and the latest information. For the 2023 calendar year, or tax year beginning 09/01/23, and ending 08/31/24 D Employer Identification number C Name of organization Check if applicable: Arts Center of Coastal Carolina Address change 57-1035817 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 843-686-3945 14 Shelter Cove Lane Initial return City or town, state or province, country, and ZIP or foreign postal code cinal return/ 5,083,694 Hilton Head Island SC 29928 G Gross receipts \$ Amended return Name and address of principal officer: X No Yes H(a) Is this a group return for subordinates? Application pending Jeffrey S. Reeves H(b) Are all subordinates included? 14 Shelter Cove Lane If "No." attach a list. See instructions SC 29928 Hilton Head Island X 501(c)(3) 501(c) ( 4947(a)(1) or 527 Tax-exempt status WWW.ARTSHHI.COM HR:) Group exemption number III Website: Form of organization: X Corporation Trust Association Year of formation: 1995 M State of legal domicile: Part ! Summary 1 Briefly describe the organization's mission or most significant activities: TO ENRICH AND BENEFIT THE COMMUNITY THROUGH THE ARTS Activities & Governance 2 Check thisrbox | if the organization discontinued its operations orndisposed of more than 25% of its net assets. 14 3 Number of voting members of the governing body (Part VI, line 1a) 13 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 154 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 364 6 Total number of volunteers (estimate if necessary) 23,997 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year 1,884,943 1,716,185 8 Contributions and grants (Part VIII, line 1h) 2,183,976 2,320,437 9 Program service revenue (Part VIII, line 2g) 269,367 83,163 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 697,918 667,504 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,837,032 4,986,461 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 2,250,534 2,461,389 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 2,972,965 3,057,859 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,223,499 5,519,248 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) -386,467 -532,787 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 9,392,690 8,884,175 20 Total assets (Part X, line 16) 2,947,463 ,331,707 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 6,060,983 5,936,712

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

Sign President, CEO Here Jeffrey S. Type or print name and title Print/Type preparer's name Check PTIN Paid P00033247 Patrick P. Carey, Jr., CPA self-employed Preparer Carey & Company 57-0927046 Firm's name Firm's EIN Use Only 70 Main Street, Suite Hilton Head Island, 843-681-4430 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

For Paperwork Reduction Act Notice, see the separate instructions.

Signature Block

Form 990 (2023)

Total program service expenses

Form 990 (2023) Arts Center of Coastal Carolina 57-1035817 Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions X 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes." complete Schedule C. Part I 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, complete Schedule D, Part III X 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 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments

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," X complete Schedule D, Part VI 11a b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b 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 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 X Schedule D, Parts XI and XII 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 13 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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

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

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

If "Yes," complete Schedule G, Part III

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

or in quasi-endowments? If "Yes," complete Schedule D, Part V

X

X

X

X

X

17

19

20a

20b

X

10

15

16

17

18

19

Page 4 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV ..... **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV Х 28c Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and X 19? Note: All Form 990 filers are required to complete Schedule O. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 62 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable **b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and

1c

reportable gaming (gambling) winnings to prize winners?

Pa	irt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ed)			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax											
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	154									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?		2b	X							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule Countries of the second of the secon	o		3b	X							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at		-									
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a		X						
b	If "Yes," enter the name of the foreign country											
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccoun	its (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\dots$			5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transacti	ion?		5b		X						
С	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?											
6a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the											
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	s or										
				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	oods										
				7a								
b				7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was											
	required to file Form 8282?			7c								
d	· · · · · · · · · · · · · · · · · · ·	7d	•	-								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form			7g 7h								
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining donor advised funds. Did a donor advised fund maintained			/11								
0	and a second	•		8								
9	Sponsoring organizations maintaining donor advised funds.											
а	Did the energy examination make any toyable distributions under costion 40662			9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b								
10	Section 501(c)(7) organizations. Enter:											
а		10a										
b		10b										
11	Section 501(c)(12) organizations. Enter:											
а		11a										
b	Gross income from other sources. (Do not net amounts due or paid to other sources											
		11b										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
а	Is the organization licensed to issue qualified health plans in more than one state?			13a								
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which	1										
		13b		4								
С		13c										
14a				14a		X						
_b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerative payment(s) during the year?			45		v						
	excess parachute payment(s) during the year?			15		X						
16	If "Yes," see instructions and file Form 4720, Schedule N.	na		16		х						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in the "Yes," complete Form 4720. Schoolule O.	ncom	er	16		^						
17	If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activity	ies										
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17								
	If "Yes," complete Form 6069.											

Form 990 (2023) Arts Center of Coastal Carolina 57-1035817 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 14 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 ..... 13 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 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? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses 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 Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .... 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed SC 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O) 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.

DAA

SC 29928

14 SHELTER COVE LANE

ACCOUNTING DEPARTMENT/OFFICE

Hilton Head Island

843-686-3945

form 990 (2023) Arts Center of Coastal (	m 990 (2023) 💆	rts Center	of	Coastal	Carolina
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57-1035817

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.

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

<u> </u>		<del>-</del>					<del>-</del>	<u> </u>				
(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			s both an	n	( <b>D</b> )  Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation		
	(list any hours for related organizations below dotted line)	Individual trustee 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) Jeffrey S. Reeve	es											
President, CEO	40.00			x				157,581	0	0		
(2) Opal D. Abbink	0.00			<u> </u>			$\dashv$	137,301	0			
(2) 0 - 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5.00											
Trustee Emerita	0.00	X						0	0	0		
(3) Stephen J. Alfre	ed											
	5.00											
Secretary	0.00	X		X			$\perp$	0	0	0		
(4) Sandra J. Berth												
	5.00							•	•			
Board Member (5) Robert M. Chell	0.00	Х					$\dashv$	0	0	0		
(5) RODELL M. CHELL	5.00											
Board Member	0.00	x						0	0	0		
(6) Becca Edwards							1					
(1,	5.00											
Board Member	0.00	X						0	0	0		
(7) Marc A. Grant												
	5.00											
Treasurer	0.00	X		X			4	0	0	0		
(8) Robert E. Lee	F 00											
	5.00							0	0			
Trustee Emeritus (9) Laura A. Lemenze	0.00	X					$\dashv$	0	0	0		
(9) Laura A. Lemenze	5.00											
Board Member	0.00	x						0	0	0		
(10) Elizabeth B. May		1					1		•			
(,===================================	5.00											
Vice Chairman	0.00	x		x				0	0	0		
(11) William V. McHug												
	5.00											
Immediate Past Chair	0.00	X		X				0	0	0		
										Form 990 (2022)		

Part VII Section A. Officers	s, Directors, Tru	ıstee	s, K	ey E	mpl	loyee	es, a	nd Highest Compensated	I Employees (continued)				
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	ficer a	Pos check ess pe	erson	than contract Highest compensated employee	an ee)	(D)  Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	co	(F) imated of oth compens from toganization	er ation he	•
(12) Victoria H. (12) Board Member	01son 5.00 0.00	x						0	0				0
(13) Leslie B. Ri (13) Board Member	5.00 0.00	x						0	0				0
(14) Michael R. Wa (14) Chairman	5.00 0.00	x		х				0	0				0
(15)													
(16)													
(17)													
(18)													
(19)													
to Total from continuation sheet Total (add lines 1b and 1c) Total number of individuals (in	ets to Part VII, s	Sect imite	ion /	Α		 		157,581 157,581 e) who received more than	\$100,000 of				
reportable compensation from  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 related organization and person listed on line for services rendered to the organization.	ormer officer, dir " complete Schede e 1a, is the sum nizations greater 	recto dule of ro thar	J for eport 1 \$15  com	r suc table 50,00 	con 00? I	dividu npens If "Ye  n fror	satio satio ss," c  m ar	n and other compensation complete Schedule J for surely unrelated organization or	from the ch · individual		3 4 5	Yes	X X
Complete this table for your fi compensation from the organi	ve highest comp									ear.			
	(A) I business address								(B) ion of services		Cor	(C) mpensatio	on
Total number of independent received more than \$100,000								se listed above) who	0	$\dashv$			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (A) (B) Related or exempt (D) Revenue excluded Unrelated Total revenue function revenue from tax under husiness revenue sections 512-514 Gifts, Grants ilar Amounts 1a Federated campaigns ..... 1a **b** Membership dues ..... 1b c Fundraising events ..... 1c 21,650 **d** Related organizations ..... 1d e Government grants (contributions) 553,560 Contributions, and Other Simi **f** All other contributions, gifts, grants, 1,309,733 and similar amounts not included above ...... 1f **g** Noncash contributions included in 264,961 lines 1a-1f ..... 1<u>g</u> 1,884,943 h Total. Add lines 1a-1f. Business Code 2,320,437 2,320,437 Admission Fees Etc. Program Service Revenue f All other program service revenue ..... 2,320,437 g Total. Add lines 2a-2f. 3 Investment income (including dividends, interest, and other similar amounts) 83,163 83,163 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (ii) Personal 91,687 6a Gross rents 6a **b** Less: rental expenses 6b 91,687 c Rental inc. or (loss) **d** Net rental income or (loss) 91,687 91,687 7a Gross amount from (i) Securities (ii) Other sales of assets 7a other than inventory Other Revenue **b** Less: cost or other basis and sales exps. 7с c Gain or (loss) d Net gain or (loss) ..... **8a** Gross income from fundraising events (not including \$ ..... 21,650 of contributions reported on line 1c). See Part IV, line 18 ... 123,302 **b** Less: direct expenses ..... 41,460 81,842 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 ..... 111,406 10a **b** Less: cost of goods sold ...... 55,773 10b 55,633 55,633 c Net income or (loss) from sales of inventory Business Code 231,638 231,638 11a Other Facility Support 143,300 143,300 69,821 69,821 Other Non-Operating Income 23,997 23,997 d All other revenue 468,756 e Total. Add lines 11a-11d ..... 4,986,461 2,995,679 23,997 0 Total revenue. See instructions .

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				X_
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
-	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	157,581	39,395	31,516	86,670
6	Compensation not included above to disqualified	•	<u>,                                    </u>	<u>,                                    </u>	•
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,303,808	1,945,473	187,392	170,943
8	Pension plan accruals and contributions (include	· ·	, , , , , , , , , , , , , , , , , , ,	•	•
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b		1,013		1,013	
С	Accounting	23,746		23,746	
d				_	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O.)	1,513,648	1,379,059	45,828	88,761
12	Advertising and promotion	285,274	273,432	305	11,537
13	Office expenses	77,242	22,071	720	54,451
14	Information technology				
15	Royalties	242,065	242,065		
16	Occupancy	100,604	91,860	4,897	3,847
17	Travel	77,165	76,335	733	97
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	158,997	134,420	9,730	14,847
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	411,051	375,325	20,009	15,717
23	Insurance	167,054	152,534	8,132	6,388
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а					
b					
С					
d					
е					
25	Total functional expenses. Add lines 1 through 24e	5,519,248	4,731,969	334,021	453,258
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				

Part X Balance Sheet

	Check if Schedule O contains a response or no			(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing			1,601,337	1	978,162
2				58,017	2	21,878
3	3			253,139	3	200,759
	A			23,256	4	45,512
5				25,250	4	13,312
3						
	trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe				5	
6			o defined		3	
	under section 4958(f)(1)), and persons described in				6	
7					7	
	Invested to the selection of			550		3,025
`   °				91,036	8	127,243
9	3			91,030	9	12/,213
10	a Land, buildings, and equipment: cost or other	40-	12 100 056			
Ι.	basis. Complete Part VI of Schedule D		13,109,956 9,160,578	4 200 022	40	2 040 279
	Less: accumulated depreciation			4,208,933	10c	3,949,378
11				2,705,858	11	3,152,166
12					12	
13	, ,				13	
14	•			450 564	14	406 056
15				450,564	15	406,052
16				9,392,690	16	8,884,175
17		247,254	17	103,866		
18		600 000	18	E10 000		
19				690,983	19	712,939
20					20	
21	Escrow or custodial account liability. Complete Part I'				21	
g   22	, ,					
	trustee, key employee, creator or founder, substantia	I contribut	or, or 35%			
<u> </u>	controlled entity or family member of any of these pe				22	
23	Secured mortgages and notes payable to unrelated t			1,679,141	23	1,480,677
24	Unsecured notes and loans payable to unrelated third	d parties .		500,000	24	500,000
25	Other liabilities (including federal income tax, payable	s to relate	ed third			
	parties, and other liabilities not included on lines 17-2	4). Comp	ete Part X			
	of Schedule D			214,329	25	149,981
26	3			3,331,707	26	2,947,463
	Organizations that follow FASB ASC 958, check h	ere X				
g	and complete lines 27, 28, 32, and 33.					
27 28	Net assets without donor restrictions			3,316,047	27	2,783,208
28	Net assets with donor restrictions			2,744,936	28	3,153,504
2	Organizations that do not follow FASB ASC 958, or	check he	е 🗌			
	and complete lines 29 through 33.		_			
29	Capital stock or trust principal, or current funds				29	
ខ្លី   30	Paid-in or capital surplus, or land, building, or equipm				30	
29 30 31	Retained earnings, endowment, accumulated income	, or other	funds		31	
32	Total and annate on frond belonged			6,060,983	32	5,936,712
33				9,392,690	33	8,884,175

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Ш
1	Total revenue (must equal Part VIII, column (A), line 12)		4,98		
2	Total expenses (must equal Part IX, column (A), line 25)		<b>5,</b> 5		
3	Revenue less expenses. Subtract line 2 from line 1			32,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		6,0		
5	Net unrealized gains (losses) on investments		4	08,	516
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)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B)) 10		5 <b>,</b> 9:	36,	712
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	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.				
	X 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				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		

Form **990** (2023)

#### SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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.

20047

Employer identification number

Open to Public Inspection

Arts Center of Coastal Carolina 57-1035817

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

The	ne organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E (Forn	n 990).)					
3		A hospital or	a cooperative hospital servi-	ce organization described in se	ection 170	(b)(1)(A)	(iii).			
4		A medical re	search organization operated	d in conjunction with a hospital	described	in <b>sectio</b>	on 170(b)(1)(A)(iii). Enter the h	nospital's name,		
		city, and stat	e.							
5		An organizati		of a college or university owned						
			(b)(1)(A)(iv). (Complete Part		·	, ,				
6		A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>								
7				substantial part of its support fro			· · ·			
		described in	section 170(b)(1)(A)(vi). (C	omplete Part II.)			3 1			
8	Н	-		<b>170(b)(1)(A)(vi).</b> (Complete Part	,					
9		_	_	cribed in section 170(b)(1)(A)(				ge		
			or a non-land-grant college o	of agriculture (see instructions).	Enter the	name, ci	ty, and state of the college or			
	₩	university:								
10	X	-		) more than 33 1/3% of its support functions, subject to cortain				OSS		
		•		pt functions, subject to certain of unrelated business taxable in		. ,				
			S .	0, 1975. See section 509(a)(2)	,		•			
11			•	exclusively to test for public safe			•			
12	П	•	•	exclusively for the benefit of, to	•			ses of		
	ш	•		ions described in section 509(a	•					
		the box on lin	nes 12a through 12d that des	scribes the type of supporting o	rganization	n and cor	mplete lines 12e, 12f, and 12g.			
	а	Type I. A	supporting organization ope	erated, supervised, or controlled	d by its su	pported o	organization(s), typically by givi	ng		
		the suppo	orted organization(s) the pow	er to regularly appoint or elect	a majority	of the di	rectors or trustees of the			
		supportin	g organization. You must c	omplete Part IV, Sections A a	nd B.					
	b			pervised or controlled in connec			. , , ,			
			•	ting organization vested in the	same pers	sons that	control or manage the support	ed		
			•	Part IV, Sections A and C.						
	С			supporting organization operated structions). You must complete				rith,		
	d	Type III	non-functionally integrated	I. A supporting organization ope	erated in o	connection	n with its supported organization	on(s)		
		that is no	ot functionally integrated. The	e organization generally must sa	atisfy a dis	stribution	requirement and an attentiven	ess		
		requireme	ent (see instructions). You r	nust complete Part IV, Section	ns A and	D, and P	art V.			
	е			eived a written determination fro			s a Type I, Type II, Type III			
	,		, , ,,	n-functionally integrated suppor	ting organ	nization.				
	f		mber of supported organization							
	g		<u> </u>	ne supported organization(s).	Tax		I	I		
(i		ne of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–10	1 ' '	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see		
	Oi	gariization		above (see instructions))		ment?	instructions)	instructions)		
					Yes	No	1			
(A)										
` '										
(B)										
(-)										
(C)										
(0)										
(D)										
(-)										
(E)					1					
( <del>-</del> )										
Tota	1									
- Jul	·-		n Ant Notice and the Instruct	iono for Form 000 or 000 F7			!	Sahadula A (Farm 000) 2022		

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 ..... The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (f) Total (e) 2023 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on ..... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ..... **Total support.** Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2022 Schedule A, Part II, line 14 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain

in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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

instructions Schedule A (Form 990) 2023

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

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

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

Sec	tion A. Public Support	900000	<u> </u>	, p. ca. c c		/		
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,698,404	2,941,118	1,526,062	1,716,185	1,887,290	9,769,059	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,027,193	794,448	1,791,591	2,183,976	2,320,437	8,117,645	
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	2,725,597	3,735,566	3,317,653	3,900,161	4,207,727	17,886,704	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					93,962	93,962	
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					93,962	93,962	
8	Public support. (Subtract line 7c from							
Sec	tion B. Total Support						17,792,742	
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total	
9	Amounts from line 6	2,725,597	3,735,566	3,317,653	3,900,161	4,207,727	17,886,704	
10a	Gross income from interest, dividends,		27.007000	5,627,666	3,500,202	1,201,121		
IVa	payments received on securities loans, rents, royalties, and income from similar sources	219,523	129,645	29,286	269,367	83,163	730,984	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b	219,523	129,645	29,286	269,367	83,163	730,984	
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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	2,945,120	3,865,211	3,346,939	4,169,528	4,290,890	18,617,688	
14	First 5 years. If the Form 990 is for the o						10,017,000	
• •	organization, check this box and <b>stop her</b>							
Sec	tion C. Computation of Public S	upport Percent	age					
15	Public support percentage for 2023 (line 8			nn (f))		15	95.57 %	
<u>16</u>	Public support percentage from 2022 Scho						96.47 %	
Sec	tion D. Computation of Investme							
17	17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))						4 %	
18	Investment income percentage from 2022						4 %	
19a	<b>33 1/3% support tests</b> — <b>2023.</b> If the org						X	
	17 is not more than 33 1/3%, check this b		=				<b></b>	
b	33 1/3% support tests — 2022. If the org							
20	line 18 is not more than 33 1/3%, check the	•	ŭ			· ·		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

#### Part IV Supporting Organizations

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

	Yes	No
1		
•		
2		
3a		
3b		
Зс		
4-		
<u>4a</u>		
4b		
4c		
5a		
5b	+	
5c		
6		
7		
8		
<u> </u>		
9a		
9b		
9с		
30		
10a		
10b Schedule	A (Form 9	990) 2023

	t IV Supporting Organizations (continued)  Arts Center of Coastal Carolina 57-103581	7		Page 5
ı aı	Supporting Organizations (continued)	Т	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			110
а	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		
С	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,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	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			
	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			
			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			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	_		
3	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions,	١.		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	uctions)		
2	Activities Test. Answer lines 2a and 2b below.	$\overline{}$	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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.	20		
ა a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	/. 20, 1	1970 (explain in Part VI). <b>S</b>	ee
	instructions. All other Type III non-functionally integrated supporting organizations must	t comp	lete Sections A through E.	
Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year
	A - Aujusteu Net Income		(A) I Hoi Teal	(optional)
1 Ne	et short-term capital gain	1		
<b>2</b> Re	ecoveries of prior-year distributions	2		
<b>3</b> Ot	ther gross income (see instructions)	3		
<b>4</b> Ac	dd lines 1 through 3.	4		
<b>5</b> De	epreciation and depletion	5		
<b>6</b> Pc	ortion of operating expenses paid or incurred for production or collection			
of	gross income or for management, conservation, or maintenance of			
pre	operty held for production of income (see instructions)	6		
<b>7</b> Ot	ther expenses (see instructions)	7		
8 Ac	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section	B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Ag	ggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
a Av	verage monthly value of securities	1a		
<b>b</b> Av	verage monthly cash balances	1b		
<b>c</b> Fa	air market value of other non-exempt-use assets	1c		
d To	otal (add lines 1a, 1b, and 1c)	1d		
e Di	iscount claimed for blockage or other factors			
(e:	xplain in detail in Part VI):			
<b>2</b> Ac	equisition indebtedness applicable to non-exempt-use assets	2		
<b>3</b> St	ubtract line 2 from line 1d.	3		
4 Ca	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
se	ee instructions).	4		
5 Ne	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
<b>6</b> Mu	ultiply line 5 by 0.035.	6		
<b>7</b> Re	ecoveries of prior-year distributions	7		
8 Mi	inimum Asset Amount (add line 7 to line 6)	8		
Section	C – Distributable Amount			Current Year
1 Ac	djusted net income for prior year (from Section A, line 8, column A)	1		
<b>2</b> Er	nter 0.85 of line 1.	2		
<b>3</b> Mi	inimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Er	nter greater of line 2 or line 3.	4		
<b>5</b> Inc	come tax imposed in prior year	5		
6 Di	stributable Amount. Subtract line 5 from line 4, unless subject to			
en	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated	Type II	I supporting organization	

Schedule A (Form 990) 2023

(see instructions).

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

Schedule A (Form 990) 2023

Page **7** 

Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 **c** From 2020 .... **d** From 2021 **e** From 2022 f Total of lines 3a through 3e **g** Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. 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 (Form 990) 2023

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

DAA Schedule A (Form 990) 2023

## Schedule B (Form 990)

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

Arts Center of Coastal Carolina

Attach to Form 990, 990-EZ, or 990-PF.

Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.

Employer identification number

57-1035817

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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					
	overed by the <b>General Rule</b> or a <b>Special Rule</b> . , (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
General Rule						
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a tributions.					
Special Rules						
regulations under secti 16b, and that received	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contributor, during the literary, or educational	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
contributor, during the contributions totaled m during the year for an <b>General Rule</b> applies	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).						

Name of organization

Employer identification number

Arts	Arts Center of Coastal Carolina 57-1035817						
Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is n	eeded.				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
1		\$ 440,000	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
2		\$ 136,450	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		\$ 172,113	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
<b>.4</b>	·	\$ 93,560	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
5		\$ 50,000	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
6		\$ 85,102	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.

2023
Open to Public

Inspection

Name of the organization Employer identification number Arts Center of Coastal Carolina 57-1035817 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year ..... Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year \_\_\_\_\_ | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements ..... 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included on line 2a 2c d Number of conservation easements included on line 2c 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 2d 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Part III 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 .....

Gompioto ii tilo organizatio		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		o,
Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
	(investment)	(other)	depreciation	
1a Land		900,000		900,000
<b>b</b> Buildings		9,757,050	6,949,725	2,807,325
c Leasehold improvements				
d Equipment		2,452,906	2,210,853	242,053
e Other				
otal. Add lines 1a through 1e. (Column (d) mus	3,949,378			

Schedule D (Form 990) 2023

JCHCGGIC D (I	3111 930) 2023 111 CB CC11CC1 C1 CCGBCG	T CGI OIIIG	57 ±0550±7	i agc (
Part VII	Investments – Other Securities	Form 000 Dort IV lin	o 11h Coo Form 000 F	Oart V. line 10
	Complete if the organization answered "Yes" on a large street of the organization answered "Yes" on large street or category	(b) Book value	(c) Method o	
	(including name of security)		Cost or end-of-year	
(1) Financial	derivatives			
(2) Closely he	ld equity interests			
(2) Other				
(F)				
(G) (H)				
	n (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments – Program Related			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11c. See Form 990, F	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method o	
			Cost or end-of-year	ar market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
	n (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets	1		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, F	Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, line 15, col. (B))			
Part X	Other Liabilities			
	Complete if the organization answered "Yes" on	Form 990, Part IV, lin	e 11e or 11f. See Form	990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
· /	ncome taxes			
	ting Lease Liabilities			137,352
· /	ed Wages and Benefits			12,629
(4)				
(5)				
(6)				
(8)				
(9)				

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	Operating Lease Liabilities	137,352
(3)	Accrued Wages and Benefits	12,629
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Tota	I. (Column (b) must equal Form 990, Part X, line 25, col. (B))	149,981

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2023 Arts Center of Coastal Carolina Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 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: a Net unrealized gains (losses) on investments **b** Donated services and use of facilities \_\_\_\_\_\_ 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 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 **b** Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Fo	orm 990) 2023	Arts	Center	of	Coastal	Carolina	57-1035817	Page <b>5</b>
Part XIII	Supplement	al Info	rmation (co	ntinue	ed)	Carolina		
1 0.1 0 7 1.11	Сирричини							
							• • • • • • • • • • • • • • • • • • • •	
							• • • • • • • • • • • • • • • • • • • •	

## SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Name of the organization Employer identification number Arts Center of Coastal Carolina 57-1035817 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events C In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col. (i) Yes No 1 3 6 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Arts Center of Coastal Carolina Schedule G (Form 990) 2023 57-1035817 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Special Benefit We Got The Beat None (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 139,902 144,952 1 Gross receipts 5,050 2 Less: Contributions .... 20,900 750 21,650 **3** Gross income (line 1 minus 4,300 123,302 119,002 line 2) 4 Cash prizes ..... 5 Noncash prizes ..... 6 Rent/facility costs ..... Direct Expenses 7 Food and beverages 8 Entertainment ...... 39,572 1,888 41,460 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) ..... Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes ..... Expenses 3 Noncash prizes ..... Direct 4 Rent/facility costs ..... **5** Other direct expenses 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sche	edule G (Form 990) 2023	Arts	Center	of	Coastal	Carolina	57-1035817		Page 3
11									Yes No
12	Is the organization a grantor								
	formed to administer charita	able gamin	ıg?						Yes No
13	Indicate the percentage of g								
а	The organization's facility							13a	%_
b	An outside facility							13b	%
14	Enter the name and address	s of the pe	erson who prep	ares t	he organization's	s gaming/special event	s books and		
	records:								
	Name								
	Address								
15a	Does the organization have	a contract	t with a third pa	arty fro	m whom the org	ganization receives gar	ming		
	revenue?								☐ Yes ☐ No
b	If "Yes," enter the amount o						and the		
	amount of gaming revenue			y	\$				
С	If "Yes," enter name and ad	dress of tr	ne third party:						
	Nama								
	Name								
	Address								
	/ tddi 000								
16	Gaming manager information	n:							
	J 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
	Name								
	Gaming manager compensation	ation \$							
	Description of services prov	rided							
				_	7				
	Director/officer	∐ Em	nployee	L	Independent	contractor			
	NA LA PARENCE								
17	Mandatory distributions:			-1	a la La codita della codita con	form the manifest was	d (-		
а	Is the organization required								□ Vaa □ Na
b	Enter the amount of distribu	tions room	irod under state			to other exempt erger			Yes No
b	spent in the organization's of					to other exempt organ	iizations oi		
Pa						ns required by Par	t I, line 2b, columns (iii)	and (v	): and
					•		ovide any additional info	• •	•
	See instruction			,	,		,		

#### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

#### **Compensation Information**

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Arts Center of Coastal Carolina

57-1035817

Employer identification number

P	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
		2		
	1a?	_		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b		4b		х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
Ĭ	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	The second drift of most the persons and previous the approach amounter to each normal and most the second and			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		х
	Any related organization?	5b		х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
a	The organization?	6a		х
ŀ	Any related organization?	6b		х
	If "Yes" on line 6a or 6b, describe in Part III.			
7				
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	i	I

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

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

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

		(B) Breakdown of W-2	2 and/or 1099-MISC and/or	1099-NEC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation		other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990	
Jeffrey S. Reeves	(i)	157,581	С	) (	0	0	0	157,581	0	
1 President, CEO	(ii)	0	C	) (	0	0	0	0	0	
	(i)									
2	(ii)									
	(i)									
3	(ii)									
	(i)									
4	(ii)									
	(i)									
5	(ii)									
	(i)								_	
6	(ii)	• • • • • • • • • • • • • • • • • • • •			Τ					
	(i)	_								
7	(ii)	•			T					
	(i)									
8	(ii)	•			1					
	(i)									
9	(ii)	•			T					
	(i)									
10	(ii)	•			1					
	(i)				T					
11	(ii)	•			1					
	(i)									
12	(ii)	•			1					
	(i)									
13	(ii)	•			1					
	(i)				T					
14	(ii)	•			1					
	(i)				T					
15	(ii)	•			+ .					
	(i)				T					
16	(ii)	•			+ -					
10	٠, ,		<u> </u>	1						

Schedule J (Form 990) 2023

#### SCHEDULE M (Form 990)

#### **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

OMB No. 1545-0047

**Open To Public** Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Arts Center of Coastal Carolina 57-1035817 Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art — Works of art ..... 1 Art — Historical treasures ...... 2 Art — Fractional interests ..... 3 Books and publications ..... 4 5 Clothing and household goods Cars and other vehicles ..... 6 7 Boats and planes ..... Intellectual property ..... 8 Securities — Publicly traded ...... 9 Securities — Closely held stock 10 Securities — Partnership, LLC, 11 or trust interests ..... Securities — Miscellaneous ..... 12 13 Qualified conservation contribution — Historic structures Qualified conservation 14 contribution — Other ..... Real estate — Residential ..... 15 Real estate — Commercial ..... 16 Real estate — Other ..... 17 Collectibles 18 Food inventory ..... 19 Drugs and medical supplies ..... 20 Taxidermy 21 Historical artifacts ..... 22 Scientific specimens 23 Archeological artifacts ..... 24 264,961 25 X 26 Other (\_\_\_\_\_) 27 Other (\_\_\_\_\_\_) 28 Other ( 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X **b** If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard Х 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a X 32a If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Schedule M (Fo	rm 990) 2023 <b>Arts</b>	s Center of	Coastal	Carolina	57-1035817	Page <b>2</b>
Part II	Sunnlemental	Information Provide	de the informa	ation required by I	Part I, lines 30b, 32b, and 33,	and whether
i ait ii	duppicincinai	inionnation: 1 lovid		allon required by i	art i, iiros sob, szb, ara ss,	and whether
	the organization	i is reporting in Part	i, column (b)	), the number of d	contributions, the number of ite	ems received,
	or a combinatio	n of both. Also com	plete this par	t for any additiona	al information.	
	or a combinatio		pioto tino pai	t for any additions	ar imorridation.	

## 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

Open to Public

Inspection

Schedule O (Form 990) 2023

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

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

Name of the organization Employer identification number Arts Center of Coastal Carolina 57-1035817 Form 990, Part VI, Line 7a - Election of Members and Their Rights THE CURRENT BOARD OF DIRECTORS ELECTS THE NEXT INCOMING BOARD. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 THE TAX RETURN IS REVIEWED BY BOTH MANAGEMENT AND THE ORGANIZATION'S TREASURER PRIOR TO BEING FILED. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy THE ORGANIZATION CONSISTENTLY HAS DISCUSSIONS WITH THEIR OFFICERS AND BOARD OF DIRECTORS REGARDING THE POLICY. Form 990, Part VI, Line 15a - Compensation Process for Top Official THE PRESIDENT/CEO IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS AND COMPENSATION IS BASED ACCORDINGLY. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation INFORMATION IS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST. Form 990, Part IX, Line 11g - Other Fees for Services Description Tot/Prog Service Mgt & General Fundraising Payroll Taxes and Benefits 362,416 30,129 Maintenance 228,955 12,206 9,588

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

#### **Filing Instructions**

#### **Arts Center of Coastal Carolina**

#### **Exempt Organization Business Tax Return**

#### Taxable Year Ended August 31, 2024

**Date Due:** July 15, 2025

**Remittance:** None is required. Your Form 990-T for the tax year ended 8/31/24 shows no

balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return

electronically. Form 8879-TE, IRS e-file Signature Authorization for an Exempt

Organization should be signed and dated by an authorized officer of the

organization and returned to:

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

Important: Your return will not be filed with the IRS until the signed Form

8879-TE has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be

mailed. If you Mail a paper copy of your return to the IRS it will delay the

processing of your return.

Form **990-T** 

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) For calendar year 2023 or other tax year beginning 09/01/23, and ending 08/31/24

OMB No. 1545-0047

Dep	artment of the Treasury	Go to www.irs.gov/Form990T for instructions and the latest information	•		Open to Public Inspection for 501(c)(3)
Inter	nal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization	is a 501(	c)(3).	Organizations Only
Α	Check box if address changed.	Name of organization ( Check box if name changed and see instructions.)	D Emp	oloyer iden	tification number
В	Exempt under section	Print Arts Center of Coastal Carolina	57	-103	5817
	X 501( C)( 3)	Number, street, and room or suite no. If a P.O. box, see instructions.	E Grou	up exempt	ion number
	408(e) 220(e)	Type 14 Shelter Cove Lane	(see	instruction	s)
	= " = "	City or town, state or province, country, and ZIP or foreign postal code	7		
	408A 530(a)	Hilton Head Island SC 29928	F	Checl	k box if
	529(a) 529A	C Book value of all assets at end of year 8,884,175	7 -	an an	nended return.
G	Check organization type			State	college/university
	0 /1	6417(d)(1)(A) Applicable entity		-	,
Н	Check if filing only to cla		e paymer	nt amoun	nt from Form 3800
		anization filing a consolidated return with a 501(c)(2) titleholding corporation			
		iched Schedules A (Form 990-T)			
		the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group			
		and identifying number of the parent corporation			······ — —
<u> </u>	The books are in care of	ACCOUNTING DEPARTMENT/OFF Tele	ohone nu	mber	843-686-3945
P		related Business Taxable Income			
1	Total of unrelated bus	iness taxable income computed from all unrelated trades or businesses (see instruction	ns)	1	0
2	Reserved			. 2	
3	Add lines 1 and 2			. 3	
4	Charitable contribution	s (see instructions for limitation rules)		. 4	
5		ss taxable income before net operating losses. Subtract line 4 from line 3			
6	Deduction for net oper	rating loss. See instructions		. 6	0
7	Total of unrelated business	iness taxable income before specific deduction and section 199A deduction.			
	Subtract line 6 from lin				0
8		nerally \$1,000, but see instructions for exceptions)			1,000
9	Trusts. Section 199A	deduction. See instructions		. 9	
10	Total deductions. Ad	d lines 8 and 9		. 10	1,000
<u>11</u>	Unrelated business t	axable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	)	11	0
P	art II Tax Com				
1		e as corporations. Multiply Part I, line 11 by 21% (0.21)		1	0
2	ſ	st rates. See instructions for tax computation. Income tax on the amount on			
	Part I, line 11 from:	<b>─</b>		2	0
3	Proxy tax. See instruc	ctions		. 3	
4	Other tax amounts. Se	ee instructions		4	
5	Alternative minimum to			5	
6	Tax on noncomplian	t facility income. See instructions		6	0
<u></u>		ough 6 to line 1 or 2, whichever applies		7	0
		Payments			
1a		porations attach Form 1118; trusts attach Form 1116) 1a			
b					
C C		,			
d		,		4-	
e 2	Subtract line 45 from 5	es 1a through 1d			
2		Part II, line 7		2	
3a h					
b	Amount due from For				
c d	Amount due from For				
	Other amounts due /s				
e f	Total amounts due (S	/		3f	
4	Total tay Add lines 2	and 3f (see instructions). Check if includes tax previously deferred under		31	
-				4	0
_	Compat act OCF too lie	tax amount here		+ -	

Form	990-T(2023) Arts Center of Coastal Carolina	57-10358	17			Р	age 2
Pai	rt III Tax and Payments (continued)	F 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	-	1		
6a	Payments: Preceding year's overpayment credited to the current year	6a 1 1		77.5T			
	Current year's estimated tax payments. Check if section 643(g) electionee						
7. 11	applies ee ee	6b		е			
	Tax deposited with Form 8868 ee	6c		200			
	Foreign organizations: Tax paid or withheld at source (see instructions)	6d					
	Backup withholding (see instructions)						
	Credit for small employer health insurance premiums (attach Form 8941)	6f					
	Elective payment election amount from Form 3800						
h	Payment from Form 2439	e 6h		X-1			
	Credit from Form 4136 ee ee e e			е			
j	Other (see instructions) eee ee ee						
	Total payments. Add lines 6a through 6j		е_	7			
8	Estimated taxepenalty (see instructions). Check if Form 2220 is attached			8			
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		е	9			0
10	Overpayment, If line 7 is larger than the total of lines 4, 5, and 8, enter amount overp			10			
	Enter the amount of line 10 you want: Credited to 2024 estimated tax		efunded	11			
Pai	t IV Statements Regarding Certain Activities and Other Infor	mation (see instruc	tions)				
1	At any time during the 2023 calendar year, did the organization have an interest in or					Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	organization may have	to file				N. II
K.S.	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	e name of the foreign c	ountry			200	
	here						X
2	During the tax year, did the organization receive a distribution from, or was it the gran	ntor of, or transferor to,	a foreign tru	ust?			X
	If "Yes," see instructions for other forms the organization may have to file.				l l	D.A.	
3	Enter the amount of tax-exempt interest received or accrued during the tax year	A	\$	ee			
	Enter available pre-2018 NOL carryovers here \$e Do no		NOL carry	over	Lifetic Sylvenson 1 1	1	New York
10]	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	any deduction reported	on			(2)	63
	Part I, line 6.					37530	UBS 317
						12.232.41	40000
	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-201	NOL carryovers. Don'	t reduce			The La	
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo	· · ·					
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017	· · ·	uctions.	over	_		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo  Business Activity Code	r the tax year. See instr	uctions. NOL carryo				
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo  Business Activity Code  \$ \$	r the tax year. See instr Available post-2017	NOL carry	anerstrandar.			
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo  Business Activity Code  \$ \$	r the tax year. See instr Available post-2017	NOL carry	anerstrandar.			
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo  Business Activity Code  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	r the tax year. See instr Available post-2017	NOL carry	anerstrandar.			
5 6a	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo  Business Activity Code  \$ \$ \$ \$ Reserved for future use	r the tax year. See instr Available post-2017	uctions. NOL carryo	e			
5 6a b	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo  Business Activity Code  \$ \$ \$ \$ \$ Reserved for future use  Reserved for future use	r the tax year. See instr Available post-2017	uctions. NOL carryo	e			
5 6a	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo  Business Activity Code  \$ \$ \$ \$ \$ Reserved for future use  Reserved for future use	r the tax year. See instr Available post-2017	uctions. NOL carryo	e			
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6a b Pat Provid	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo  Business Activity Code  \$  Reserved for future use  Reserved for future use  Reserved for future use  any additional information. See instructions.  Under penalties of perjury, I declare that I have examined this return, including accompany belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based by the partick P. Carey, Jr., CPA  Print/Type preparer's name  Patrick P. Carey, Jr., CPA  Patrick P. Carey, Jr., CPA  Patrick P. Carey, Jr.	r the tax year. See instr Available post-2017	ents, and to t	he best of my has any know with t (see	/ knowledge. the IRS discrete preparer instructions)  X Yes	shown b	return pelow
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6a b Pat Provid	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code  S S S Reserved for future use Re	r the tax year. See instr Available post-2017	ents, and to t	he best of my has any know May with the (see	/ knowledge. the IRS discithe preparer instructions)  X Yes	shown b	return pelow
6a b Pat Provid	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo  Business Activity Code  \$ \$  Reserved for future use  Reserved for future use  Reserved for future use  TV Supplemental Information  Idea any additional information. See instructions.  Under penalties of perjury, I declare that I have examined this return, including accompany belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based by the propagation of preparer (other than taxpayer) is based by the partick P. Carey, Jr., CPA  Print/Type preparer's name  Patrick P. Carey, Jr., CPA  Patrick P. Carey, Jr., CPA  Firm's name  Carey & Company P.A.  Firm's address	r the tax year. See instr Available post-2017	ents, and to t	he best of my has any know May with the (see	the IRS discretions)    X   Ye	shown b	neturn pelow No

#### **SCHEDULE A** (Form 990-T)

#### **Unrelated Business Taxable Income** From an Unrelated Trade or Business

(B) Expenses

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Part I

2

**E** Describe the unrelated trade or business

4a Capital gain net income (attach Sch D (Form 1041 or

1a Gross receipts or sales **b** Less returns and allowances

**Unrelated Trade or Business Income** 

Cost of goods sold (Part III, line 8)

Gross profit. Subtract line 2 from line 1c

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

(C) Net

A Name of the organization B Employer identification number Arts Center of Coastal Carolina 57-1035817 711110 **1** of C Unrelated business activity code (see instructions) D Sequence:

Unrelated Business Activity

2

(A) Income

	Form 1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See						
	instructions	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement) See Stmt 1	12	2	3,997			23,997
13	Total. Combine lines 3 through 12	13	2	3,997			23,997
Pá	art II Deductions Not Taken Elsewhere See instructions	for limitation	ons on (	deductions.	Deduction	ons must l	be
	directly connected with the unrelated business income	9					
1	Compensation of officers, directors, and trustees (Part X)					1	
2	Salaries and wages					2	
3	Repairs and maintenance					3	
4	Bad debts					4	
5	Interest (attach statement). See instructions					5	
6	Taxes and licenses					6	
7	Depreciation (attach Form 4562). See instructions		🗀				
8	Less depreciation claimed in Part III and elsewhere on return		8	a		8b	0
9	Depletion					9	
10	Contributions to deferred compensation plans					10	
11	Employee benefit programs					11	
12	Excess exempt expenses (Part VIII)					12	
13	Excess readership costs (Part IX)					13	
14	Other deductions (attach statement)		see s	tatemer	ıt 2	14	23,997
15	Total deductions. Add lines 1 through 14					15	23,997
16	Unrelated business income before net operating loss deduction. Subtract line	15 from Pa	art I, line 1	3,			
	column (C)					16	
17	Deduction for net operating loss. See instructions					17	
18	Unrelated business taxable income. Subtract line 17 from line 16					18	0
Ear	Denominals Deduction Act Notice are instructions				C.	hadula A /I	000 T\ 2022

Schedule A (Form 990-T) 2023

	/28/2025 4:03 PM dule A (Form 990-T) 2023 <b>Arts   Cen</b> t	er of	Coastal	Carolina	57-10358	317		Page 2
Par	t III Cost of Goods Sold			nventory valuation				
1	Inventory at beginning of year					1		
2	Purchases					2		
3	Cost of labor					3		
4	Additional section 263A costs (attach statemer	nt)				4		
5	Other costs (attach statement)					5		
6	Total. Add lines 1 through 5					6		
7	Inventory at end of year					7		
8	Cost of goods sold. Subtract line 7 from line 6	6. Enter here	and in Part I, li	ne 2		8		
9	Do the rules of section 263A (with respect to p						Yes	No
Par	t IV Rent Income (From Real Pro	operty and	l Personal I	Property Leased	d with Real Prope	rty)		
1	Description of property (property street address	s, city, state, 2	ZIP code). Che	ck if a dual-use. See	e instructions.			
	A 🔲							
	В 📗							
	c							
	D							
		<i>I</i>	4	В	С		D	
2	Rent received or accrued							
а	From personal property (if the percentage of							
	rent for personal property is more than 10%							
	but not more than 50%)							
h	From real and personal property (if the							
~	percentage of rent for personal property exceeds							
	50% or if the rent is based on profit or income)							
_	Total rents received or accrued by property.		+					
C								
	Add lines 2a and 2b, columns A through D							
3	Total rents received or accrued. Add line 2c, co	olumns A thro	ugh D. Enter h	ere and on Part I, lin	ne 6, column (A)	<u> </u>		
4	Deductions directly connected with the income							
•	in lines 2a and 2b (attach statement)							
			I					
5	Total deductions. Add line 4, columns A throu	ugh D. Enter h	nere and on Pa	rt I, line 6, column (E	3)	<u> </u>		
Par	t V Unrelated Debt-Financed In	come (see	instructions	s)				
1	Description of debt-financed property (street ac			•	e. See instructions.			
	A		,					
	вП							
	с П							
	p H							
	- 🗆	Δ.		В	С		D	
2	Gross income from or allocable to debt-financed	_						
_								
3	property							
3	to debt-financed property							
_								
	Straight line depreciation (attach statement)		+					
	Other deductions (attach statement)							
С	Total deductions (add lines 3a and 3b,							
	columns A through D)							
4	Amount of average acquisition debt on or allocable							
_	to debt-financed property (attach statement)							
5	Average adjusted basis of or allocable to debt-	1						
	financed property (attach statement)							
6	Divide line 4 by line 5		%		%	%		%
7	Gross income reportable. Multiply line 2 by line 6							
8	Total gross income (add line 7, columns A the	rough D). Ent	er here and on	Part I, line 7, columi	n (A)			
9			1 2 2.3.3 311	,	· /	····· <u> </u>		
	Allocable deductions. Multiply line 3c by line 6							
ın	Total allocable deductions Add line 0 column	anc A through	D Entor horo	and an Dart I line 7	column (P)			

11

Total dividends — received deductions included in line 10

Schedule A (Fo	rm 990-T) 2023	Arts Ce	enter of	Coa	astal	Carol:	in	a	57	-10358	17	Page 3	
Part VI			alties, and						tions	(see instru	ctions)		
								Exempt	Control	ed Organiza	anization		
Name of controlled organization		2. Employer identification number		incor	unrelated me (loss) nstructions)		<b>4.</b> Total of spepayments m		5. Part of controlling on gross in	led in the ganization's	Deductions directly connected with income in column 5		
(1)													
(2)													
(3)													
(4)													
<u>.,,</u>			No	onexem	npt Contro	olled Organiz	zatio	ns					
7. Taxabi	e income	incom	unrelated ne (loss) structions)		9. Total o	of specified sts made		10. that contro	Part of col is included olling orga gross inco	f in the nization's		Deductions directly connected with acome in column 10	
(1)													
(1)													
(2)													
(4)													
	Invoctment	Income of	Section 50	1(0)(7	······································			lin	here and one 8, column	n (A).		er here and on Part I, line 8, column (B).	
Part VII	Description of income.		a Section 50	ount of ir		3. Dec	ductio conn	ons ected		4. Set-asides ttach statement)		5. Total deductions and set-asides (add columns 3 and 4)	
(1)													
(2)													
(3)													
(4)													
Totals				ounts in cere and o	on Part I,							Add amounts in column 5. Enter here and on Part I, line 9, column (B).	
Part VIII	Exploited Ex	xempt Activ	vity Income.	Othe	r Than	Advertisir	าต	Income	(see in	nstructions	)		
	n of exploited a	•							(				
	elated business		ade or business	. Enter	here and	l on Part I, lir	ne 1	0, column	(A)		2		
	directly connect												
•	·	•									3		
•	ne (loss) from un	nrelated trade o	r business. Subt	ract lin	ne 3 from	line 2. If a ga	ain.	complete					
lines 5 th	`					J		•			4		
	ome from activity	v that is not ur	related business	incom	 ∩e						5		
6 Expenses	attributable to in	ncome entered	on line 5		Ť						6		
7 Excess ex	from line 6. but	t do no	ot enter m	ore than the	e than the amount on line				-				

Schedule A (Form 990-T) 2023

4. Enter here and on Part II, line 12

Par	: IX	Advertisir	ig income							
1	Name(s	s) of periodical(s	s). Check box if report	rting two or more	periodicals or	a consolidated ba	isis.			
	A 🗌									
	вП									
	с□									
	ρП									
Enter	amoun	ts for each perio	odical listed above in	the corresponding	g column.					
		•		Α		В		С	D	
2	Gross	advertising inco	me							
							•	•		
а	Add co	olumns A through	h D. Enter here and	on Part I, line 11, o	column (A)			<b>-</b>		_
3	Direct a	advertising costs	s by periodical							
					<u> </u>		•	•		
а	Add co	olumns A through	h D. Enter here and	on Part I, line 11, o	column (B)			<u>-</u>		_
4	Advertisi	ing gain (loss). Su	btract line 3 from line							
		ny column in line 4								
		-	3. For any column in							
		-	ero, do not complete							
		-	er -0- on line 8							
5										_
6	Circula	tion income		-						_
			f line 6 is less than	-						_
		•	line 5. If line 5 is less							
		4 ontor 0								
		readership costs a								_
			nn showing a gain on							
			ine 4 or line 7							
а			through D. Enter the		8a, columns	total or -0- here ar	nd on	<u>'</u>		
				•						
Dar										_
Par			ation of Officers							_
Par			ation of Officers			<b>es</b> (see instruc		3. Percentage	4. Compensation	_
Par								3. Percentage of time devoted	attributable to	
			ation of Officers			<b>es</b> (see instruc		3. Percentage of time devoted to business	attributable to unrelated business	
(1)			ation of Officers			<b>es</b> (see instruc		3. Percentage of time devoted to business	attributable to unrelated business	
(1)			ation of Officers			<b>es</b> (see instruc		3. Percentage of time devoted to business	attributable to unrelated business %	
(1) (2) (3)			ation of Officers			<b>es</b> (see instruc		3. Percentage of time devoted to business	attributable to unrelated business % % %	
(1) (2) (3)			ation of Officers			<b>es</b> (see instruc		3. Percentage of time devoted to business	attributable to unrelated business %	
(1) (2) (3) (4)	żΧ	Compens	1. Name	s, Directors, a	ind Truste	es (see instruc	tions)	3. Percentage of time devoted to business	attributable to unrelated business % % %	
(1) (2) (3) (4)	i X	Compens	1. Name	s, Directors, a	ind Truste	es (see instruc	tions)	3. Percentage of time devoted to business	attributable to unrelated business % % %	
(1) (2) (3) (4)	i X	Compens	1. Name	s, Directors, a	ind Truste	es (see instruc	tions)	3. Percentage of time devoted to business	attributable to unrelated business % % %	
(1) (2) (3) (4)	i X	Compens	1. Name	s, Directors, a	ind Truste	es (see instruc	tions)	3. Percentage of time devoted to business	attributable to unrelated business % % %	
(1) (2) (3) (4)	i X	Compens	1. Name	s, Directors, a	ind Truste	es (see instruc	tions)	3. Percentage of time devoted to business	attributable to unrelated business % % %	
(1) (2) (3) (4)	i X	Compens	1. Name	s, Directors, a	ind Truste	es (see instruc	tions)	3. Percentage of time devoted to business	attributable to unrelated business % % %	
(1) (2) (3) (4)	i X	Compens	1. Name	s, Directors, a	ind Truste	es (see instruc	tions)	3. Percentage of time devoted to business	attributable to unrelated business % % %	
(1) (2) (3) (4)	i X	Compens	1. Name	s, Directors, a	ind Truste	es (see instruc	tions)	3. Percentage of time devoted to business	attributable to unrelated business % % %	
(1) (2) (3) (4)	i X	Compens	1. Name	s, Directors, a	ind Truste	es (see instruc	tions)	3. Percentage of time devoted to business	attributable to unrelated business % % %	
(1) (2) (3) (4)	i X	Compens	1. Name	s, Directors, a	ind Truste	es (see instruc	tions)	3. Percentage of time devoted to business	attributable to unrelated business % % %	
(1) (2) (3) (4)	i X	Compens	1. Name	s, Directors, a	ind Truste	es (see instruc	tions)	3. Percentage of time devoted to business	attributable to unrelated business % % %	
(1) (2) (3) (4)	i X	Compens	1. Name	s, Directors, a	ind Truste	es (see instruc	tions)	3. Percentage of time devoted to business	attributable to unrelated business % % %	
(1) (2) (3) (4)	i X	Compens	1. Name	s, Directors, a	ind Truste	es (see instruc	tions)	3. Percentage of time devoted to business	attributable to unrelated business % % %	
(1) (2) (3) (4)	i X	Compens	1. Name	s, Directors, a	ind Truste	es (see instruc	tions)	3. Percentage of time devoted to business	attributable to unrelated business % % %	
(1) (2) (3) (4)	i X	Compens	1. Name	s, Directors, a	ind Truste	es (see instruc	tions)	3. Percentage of time devoted to business	attributable to unrelated business % % %	
(1) (2) (3) (4)	i X	Compens	1. Name	s, Directors, a	ind Truste	es (see instruc	tions)	3. Percentage of time devoted to business	attributable to unrelated business % % %	
(1) (2) (3) (4)	i X	Compens	1. Name	s, Directors, a	ind Truste	es (see instruc	tions)	3. Percentage of time devoted to business	attributable to unrelated business % % %	
(1) (2) (3) (4)	i X	Compens	1. Name	s, Directors, a	ind Truste	es (see instruc	tions)	3. Percentage of time devoted to business	attributable to unrelated business % % %	
(1) (2) (3) (4)	i X	Compens	1. Name	s, Directors, a	ind Truste	es (see instruc	tions)	3. Percentage of time devoted to business	attributable to unrelated business % % %	

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9607 Arts Center of Coastal Carolina

**Federal Statements** 

FYE: 8/31/2024

57-1035817

<b>Unrelated Business Activity</b>			
Statement 1	- Schedule A (990T	(i), Part I, Line 12	- Other Income

Description		Amount
Other - Unrelated	\$_	23,997
Total	\$	23,997

Unrelated Business Activity
Statement 2 - Schedule A (990T), Part II, Line 14 - Other Deductions

Deduction Description	Deduction Amount	
	\$ 23,997	
Total	\$ 23,997	

## **Event Income and Deduction Worksheet**

Description F&B/Merchandise Sales

2023

Name

Arts Center of Coastal Carolina

Taxpayer Identification Number 57-1035817

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

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales 1.	111,406	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
<b>4.</b> Other income <b>4.</b>		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.		Travel & Repairs
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Interest
12. Depreciation Expense 12.		Insurance
		Total Indirect Expense
13. Exempt Activity Expense 13		Evnence Details Depresistion Evnence
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 14 15.		On investment property
16. Net Income/Loss. Line 7 minus Line 1516.	55,633	On non-investment property
		Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory	550	
Purchases	55,773	Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Section 263A costs		Bad debts
Other costs		Taxes/licenses
Ending inventory	550	Charitable contributions
Total Cost of Goods Sold	55,773	Dividend recd deductions
		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
Total Employment Expenses		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		
		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Other		
Total Fees for Services		
Information is indicated for use on Form 990-T,	Schedule A:	Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code Seq	#	First
Part V, Debt Financing		Second
Part VI, Controlled Org Income		Third
Part VII, Investments for C(7)(9)(17)		All other
Part VIII, Exploited Activities		······································
Part IX Advertising Income		

Name

## **Event Income and Deduction Worksheet**

Description We Got The Beat Gala

Arts Center of Coastal Carolina

2023

Taxpayer Identification Number 57-1035817

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

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales1	119,002	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
<b>4.</b> Other income <b>4.</b>		Info technology/Maintenance
<b>5.</b> Returns and allowances <b>5.</b>		Royalties & License Fees
<b>6.</b> Contributions received <b>6.</b>		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.		Travel & Repairs
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Interest
12. Depreciation Expense 12.		Insurance Total Indirect Expense
13. Exempt Activity Expense 13.		Total manest Expense
		Expense Details - Depreciation Expense:
<ul><li>14. Fundraising Expense</li></ul>		· · · · · · · · · · · · · · · · · · ·
16. Net Income/Loss. Line 7 minus Line 1516.		On investment property
16. Net income/Loss. Line / minus Line 15 i.o	100,550	On non-investment property
		Amortization
5 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory	-	
Purchases		Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Section 263A costs		Bad debts
Other costs	39,572	Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold	39,572	Dividend recd deductions
		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		· · · · · · · · · · · · · · · · · · ·
Lobbying		
Professional fundraising	-	
Investment management	-	
Other	•	
Other  Total Fees for Services	_	
Information is indicated for use on Form 990-T	, Schedule A:	Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code Sec	l #	First
Part V, Debt Financing		Second
Part VI, Controlled Org Income		Third
Part VII, Investments for C(7)(9)(17)		All other
Part VIII, Exploited Activities		
Part IX Advertising Income		

Name

## **Event Income and Deduction Worksheet**

Arts Center of Coastal Carolina

Description Special Benefit Fundraiser

2023

Taxpayer Identification Number 57-1035817

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

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales1.	4,300	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
<b>4.</b> Other income <b>4.</b>		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	5,050	Travel & Repairs
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
<b>10.</b> Fees for services <b>10.</b>		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		
<b>14.</b> Fundraising Expense <b>14.</b>		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 1415.		On investment property
16. Net Income/Loss. Line 7 minus Line 1516.		On non-investment property
		Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		· · · · · · · · · · · · · · · · · · ·
Purchases		Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Section 263A costs		Bad debts
Other costs	1,888	Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold	1,888	Dividend recd deductions
		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying		
Date (a series and 1 the series and 1 th		
Investment management		
Other		
Total Fees for Services		
		Allocation of Europea to December Comits Assessed
Information is indicated for use on Form 990-T, S		Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code Seq #		First
Part V, Debt Financing		Second
Part VI, Controlled Org Income		Third
Part VII, Investments for C(7)(9)(17)		All other
Part VIII, Exploited Activities		
Part IX, Advertising Income		

Form **990/990PF** 

### **Rent Income and Deduction Worksheet**

Description Rental Income

2023

Name

Arts Center of Coastal Carolina

Taxpayer Identification Number 57-1035817

Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents	191,687
Expenses (see details on worksheets below):	
2. Fees for services	<b>2</b>
3. Depreciation Expense	3.
. Direct Expense	4.
. Total expenses. Add lines 8 through 12	5
6. Net Income/Loss. Line 7 minus Line 13	6. 91,687
Expense Details - Fees for Services:	
Accounting	
Legal	
Commissions	
Management	
Other Professional Fees	
Total Fees for Services	<u>-</u>
Expense Details - Depreciation Expense:	
On non-investment property	
On investment property	
Amortization	
Depletion	
Total Depreciation Expense	
Expense Details - Direct Expense:	
·	
Taxes/licenses	
Occupancy Expenses	
Repairs & Maintenance	
Travel/conferences/meetings	
Printing & Publication	
Advertising	<u>-</u>
Incurance	······
Itilitiae	
Cumpline	······
Other expanses	······
Total Direct Function	······
Total Direct Expense	
formation is indicated for use on Form 990-T, Schedule A:	
chedule A, UBIT Activity Code Seq #	
	Expense Allocation to Program Service Accomplishments for 990/9908
Part IV, Rent Income	First
Part V, Debt Financing	Second
Part VI, Controlled Org Income	Third
Part VII, Investments for C(7)(9)(17)	All other

Form **990T** 

29. Activity Losses NOL (Post-2017)

Two Year Comparison Report

09/01/23 For calendar year 2023, or tax year beginning ending

08/31/24

2022 & 2023

Name

Taxpayer Identification Number

Arts Center of Coastal Carolina			57-10	35817
ν ν ν ν ν ν ν ν ν ν ν ν ν ν ν ν ν ν ν		2022	2023	Differences
1. Number of unrelated business activities for this return 2. Unrelated business taxable income from all trades 3. Charitable contributions 4. Section 199A deduction (trusts only)	1.	1	1	
2. Unrelated business taxable income from all trades	2.			
3. Charitable contributions				
4. Section 199A deduction (trusts only)	4.			
	5.			
Taxable income before NOL loss     Net operating loss (pre-2018)     Specific deduction	6.			
7. Specific deduction	7.	1,000	1,000	
8. Unrelated business taxable income.	8.			
9. Income tax (corporate or trust)	9.			
10. Proxy tax	10.			
11. Other taxes	11.			
12. Total taxes	12.			
13. Other credits	13.			
14. General business credit	14.			
15. Credit for prior year minimum tax	15.			
16. Total credits	1 40 1			
17. Net tax after credits	17.			
18. Recapture taxes and 965 tax	18.			
19. Total Taxes	19.			
20. Prior year overpayment and estimated tax payments	20.			
21. Payment made with extension	21.			
22. Backup withholding and foreign withholding	22.			
23. Other payments	23.			
24. Total payments	24.			
25. Balance due/(Overpayment)	25.			
26. Overpayment applied to next year	26.			
27. Penalties	l l			
28. Total due/(Refund)	28.			
1-2 4 11 11 11 11 11 11 11 11 11 11 11 11 1				<u> </u>

29.

9607 Arts Center of Coastal Carolina

57-1035817

## **Federal Statements**

1/28/2025 4:03 PM

FYE: 8/31/2024

## Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	 Total Expenses	_	Program Service	nagement & General	 Fund Raising
Payroll Taxes and Benefits	\$ 420,207	\$	362,416	\$ 30,129	\$ 27,662
Maintenance	250,749		228,955	12,206	9,588
Scenery, Props and Costumes	223,627		222,601		1,026
Bank and Credit Card Fees	101,533		60,920		40,613
Housing	440,399		440,399		
Other	 77,133		63,768	 3,493	 9,872
Total	\$ 1,513,648	\$_	1,379,059	\$ 45,828	\$ 88,761

9607 Arts Center of Coastal Carolina 1/28/2025 4:03 PM **Federal Statements** 57-1035817 FYE: 8/31/2024 Schedule A, Part III, Line 7a - Support from Disqualified Persons Donor Name 2019 2020 2021 2022 2023 93,962 0 0 0 93,962 Total Schedule A, Part III, Line 11 Description Amount Other - Unrelated 23,997 Less: Deductions -24,997 Total -1,000

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

January 29, 2024

#### **CONFIDENTIAL**

ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE Hilton Head Island, SC 29928

Dear Jeffrey:

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

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

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

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

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

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

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

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

Very truly yours,		
Carey & Company P.A.		
Accepted By:		
Date:		

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

January 29, 2024

#### **CONFIDENTIAL**

ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE Hilton Head Island, SC 29928

Dear Jeffrey:

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

Return of Organization Exempt From Income Tax (Form 990) Exempt Organization Business Income Tax Return (Form 990-T)

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

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

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

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

Sincerely,

Carey & Company P.A.

## **Filing Instructions**

### ARTS CENTER OF COASTAL CAROLINA

### **Exempt Organization Tax Return**

## Taxable Year Ended August 31, 2023

**Date Due:** July 15, 2024

**Remittance:** None is required. Your Form 990 for the tax year ended 8/31/23 shows no

balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return

electronically. Form 8879-TE, IRS e-file Signature Authorization for an Exempt

Organization should be signed and dated by an authorized officer of the

organization and returned to:

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

Important: Your return will not be filed with the IRS until the signed Form

8879-TE has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be

mailed. If you Mail a paper copy of your return to the IRS it will delay the

processing of your return.

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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.

2022 Open to Public Inspection

For the 2022 calendar year, or tax year beginning 09/01/22, and ending 08/31/23 D Employer Identification number C Name of organization Check if applicable: ARTS CENTER OF COASTAL CAROLINA Address change 57-1035817 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) 843-686-3945 14 SHELTER COVE LANE Initial return Final return/ Clty or town, state or province, country, and ZIP or foreign postal code 4,943,089 Hilton Head Island SC 29928 G Gross receipts \$ Amended return Name and address of principal officer. H(a) Is this a group return for subordinates? Application pending Jeffrey Reeves 14 Shelter Cove Lane H(b) Are all subordinates included? If "No." attach a list. See instructions Hilton Head Island SC 29928 X 501(c)(3) 501(c) ( 4947(a)(1) or Tax-exempt status: ) (insert no.) 527 WWW.ARTSHHI.COM H(c) Group exemption number Form of organization: X Corporation Trust Association Year of formation: 1995 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO ENRICH AND BENEFIT THE COMMUNITY THROUGH THE ARTS Governance 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 13 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 13 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 165 6 Total number of volunteers (estimate if necessary) 400 6 14,550 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 ...... 7b Prior Year Current Year 1,526,062 8 Contributions and grants (Part VIII, line 1h) 1,716,185 Revenue 9 Program service revenue (Part VIII, line 2g) 1,791,591 2,183,976 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 269,367 29,286 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,637,010 667,504 4,983,949 4,837,032 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,175,662 2,250,534 16a Professional fundraising fees (Part IX, column (A), line 11e) ..... b Total fundraising expenses (Part IX, column (D), line 25) 383,894 2,936,259 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,972,965 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 5,111,921 5,223,499 -127,972 -386,46719 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 9,773,791 9,392,690 21 Total liabilities (Part X, line 26) 3,280,730 3,331,707 6,493,061 6,060,983 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 office Sign Here Jeffrey Reeves President, CEO Type or print name and title Print/Type preparer's name Preparer's signature Date Paid Patrick P. Carey, Jr., CPA self-employed P00033247 Patrick P. Carey, Jr., CPA Preparer Carey & Company P.A. 57-0927046 Firm's EIN Use Only 70 Main Street, Suite 100 Hilton Head Island, SC 843-681-4430 Firm's address May the IRS discuss this return with the preparer shown above? See instructions X Yes No

4,510,679 Total program service expenses 4e DAA

(Expenses \$

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

including grants of \$

) (Revenue \$

	The officer of Required Confedence		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	NO
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
-	candidates for public office? If "Ves." 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 toy year? If "Vee" complete School de C. Dort II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
-	assessments, or similar amounts as defined in 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			
-	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Ves." complete Schedule D. Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	110		
D	of its total assets reported in Part X. line 162 If "Vas." complete Schedule D. Part VII	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	1115		
·	of its total accept reported in Port V. line 452 H. "Vos." complete Schodule D. Port VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	<del>-</del>		
u	reported in Part X, line 162 If "Vas " complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete	H		
124		12a		x
b	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	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,			† <del>-</del>
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	to any family appropriation 0.15 (May 2) appropriate Ocharlets F. Borto III and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<del>'''</del>		† <del>-</del>
		18	х	
19	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?	<u> </u>		
	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-'	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	Services government on that is, committee, in the transfer companies constant in the transfer and it			

	art IV Checklist of Required Schedules (continued)		1	age •
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
)/a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		122
. <del></del> u	\$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 Schodule K. If "No." go to line 25c	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defeace any tax-exempt honds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		
22	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
J <del>4</del>	and Marcel Book M. Page 4	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			<del></del> -
D	and the lead and the width in the conservation of another 540/h/40/0/K (West Warner) and the D. Bort V. King O.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
•	related eventination? If "Voe" complete School de D. Dort V. line ?	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	х	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 58			
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?

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continue	ed)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	165			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	s?		2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C	·		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au					
	a financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	ınt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	coun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on? .		5b		X
С				5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			1.		3,5
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	s or				
-				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			70		
h	If (0/c = 1) and the consequent and the state of the content of th			7a 7b		
b				10		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		
d		7d		10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor		2	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		·	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		9 as required?	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 maintained					
	an analysis of the state of the	•		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а		11a		4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	· · · · · · · · · · · · · · · · · · ·	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	1041?	?	12a		
		12b		4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а				13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	ایما				
		13b		-		
C 140	Did the experiention receive any neumants for indeer tenning continue during the tay year?	13c		140		х
14a				14a 14b		_^
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera-			140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneral excess parachute payment(s) during the year?			15		x
	excess parachute payment(s) during the year?			13		Λ
16	If "Yes," see instructions and file Form 4720, Schedule N.	ncom	۵2	16		х
	Is the organization an educational institution subject to the section 4968 excise tax on net investment in If "Yes," complete Form 4720, Schedule O.	IIOOIII	<b>.</b> :	10		
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activiti	es				
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes." complete Form 6069.					

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

<u>Sec</u>	tion A. Governing Body and Management					
			1.0		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13	-		
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.		1.0			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?		4		X
5				5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					ĺ
	one or more members of the governing body?			7a	X	-
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	ne following:			
а	The governing body?			8a	<u>X</u>	<b></b>
b	Each committee with authority to act on behalf of the governing body?			8b	X	<b></b>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					l
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-	rnal K	evenue Co	ode.)		
					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		37
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	g the fo	rm?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	<b>-</b>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	se to co	nflicts?	12b	Х	<b>-</b>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			l	37	
	describe on Schedule O how this was done			12c	X	<del>                                     </del>
13	Did the organization have a written whistleblower policy?			13	X	<del>                                     </del>
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			4.5	v	
a	The organization's CEO, Executive Director, or top management official			15a	X	v
а	Other officers or key employees of the organization			15b		X
160	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			160		х
L	with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			16a		Λ
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
				16h		
500	organization's exempt status with respect to such arrangements?			16b		
17 18		oction !	501(c)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (s (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	ecuon (	JU 1(U)			
	Own website X Another's website X Upon request Other (explain on Schedule O)					
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	ract na	licy			
19	and financial statements available to the public during the tax year.	rear pu	шоу,			
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	ırde				
20 20	State the name, address, and telephone number of the person who possesses the organization's books and reconstance of the person who possesses the organization's books and reconstance of the person who possesses the organization's books and reconstance of the person who possesses the organization's books and reconstance of the person who possesses the organization's books and reconstance of the person who possesses the organization's books and reconstance of the person who possesses the organization's books and reconstance of the person who possesses the organization's books and reconstance of the person who possesses the organization's books and reconstance of the person who possesses the organization's books and reconstance of the person who possesses the organization's books and reconstance of the person who possesses the organization's books and the person who possesses the organization's books and the person who possesses the organization's books and the person who person who possesses the organization's properties of the person who pe	nus				
	ilton Hoad Teland CC 2001	0	045	-68	<b>6</b> _2	015

# 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 th	ne organization nor an	y related organization	compensated any curre	nt officer, director, or trustee.
--	------------------------------	------------------------	------------------------	-----------------------	-----------------------------------

		<del>.                                     </del>								
(A) Name and title			(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee 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) Jeffrey Reeves										
-	40.00									
President, CEO	0.00			Х				136,570	0	0
(2) Opal D. Abbink										
	5.00	.								
Board Member	0.00	X						0	0	0
(3) Stephen J. Alfre										
	5.00	.								
Secretary	0.00	X		X				0	0	0
(4) Sandra J. Berth										
	5.00									
Board Member	0.00	X						0	0	0
(5) Aletta Bond										
	5.00	.							_	_
Board Member	0.00	X						0	0	0
(6) Becca Edwards										
	5.00								_	
Board Member	0.00	X						0	0	0
(7) Marc A. Grant	F 00									
	5.00	ا ۔۔ ا							_	
Board Member	0.00	X					$\dashv$	0	0	0
(8) Ann D. Grindsta										
	5.00 0.00	$ \mathbf{x} $		x				0	^	0
Treasurer (9) Robert E. Lee	0.00	1		^				0	0	0
(9) RODELC E. Lee	5.00									
Immediate Past Chair	0.00	$ \mathbf{x} $		x				0	0	0
(10) Elizabeth B. May		╬						0	0	0
(10) EIIZabeth B. Ma	5.00									
Board Member	0.00	$ \mathbf{x} $						0	0	0
(11) William V. McHug		1				+	$\dashv$			
(,	5.00									
Chariman	0.00	$ \mathbf{x} $		x				0	0	0
										Form <b>QQ</b> ()(2022)

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	d Employees (continued)				
	(A) Name and title	(B) Average hours per week	off	x, unle ficer a	Pos check ess pe nd a	rson i directo	than o	an ee)	(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	-	(F) sated amount of other npensation		
		(list any hours for related organizations below dotted line)	Individual trustee 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)	orgar	from the nization a organiza		
(12	2) Leslie B. Ric	chardson 5.00 0.00	x						0	0				0
(13		ters 5.00 0.00	x		x				0	0				0
1b	Subtotal								136,570		-			
d 2	Total from continuation sheet Total (add lines 1b and 1c). Total number of individuals (in reportable compensation from	cluding but not li	mite						136,570 e) who received more than	\$100,000 of				
3	Did the organization list any for employee on line 1a? If "Yes,"	ormer officer, dir complete Sched	ecto dule	r, tru <i>J foi</i>	suc	h ind	dividi	ual .				3		No X
4 5	For any individual listed on lin- organization and related organ individual  Did any person listed on line	nizations greater	thar	າ \$15 	50,00	00? <i>I</i>	f "Ye	s," c	complete Schedule J for su	ch		4		x
	for services rendered to the o	rganization? If "Y									<u></u>	5		X
Sect 1	ion B. Independent Contractor Complete this table for your fired compensation from the organia	ve highest comp									ear.			
	Name and	(A) business address							Descript	(B) tion of services		(c Compe	C) ensation	1
											$-\downarrow$			
_	Total number of independent	contractors for the	di-	- h	not !	lino!+		#6 -	and listed above) with a					
2	Total number of independent received more than \$100,000								se listed above) who	0				

Form 990 (2022) ARTS CENTER OF COASTAL CAROLINA Statement of Revenue

ı a	IL V			edule O conta	ains a	response	or note	to any line in this	s Part VIII		
						•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated camp	paigns		1a						
irar oun		Membership due	00		1b						
An G		Fundraising eve			1c	1	4,551				
ar /		Related organiz			1d		_				
ii,		Government grants (co		ns)	1e	54	4,996				
Contributions, Girts, Grants and Other Similar Amounts		All other contributions, and similar amounts no	gifts, gra	ints,	1f		6,638				
ᅙ	g	Noncash contributions lines 1a-1f			1g 5	: 29	2,683				
and	h	Total. Add lines						1,716,185			
		Totali 7 da iii loo	14 11				siness Code	_,,			
a)	2a	Admission :	Fees	Etc.			omicoo Code	2,183,976	2,183,976		
NC6	b							,,	,,.		
Program service Revenue	c										
am evel	d										
9	e										
<u> </u>	f	All other program				I .					
		Total. Add lines						2,183,976			
		Investment incor									
		other similar am						269,367	269,367		
	4	Income from inv	,					-	-		
	5	Royalties		•							
		,		(i) Real		(ii) Pers					
	6a	Gross rents	6a	97,	632						
	b	Less: rental expenses	6b	-							
	С	Rental inc. or (loss)	6c	97,	632						
	d	Net rental incom						97,632	97,632		
		Gross amount from		(i) Securities		(ii) Oth		-	-		
		sales of assets other than inventory	7a								
<u>o</u>	b	Less: cost or other									
enc		basis and sales exps.	7b								
Revenue	С	Gain or (loss)	7c								
F		Net gain or (loss	3)								
Other		Gross income from									
_		(not including \$		14,551							
		of contributions rep									
		1c). See Part IV, lir			8a	16	9,864				
	b	Less: direct exp			8b	5	0,641				
	С	Net income or (	loss) fi	rom fundraising	events			119,223			
		Gross income fr		_							
		activities. See P	_	-	9a						
	b	Less: direct exp			9b						
	С	Net income or (	loss) fi	rom gaming acti	vities						
		Gross sales of i									
		returns and allo	wance	S	10a	10	2,925				
	b	Less: cost of go			10b	5	55,416				
		Net income or (I			entory			47,509	47,509		
s							siness Code				
Miscellaneous Revenue	11a	Other						161,073	161,073		
an Sun	b	Facility S	uppor	t		[		157,696	157,696		
e e	С	Other Non-	Opera	ting Income				69,821	69,821		
N N	d	All other revenue	e					14,550		14,550	
	е	Total. Add lines	11a-	11d				403,140			
	12	Total revenue.	See in	nstructions				4,837,032	2,987,074	14,550	C

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must come Check if Schedule O contains a response	-		olete column (A).	X
	· ·	<del></del>		(C)	[ <b>A</b> ]
	not include amounts reported on lines 6b, 7b, Pb, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	136,570	34,188	27,314	75,068
6	Compensation not included above to disqualified		0 - 1 - 0 - 0		10/000
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,113,964	1,795,301	181,297	137,366
8	Pension plan accruals and contributions (include	<i>'</i>	, , , , , , , , , , , , , , , , , , ,	<i>'</i>	•
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	` ' ' ' '				
b		6,069		6,069	
С	Accounting	26,319		26,319	
d				_	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	(A) amount, list line 11g expenses on Schedule O.)	1,483,586	1,360,935	46,501	76,150
12		282,639	269,992		12,647
13	Office expenses	79,697	23,439	866	55,392
14	Information technology				
15	Royalties	213,105	213,105		
16	Occupancy	105,826	98,624	4,945	2,257
17	Travel	77,248	75,430	663	1,155
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	134,028	113,630	8,578	11,820
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	409,029	381,193	19,112	8,724
23	Insurance	155,419	144,842	7,262	3,315
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а					
b					
C					
d					
е	All other expenses		4 55 555	200 201	
25	Total functional expenses. Add lines 1 through 24e	5,223,499	4,510,679	328,926	383,894
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				

### Part X Balance Sheet

Pa	art )	Check if Schedule O contains a response or note	to anv li	ne in this Part X			П	
					(A) Beginning of year		(B) End of year	
	1	Cash—non-interest-bearing			1,927,344	1	1,601,337	
	2	Savings and temporary cash investments			92,350	2	58,017	
	3	Pledges and grants receivable, net		302,686	3	253,139		
	4	Accounts receivable, net			19,249	4	23,256	
	5	Loans and other receivables from any current or former			_			
		controlled entity or family member of any of these perso						
	6	Loans and other receivables from other disqualified pers		defined				
S		under section 4958(f)(1)), and persons described in sec	tion 495	68(c)(3)(B)		6		
Assets	7	Notes and loans receivable, net				7		
ğ	8	Inventories for sale or use			1,579	8	550	
	9	Prepaid expenses and deferred charges			44,912	9	91,036	
	10a	Land, buildings, and equipment: cost or other	[]					
		basis. Complete Part VI of Schedule D	10a	12,958,460				
	b	Less: accumulated depreciation	10b	8,749,527	4,456,757	10c	4,208,933	
	11	Lavarda and a mid-Pake traded as a wife a			2,716,694	11	2,705,858	
	12	Investments—other securities. See Part IV, line 11				12		
	13	Investments—program-related. See Part IV, line 11				13		
	14	Intangible assets				14		
	15	Other assets. See Part IV, line 11			212,220	15	450,564	
	16	Total assets. Add lines 1 through 15 (must equal line 33	3)		9,773,791	16	9,392,690	
	17	Accounts payable and accrued expenses			149,725	17	247,254	
	18	Grants payable		18				
	19	Deferred revenue	631,524	19	690,983			
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete Part IV of	f Sched	ule D		21		
S	22	Loans and other payables to any current or former office	er, direct	tor,				
Liabilities		trustee, key employee, creator or founder, substantial co	ontributo	r, or 35%				
japi		controlled entity or family member of any of these perso				22		
_	23	Secured mortgages and notes payable to unrelated third	d parties		1,955,403	23	1,679,141	
	24	Unsecured notes and loans payable to unrelated third p	arties		500,000	24	500,000	
	25	Other liabilities (including federal income tax, payables t	o related	d third				
		parties, and other liabilities not included on lines 17-24).	Comple	ete Part X				
		of Schedule D			44,078	25	214,329	
	26	Total liabilities. Add lines 17 through 25			3,280,730	26	3,331,707	
"		Organizations that follow FASB ASC 958, check here	X					
ces		and complete lines 27, 28, 32, and 33.						
Balances	27				3,702,913	27	3,316,047	
Ä	28	Net assets with donor restrictions			2,790,148	28	2,744,936	
Fund		Organizations that do not follow FASB ASC 958, che						
Ē		and complete lines 29 through 33.						
S	29	Capital stock or trust principal, or current funds			29			
Assets or	30	Paid-in or capital surplus, or land, building, or equipmen				30		
	31	Retained earnings, endowment, accumulated income, or	r other f	unds	C 402 0C1	31	6 060 000	
Net V	32				6,493,061	32	6,060,983	
	33	Total liabilities and net assets/fund balances			9,773,791	33	9,392,690	

Form **990** (2022)

Pa	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				$\Box$	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,83			
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,22			
3	Revenue less expenses. Subtract line 2 from line 1	3		-386,467		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,49			
5	Net unrealized gains (losses) on investments	5		-45,611		
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	6,00	50,9	983	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		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					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		X	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u> </u>	3b			

Form **990** (2022)

#### 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.

2008 No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization ARTS CENTER OF COASTAL CAROLINA 57-1035817 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s).

<u> </u>	enerring innermation about a	no oupportou organization(o).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

57-1035817

Schedule A (Form 990) 2022

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 ..... The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (e) 2022 (f) Total (d) 2021 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on ..... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ..... **Total support.** Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2021 Schedule A, Part II, line 14 15 33 1/3% support test-2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions \_\_\_\_\_\_

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

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

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

Sec	tion A. Public Support	900000		, p		/	
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees	,	` '	.,	` '	,	.,
-	received. (Do not include any "unusual grants.")	2,175,545	1,698,404	2,941,118	1,526,062	1,716,185	10,057,314
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	2,541,100	1,027,193	794,448	1,791,591	2,183,976	8,338,308
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	4,716,645	2,725,597	3,735,566	3,317,653	3,900,161	18,395,622
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
500	tion B. Total Support						18,395,622
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
9	Amounts from line 6	4,716,645	2,725,597	3,735,566	3,317,653	3,900,161	18,395,622
		4,710,045	2,723,337	3,733,300	3,317,033	3,900,101	10,393,022
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	25,528	219,523	129,645	29,286	269,367	673,349
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	25,528	219,523	129,645	29,286	269,367	673,349
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,						
4.4	and 12.)	4,742,173	2,945,120	3,865,211	3,346,939	4,169,528	19,068,971
14	First 5 years. If the Form 990 is for the o						
Sec	organization, check this box and stop her tion C. Computation of Public S	upport Percent					
15	Public support percentage for 2022 (line 8			nn (f))		15	96.47 %
16	Public support percentage from 2021 Scho						81.40 %
	tion D. Computation of Investme						01.40 /0
17	Investment income percentage for 2022 (I			3. column (f))		17	4 %
	Investment income percentage from 2021		line 17			40	2%
19a	33 1/3% support tests—2022. If the orga					<del></del>	
	17 is not more than 33 1/3%, check this b						X
b	33 1/3% support tests—2021. If the orga		=		-		<del></del>
	line 18 is not more than 33 1/3%, check the						
20	Private foundation. If the organization did	d not check a box o	n line 14, 19a, or	19b, check this box	x and see instructi	ons	

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### 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).
- 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.)

_		Yes	No
	1		
	2		
	3a		
	3b		
-	3с		
	4a		
	4b		
	4c		
	5a		
-	5b		
-	5c		
	6		
	7		
L	8		
H	9a		
	9b		
	9с		
	10a		
Ī			
Sche	10b dule A	(Form 9	990) 2022

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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
С	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		
Secti	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,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
		$ \square $	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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	_		
Coot	supported organizations played in this regard.  ion E. Type III Functionally Integrated Supporting Organizations	3		
	, , , , , , , , , , , , , , , , , , ,			
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. <i>Complete line 3 below.</i>	otiona		
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	iciioris) [	Yes	No
2	Activities Test. Answer lines 2a and 2b below.		162	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	Zd		
D	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.	20		
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	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	Ja		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

4

5

Schedule A (Form 990) 2022

Enter greater of line 2 or line 3.

5 Income tax imposed in prior year

(see instructions).

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

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2022

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Par	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)						
Sect	ion D – Distributions				Current Year				
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		1					
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported							
	organizations, in excess of income from activity		2						
3_	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		3					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ails 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		an	10	ans.				
		(i)	(ii)		(iii)				
Sect	ion E – Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	6	Distributable				
	Distributable association 2000 from Casting C. line C.		Pre-2022		Amount for 2022				
	Distributable amount for 2022 from Section C, line 6								
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								
a	From 2017								
	From 2018								
	From 2019								
d	From 2020								
	From 2021								
	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2022 distributable amount								
i	Carryover from 2017 not applied (see instructions)								
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2022 from								
	Section D, line 7: \$								
_	Applied to underdistributions of prior years								
	Applied to 2022 distributable amount								
	Remainder. Subtract lines 4a and 4b from line 4.								
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								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7									
8	and 4c.  Breakdown of line 7:								
	Excess from 2018								
	Excess from 2019								
	Evenes from 2020								
	Excess from 2021								
	Excess from 2022								

Schedule A (Form 990) 2022

Schedule A (Form	n 990) 2022	ARTS	CENTER	OF COA	STAL	CAROLINA	57-1035817	Page 8
Part VI	Supplemental III, line 12; Part B, lines 1 and 2	Information. IV, Section A, P; Part IV, Sect	Provide the lines 1, 2, 3 ion C, line 1	explanation 3b, 3c, 4b, ; Part IV, S	ns requi 4c, 5a, 6 Section I	red by Part II, li 6, 9a, 9b, 9c, 1 D, lines 2 and 3	ne 10; Part II, line 17a or 1a, 11b, and 11c; Part IV, ; Part IV, Section E, lines s 5, 6, and 8; and Part V,	17b; Part Section 1c, 2a, 2b,
	lines 2, 5, and 6							Occion L,
	111163 2, 3, and t	o. Also comple	te this part	ioi airy au	uitioriai	inionnation. (Se	e instructions.)	
•								

DAA Schedule A (Form 990) 2022

### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF.

**Schedule of Contributors** 

OMB No. 1545-0047

Name of the organization

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

Employer identification number

ARTS CENTER OF	' COASTAL CAROLINA	57-1035817				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	$\boxed{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . <b>Note:</b> Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule						
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules						
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
contributor, during the contributions totaled moduring the year for an elementary of the contributions totaled moduling the year for an elementary of the contributions of the co	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).						

Name of organization

## ARTS CENTER OF COASTAL CAROLINA

Employer identification number 57-1035817

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
.1		\$ 426,000	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		\$ <b>132,520</b>	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
. 3		\$ 118,217	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
4		\$ 91,090	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5		\$ 66,903	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6	Trumo, address, titu Eli TT	\$ 51,770	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Schedule B (Form 990) (2022)

Employer identification number

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# Name of organization ARTS CENTER OF COASTAL CAROLINA

Employer identification number 57–1035817

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7		\$ 51,193	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	Name, audiess, and Air + 4	\$	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.

2022
Open to Public Inspection

Name of the organization Employer identification number ARTS CENTER OF COASTAL CAROLINA 57-1035817 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year ..... Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year \_\_\_\_\_ | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements ..... 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 ....

_ Pa	rt III O	rganizations Maintainin	g Collections of	Art, Historical Tre	easures, or Oth	er Simi	lar A	ssets	(continu	леd)	
3		ganization's acquisition, access ns (check all that apply):	sion, and other records	, check any of the follo	owing that make sig	nificant us	e of its	3			
а	Public ex	xhibition	d 🗍 I	_oan or exchange prog	ıram						
b	Scholarly	research	е 🗌 (	Other							
С	Preserva	tion for future generations	_								
4		scription of the organization's	collections and explain	how they further the c	organization's exemp	t purpose	in Pa	rt			
_	XIII.			d and blatanian transcrip							
5	0,	ear, did the organization solicit sold to raise funds rather than		•	•				Ye	. <b>x</b>	No
Pa		scrow and Custodial A		art of the organization	s collection?				те	5 21	NO
10	Co	omplete if the organization (0), Part X, line 21.	•	on Form 990, Par	t IV, line 9, or re	ported a	an an	nount o	n Form	1	
1a	Is the organia	zation an agent, trustee, custo	dian or other intermedi	ary for contributions or	other assets not						
	included on F	Form 990, Part X?							Ye	s	No
b	If "Yes," expl	ain the arrangement in Part XI	II and complete the fol	lowing table:				1			
									Amount		
	Beginning ba						1c				
d	Additions dur	ing the year					1d				
e		during the year					1e 1f			—	
7 2 2	Did the organ	ncenization include an amount on	Form 000 Part V line	21 for occrow or cust	odial account liabilit				☐ Ye		No
		ain the arrangement in Part XI								_	110
		ndowment Funds.	III. OHOOK HOLO II IIIO O	pianation has been pre	Triada on ran 7tiii						1
		omplete if the organizatio	n answered "Yes"	on Form 990, Par	t IV, line 10.						
			(a) Current year	(b) Prior year	(c) Two years back	(d) Th	ree year	s back	(e) Four years back		back
1a	Beginning of	year balance	2,790,148	3,299,647	2,752,38	9 2,577,203		7,201	1 2,588,219		219
b	Contributions		400	200	55	0					
		ent earnings, gains, and									
			-45,611	-459,779	584,39	1	333	3,433	3 46,07		073
	Grants or sc					+					
е	•	ditures for facilities and									
f	Administrative	e expenses		49,920	37,68	3	158	3,245	57,09		091
		palance	2,744,936	2,790,148	3,299,64			2,389			
		estimated percentage of the cu					•	,	•		
		nated or quasi-endowment	•	(							
		endowment %									
С	Term endow	ment %									
	The percenta	iges on lines 2a, 2b, and 2c st	nould equal 100%.								
3a	Are there en	dowment funds not in the poss	session of the organiza	tion that are held and	administered for the				_		
	organization	•								Yes	No
	(i) Unrelated	d organizations							3a(i)	X	37
									3a(ii)		Х
b 4		ne 3a(ii), are the related organi							3b		
		Part XIII the intended uses of tand, Buildings, and Equ		wment tunas.							
Га		omplete if the organization	•	on Form 990 Part	t IV line 11a So	e Form	990	Part X	line 1	Λ	
		escription of property	(a) Cost or other b			:) Accumulate			(d) Book		
	(a) Cost or other basis (b) Cost or other basis (investment) (other)		'	depreciation			(a) Dook value				
	Land			90	00,000				900,000		
						6,683,913		3	2,838,702		
		mprovements									
	d Equipment			2,53	2,535,845 2,		2,065,614 470,			0,	231
е	<b>e</b> Other										
Total	I. Add lines 1a	through 1e. (Column (d) musi	t equal Form 990, Part	X, column (B), line 10	c.)				4,20	8,9	933

	Complete if the organization answered "Yes" of (a) Description of security or category		
	(a) Description of security or category  (including name of security)	(b) Book value	(c) Method of valuation:  Cost or end-of-year market value
) Financial	derivatives		·
2) Closely h	eld equity interests		
3) Other			
(A)			
/ <b>山</b> \			
otal. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.		
	Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(h) more than 15 miles 2000. Bert V. and (B) line 40.)		
Part IX	on (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.		
rait ix	Complete if the organization answered "Yes" of	n Form 900 Part IV line	11d See Form 990 Part V line 15
	(a) Description	TIT OTTI 990, I AILTV, IIIIE	(b) Book value
(1)	(a) Decemption		(B) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
<del>(7)</del>			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.		·
	Complete if the organization answered "Yes" of line 25.	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X,
-	(a) Description of liabi	lity	(b) Book value
· /	income taxes		
• •	ating Lease Liabilities		204,36
(3) Accr	ued Wages and Benefits		9,96
(4)			
,			
		<del></del>	
(5)			
(5) (6)			
(5) (6) (7)			
(5) (6) (7) (8) (9)			214,32

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Fo	orm 990) 2022	ARTS	CENTER	OF	COASTAL	CAROLINA	57-1035817	Page <b>5</b>
Part XIII	Supplementa	al Info	rmation (col	ntinue	ed)	CAROLINA		
					•			

### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Information Regarding Fundraising or Gaming Activities

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Name of the organization Employer identification number ARTS CENTER OF COASTAL CAROLINA 57-1035817 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events C In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col. (i) Yes No 1 3 6 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2022 ARTS CENTER OF COASTAL CAROLINA Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events Country & Cockt None (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 184,415 184,415 2 Less: Contributions 14,551 14,551 **3** Gross income (line 1 minus 169,864 169,864 line 2) 4 Cash prizes ..... 5 Noncash prizes ...... 6 Rent/facility costs ..... Direct Expenses **7** Food and beverages 8 Entertainment ...... 50,641 50,641 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 50,641 11 Net income summary. Subtract line 10 from line 3, column (d) .... Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes ..... Expenses 3 Noncash prizes ..... Direct 4 Rent/facility costs ..... 5 Other direct expenses 6 Volunteer labor ..... No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sche	chedule G (Form 990) 2022 ARTS CENTER OF COAS	TAI	L CAROLINA	57-1035817			Page 3
11	Does the organization conduct gaming activities with nonmembers?	,				Y	es No
12							_
	formed to administer charitable gaming?						es No
13						_	_
а	a The organization's facility				13a		%
b					13b		%
14	* * * * * * * * * * * * * * * * * * * *						
	records:						
	Name						
	Address						
15a	Does the organization have a contract with a third party from whom	the c	rganization receives gam	ing			
	revenue?					Y	es 💹 No
b	<b>b</b> If "Yes," enter the amount of gaming revenue received by the organ	izatio	n \$	and the			
С	<b>c</b> If "Yes," enter name and address of the third party:						
	Name						
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation \$						
	Description of services provided						
			contractor				
17	7 Mandatory distributions:						
а	a Is the organization required under state law to make charitable distr	ibutio	ns from the gaming proce	eeds to			
	retain the state gaming license?		0 01				es No
b	<b>b</b> Enter the amount of distributions required under state law to be dist	ribute	d to other exempt organize	zations or			
	spent in the organization's own exempt activities during the tax year		\$				
Pa	Part IV Supplemental Information. Provide the explanation Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b						
	See instructions.						
• • • •							

### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

#### **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open To Public Inspection

Name of the organization

ARTS CENTER OF COASTAL CAROLINA

Employer identification number

	ARTS CENT	ER OF	F COASTAL CA	ROLINA	57-103581	L7		
Pa	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determining	g		
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amo	ounts		
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							
	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution — Historic							
	structures							
14	Qualified conservation							
	contribution — Other							
15	Real estate — Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()	X	1	292,683				
26	Other ()							
27	Other ()							
28	Other (							
29	Number of Forms 8283 received by	the organiz	zation during the tax yea	r for contributions for				
	which the organization completed Fo	orm 8283,	Part V, Donee Acknowle	edgement	29			
							Yes	No
30a	During the year, did the organization	-			_			
	28, that it must hold for at least 3 ye			ribution, and which isn't req	uired to be			
	used for exempt purposes for the er		g period?			30a		X
b	If "Yes," describe the arrangement in							
31	Does the organization have a gift ac	ceptance p	policy that requires the re	eview of any nonstandard				
						31		<u> </u>
32a	Does the organization hire or use th	ird parties	or related organizations	to solicit, process, or sell n	oncash			
						32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an ar	nount in co	olumn (c) for a type of pr	roperty for which column (a	) is checked,			
	describe in Part II							

Schedule M (Fo	rm 990) 2022 <b>ARTS</b>	S CENTER OF	COASTAL (	CAROLINA	57-1035817	Page <b>2</b>
Part II	Supplemental	Information. Provide	de the informat	ion required by Pa	art I, lines 30b, 32b, and 33, and	d whether
2 011 0 11					entributions, the number of items	
						o received,
	or a combination	n of both. Also com	ipiete tris part	ior any additional	iniornation.	
	• • • • • • • • • • • • • • • • • • • •					

#### 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 2022

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection Name of the organization Employer identification number ARTS CENTER OF COASTAL CAROLINA 57-1035817 Form 990, Part VI, Line 7a - Election of Members and Their Rights THE CURRENT BOARD OF DIRECTORS ELECTS THE NEXT INCOMING BOARD. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 THE TAX RETURN IS REVIEWED BY BOTH MANAGEMENT AND THE ORGANIZATION'S TREASURER PRIOR TO BEING FILED. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy THE ORGANIZATION CONSISTENTLY HAS DISCUSSIONS WITH THEIR OFFICERS AND BOARD OF DIRECTORS REGARDING THE POLICY. Form 990, Part VI, Line 15a - Compensation Process for Top Official THE PRESIDENT/CEO IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS AND COMPENSATION IS BASED ACCORDINGLY. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation INFORMATION IS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST. Form 990, Part IX, Line 11g - Other Fees for Services Description Tot/Prog Service Mgt & General Fundraising Payroll Taxes and Benefits 340,204 29,341 24,860 Maintenance

11,028

219,953

#### **Filing Instructions**

#### ARTS CENTER OF COASTAL CAROLINA

#### **Exempt Organization Business Tax Return**

#### Taxable Year Ended August 31, 2023

**Date Due:** July 15, 2024

**Remittance:** None is required. Your Form 990-T for the tax year ended 8/31/23 shows no

balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return

electronically. Form 8879-TE, IRS e-file Signature Authorization for an Exempt

Organization should be signed and dated by an authorized officer of the

organization and returned to:

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

Important: Your return will not be filed with the IRS until the signed Form

8879-TE has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be

mailed. If you Mail a paper copy of your return to the IRS it will delay the

processing of your return.

Form **990-T** 

Department of the Treasury

### Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2022 or other tax year beginning 09/01/22 , and ending 08/31/23

Go to www.irs.gov/Form990T for instructions and the latest information.

o not enter SSN numbers on this form as it may be made public if your organization is a 501(c)

OMB No. 1545-0047

Open to Public Inspection for 501(c)(3)

Inter	rnal Revenue Service	D0 I	not enter 55r	numbers o	n this to	rm as it may b	e ma	ade public it your	organiz	zation	is a 5	U1(C)(	3).	Organ	izations (	Only
Α	Check box if address changed.		Name of org	anization (	Che	ck box if name cha	angeo	and see instructions.)			D	Emplo	yer iden	tification nur	nber	
В	Exempt under section	Print	ARTS	CENTER	ROF	COASTA	L	CAROLINA			5	57-	103	5817		
I	X 501( C)( 3)	or	Number, stree	et, and room or su	uite no. If a	P.O. box, see instru	uction:	S.			E	Group	exempti	on number		
i	408(e) 220(e)	Туре	14 SI	IELTER	COV	E LANE					'	(see in	struction	s)		
			City or town,	state or provinc	e, country,	, and ZIP or foreign	n post	al code								
	H H ''		Hilto	n Head	aI f	land		SC 29928			F		Check	k box if		
	529(a) 529A					year		9,3	92,	<u>690</u>		_	an an	nended re	turn.	
G	Check organization type		<b>X</b> 501(c)	corporation	5	501(c) trust	Ш	401(a) trust	0	ther tr	ust	Ш	State	college/ur	niversity	
	Check if filing only to			edit from Fo			Ш	Claim a refund s								
	Check if a 501(c)(3) org															📙
	Enter the number of atta															1
K	During the tax year, was	the cor	rporation a s	ubsidiary in	an affilia	ated group or	a pa	rent-subsidiary co	ontrolle	ed grou	ıр?			L	Yes	X No
	If "Yes," enter the name	and ide	entifying num	ber of the p	arent co	rporation										
														0.4.0		2015
	The books are in care of					RTMENT/C	)F'F	•		Telepl	none	num	ber	843-	<u> 686-</u>	<u> 3945</u>
	Part I Total Uni															
1	Total of unrelated bus			•				,								0
_	instructions)												1			0
2													2			
3	Add lines 1 and 2												3			
4	Charitable contribution	s (see I	Instructions t	or limitation	ruies) .								4			
5	Total unrelated busine												5			0
6	Deduction for net ope												6			
7	Total of unrelated bus			•									7			0
8	Subtract line 6 from lin												8		1	,000
9	Specific deduction (ge												9			,000
9 10	Trusts. Section 199A  Total deductions. Ad												10		1	,000
11	Unrelated business											• • • •	10			<del>, 000</del>
• •							•	•	•				11			0
Р	enter zero Part II Tax Com															
1	Organizations taxabl			Multiply Par	t I. line	11 by 21% (0	21)						1			0
2	Trusts taxable at trus											• • •				
_	Part I, line 11 from:							1)					2			0
3	Proxy tax. See instru												3			
4	Other tax amounts. So	ee instru	uctions										4			
5	Alternative minimum to	ax (trust	s only)									• • •	5			
6	Tax on noncomplian	t facility	/ income. S	ee instructio	ns							• • •	6			
7	Total. Add lines 3 thro												7			0

Supplemental Information

explain in Part V

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"

Sign Here		m, including accompanying schedules and statements, and to the best er than taxpayer) is based on all information of which preparer has an   President, CEO  Title		and	V	May the IRS discussiff the preparer see instructions) (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	shown below
Paid	Print/Type preparer's name Patrick P. Carey, Jr., CPA	Preparer's signature Patrick P. Carey, Jr., CPA	Dale	- 1	Check self-employe	if PTIN d P00033	247
Preparer	Firm's name Carey & Compa	any P.A.		Firm's E	IN	57-09	27046
Use Only	70 Main Stree Firm's address Hilton Head	•		Phone n	10. 8	43-681	-4430

Form **990-T** (2022)

#### SCHEDULE A (Form 990-T)

#### **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Part I

2

**E** Describe the unrelated trade or business

Less returns and allowances

1a Gross receipts or sales

**Unrelated Trade or Business Income** 

Gross profit. Subtract line 2 from line 1c

Cost of goods sold (Part III, line 8)

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

(C) Net

Α	Name of the organization	В	Employer id	entifica	ition n	umber
Al	RTS CENTER OF COASTAL CAROLINA	5	7-103581	L7		
<u>c</u>	Unrelated business activity code (see instructions) 711110	D	Sequence:	1	of	1

Unrelated Business Activity

1c

2

3

**c** Balance .....

(A) Income

(B) Expenses

4a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See						
	instructions	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement) See Stmt 1	12		14,550			14,550
13	Total. Combine lines 3 through 12	13		14,550			14,550
Pa	art II Deductions Not Taken Elsewhere See instructions for		ations o	n deduction	s. Deducti	ons must l	be
	directly connected with the unrelated business income						
1	Compensation of officers, directors, and trustees (Part X)					1	
2	Salaries and wages					2	
3	Repairs and maintenance					3	
4	Bad debts					4	
5	Interest (attach statement). See instructions					5	
6	Taxes and licenses					6	
7	Depreciation (attach Form 4562). See instructions			7			
8	Less depreciation claimed in Part III and elsewhere on return			8a		8b	0
9	Depletion					9	
10	Contributions to deferred compensation plans					10	
11	Employee benefit programs					11	
12	Excess exempt expenses (Part VIII)					12	
13	Excess readership costs (Part IX)					13	
14	Other deductions (attach statement)		See	Statem	ent 2	14	14,550
15	Total deductions. Add lines 1 through 14					15	14,550
16	Unrelated business income before net operating loss deduction. Subtract line	15 from	Part I, lin	e 13,			
	column (C)					16	
17	Deduction for net operating loss. See instructions					17	
18	Unrelated business taxable income. Subtract line 17 from line 16					18	0
Fa.:	Demonstratic Deducation Act Notice are instructions					ahadula A /I	000 T\ 2022

Schedule A (Form 990-T) 2022

	/29/2024 3:21 PM			100-01-	_
	dule A (Form 990-T) 2022 ARTS CENT			57-1035817	Page <b>2</b>
<u> Par</u> 1	rt III Cost of Goods Sold		f inventory valuation	1	1
2	Inventory at beginning of year			2	
3	Purchases  Cost of labor			3	
4	Additional section 263A costs (attach statemen	nt)		4	
5	Other costs (attach statement)	/		5	
6	<b>Total.</b> Add lines 1 through 5			6	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6	6. Enter here and in Part I,	line 2	8	
9	Do the rules of section 263A (with respect to p	roperty produced or acquir	ed for resale) apply to the	organization?	Yes No
Par	rt IV Rent Income (From Real Pro				
1	Description of property (property street address	s, city, state, ZIP code). Cl	neck if a dual-use. See ins	structions.	
	<u>A</u>				
	В				
	<u>c</u> H —				
	D [		Г в		T
2	Rent received or accrued	Α	В	С	D
	From personal property (if the percentage of				
а	rent for personal property is more than 10%				
	but not more than 50%)				
h	From real and personal property (if the				
-	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
_	Tatal wants massived an assured Add line On as	Lucian A thursuals D. Foton	have and an Dart Line C	and when (A)	
3	Total rents received or accrued. Add line 2c co	iumns A through D. Enter	nere and on Part I, line 6,	column (A)	
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	gh D. Enter here and on F	art I, line 6, column (B)		
Dor					
<u>Par</u> 1		,		oo instructions	
1	Description of debt-financed property (street ac	duress, city, state, ZIP cod	e). Check if a dual-use. 5	ee instructions.	
	В —				
	с H —				
	p H				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
_	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				1
8	Total gross income (add line 7, columns A the	rough D). Enter here and	on Part I, line 7, column (A	)	
9	Allocable deductions. Multiply line 3c by line 6				
		A .1		(D)	
0	Total allocable deductions. Add line 9, colum	nns A through D. Enter her	e and on Part I, line 7, col	umn (B)	

11

Total dividends-received deductions included in line 10

Schedule A (F	orm 990-T) 2022	ARTS CE	ENTER OF	COZ	ASTAL	CAROL	IN?	<u> </u>	57	<u>-10358</u>	<u> 17 </u>	Page	3
Part VI	Interest, An	nuities, Roy	yalties, and F	Rents	s from C	Controlled	l Oı	rganizati	ons (	see instru	ctions)		
								Exempt (	Controll	ed Organiza	ation		
	Name of controlled organization	ı	2. Employer identification number		incom	unrelated e (loss) structions)	4	1. Total of spec payments ma		5. Part of of that is include controlling on gross in	ded in the ganization's	6. Deductions directly connected with income in column 5	
(1)													_
(2)													_
(3)													_
(4)													_
. ,			No	nexen	npt Contro	lled Organiz	ation	ns					
<b>7.</b> Taxa	able income	incom	unrelated ne (loss) structions)		9. Total of payments	•		that is	Part of colling organizes income	in the nization's		11. Deductions directly connected with income in column 10	
(1)							$\dashv$				<u> </u>		_
(2)											<u> </u>		_
(3)											<u> </u>		_
(4)							$\dashv$						_
Totals	Investment	Incomo of	Soction FO	1/0\/7	7) (0) 0	r (17) Ora		line	8, colum	n (A)		inter here and on Part I, line 8, column (B)	
Pail VII			a Section 50							structions)	<u> </u>		_
	1. Description of inc	come	2. Amo	ount of in	ncome	3. Ded directly ( (attach s	conne	ected		4. Set-asides tach statement)		5. Total deductions and set-asides (add columns 3 and 4)	
(1)													
(2)													
(3)													
(4)													
Totals			Add amo Enter he line 9		on Part I,							Add amounts in column 5. Enter here and on Part I, line 9, column (B)	
Part VIII	Exploited E	xempt Activ	ity Income,	Othe	r Than	Advertisin	na I	ncome (	see ir	structions	3)		_
	tion of exploited a							,					_
	inrelated business		ade or business.	Enter	here and	on Part I, lin	ne 10	D, column (	A)		2		
	es directly connect												
•	(5)	•									3		
4 Net inco	ome (loss) from un	related trade o	r business. Subti	ract lin	ne 3 from li	ne 2. If a ga	ain, c	complete					
lines 5 t	through 7					J		•			4		
5 Gross in	ncome from activit	ty that is not ur	related business	incon	ne						5		
6 Expense	es attributable to in	ncome entered	on line 5								6		
7 Excess	exempt expenses.	. Subtract line 5	from line 6, but	do no	ot enter mo	re than the a	amo	unt on line					

Schedule A (Form 990-T) 2022

4. Enter here and on Part II, line 12

Pai	t IX	Advertising Income					
1		s) of periodical(s). Check box if	reporting two or more p	eriodicals on a consolidate	d basis.		
	<u> </u>						
	ВН						
	ъΗ						
Ente		ts for each periodical listed abo	ve in the corresponding	column.			
			A	В	С		D
2	Gross	advertising income					
а	Add co	olumns A through D. Enter here	and on Part I, line 11, co	olumn (A)			
3	Direct	advertising costs by periodical					
а	Add co	olumns A through D. Enter here	and on Part I, line 11, co	olumn (B)			
4	2. For a complete line 4 sh lines 5 t	sing gain (loss). Subtract line 3 from I any column in line 4 showing a gain, the lines 5 through 8. For any column in thowing a loss or zero, do not complet through 7, and enter zero on line 8	in te				
5 6	Circula	rship costs					
7	Excess line 5, s	readership costs. If line 6 is less than subtract line 6 from line 5. If line 5 is le e 6, enter zero	n ess				
8	Excess deduction	readership costs allowed as a on. For each column showing a gain enter the lesser of line 4 or line 7	on				
а		ne 8, columns A through D. Ente	=				
	,						
Pai							
Pai	rt X	Compensation of Off			tructions) 3.	Percentage time devoted o business	Compensation     attributable to     unrelated business
		Compensation of Off		nd Trustees (see ins	tructions) 3.	Percentage time devoted	attributable to
(1) (2)		Compensation of Off		nd Trustees (see ins	tructions) 3.	Percentage time devoted to business	attributable to
(1)		Compensation of Off		nd Trustees (see ins	tructions) 3.	Percentage time devoted o business % % %	attributable to
(1)		Compensation of Off		nd Trustees (see ins	tructions) 3.	Percentage time devoted o business %	attributable to
(1) (2) (3) (4)	t X	Compensation of Off	icers, Directors, a	nd Trustees (see ins	tructions)  3. of t	Percentage time devoted o business % % %	attributable to
(1) (2) (3) (4)	t X	Compensation of Off  1. Name  r here and on Part II, line 1	icers, Directors, a	nd Trustees (see ins	tructions)  3. of t	Percentage time devoted o business % % %	attributable to
(1) (2) (3) (4)	t X	Compensation of Off	icers, Directors, a	nd Trustees (see ins	tructions)  3. of t	Percentage time devoted o business % % %	attributable to
(1) (2) (3) (4)	t X	Compensation of Off  1. Name  r here and on Part II, line 1	icers, Directors, a	nd Trustees (see ins	tructions)  3. of t	Percentage time devoted o business % % %	attributable to
(1) (2) (3) (4)	t X	Compensation of Off  1. Name  r here and on Part II, line 1	icers, Directors, a	nd Trustees (see ins	tructions)  3. of t	Percentage time devoted o business % % %	attributable to
(1) (2) (3) (4)	t X	Compensation of Off  1. Name  r here and on Part II, line 1	icers, Directors, a	nd Trustees (see ins	tructions)  3. of t	Percentage time devoted o business % % %	attributable to
(1) (2) (3) (4)	t X	Compensation of Off  1. Name  r here and on Part II, line 1	icers, Directors, a	nd Trustees (see ins	tructions)  3. of t	Percentage time devoted o business % % %	attributable to
(1) (2) (3) (4)	t X	Compensation of Off  1. Name  r here and on Part II, line 1	icers, Directors, a	nd Trustees (see ins	tructions)  3. of t	Percentage time devoted o business % % %	attributable to
(1) (2) (3) (4)	t X	Compensation of Off  1. Name  r here and on Part II, line 1	icers, Directors, a	nd Trustees (see ins	tructions)  3. of t	Percentage time devoted o business % % %	attributable to
(1) (2) (3) (4)	t X	Compensation of Off  1. Name  r here and on Part II, line 1	icers, Directors, a	nd Trustees (see ins	tructions)  3. of t	Percentage time devoted o business % % %	attributable to
(1) (2) (3) (4)	t X	Compensation of Off  1. Name  r here and on Part II, line 1	icers, Directors, a	nd Trustees (see ins	tructions)  3. of t	Percentage time devoted o business % % %	attributable to
(1) (2) (3) (4)	t X	Compensation of Off  1. Name  r here and on Part II, line 1	icers, Directors, a	nd Trustees (see ins	tructions)  3. of t	Percentage time devoted o business % % %	attributable to
(1) (2) (3) (4)	t X	Compensation of Off  1. Name  r here and on Part II, line 1	icers, Directors, a	nd Trustees (see ins	tructions)  3. of t	Percentage time devoted o business % % %	attributable to
(1) (2) (3) (4)	t X	Compensation of Off  1. Name  r here and on Part II, line 1	icers, Directors, a	nd Trustees (see ins	tructions)  3. of t	Percentage time devoted o business % % %	attributable to
(1) (2) (3) (4)	t X	Compensation of Off  1. Name  r here and on Part II, line 1	icers, Directors, a	nd Trustees (see ins	tructions)  3. of t	Percentage time devoted o business % % %	attributable to
(1) (2) (3) (4)	t X	Compensation of Off  1. Name  r here and on Part II, line 1	icers, Directors, a	nd Trustees (see ins	tructions)  3. of t	Percentage time devoted o business % % %	attributable to

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# 9607 ARTS CENTER OF COASTAL CAROLINA 57-1035817 Federal Statements

FYE: 8/31/2023

<b>Unrelated Business Activity</b>	
Statement 1	- Schedule A (990T). Part I. Line 12 - Other Income

Description	<u></u>	Amount
Other - Unrelated	\$	14,550
Total	\$	14,550

Unrelated Business Activity
Statement 2 - Schedule A (990T), Part II, Line 14 - Other Deductions

Deduction Description	Deduction Amount
	\$ 14,550
Total	\$ 14,550

Form **990** 

#### **Event Income and Deduction Worksheet**

Description F&B/Merchandise Sales

2022

Name

ARTS CENTER OF COASTAL CAROLINA

Taxpayer Identification Number **57–1035817** 

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

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales1	102,925	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
<b>4.</b> Other income <b>4.</b>		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	102,925	Travel & Repairs
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
<b>10.</b> Fees for services <b>10.</b>		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		
<b>14.</b> Fundraising Expense <b>14.</b>		Expense Details - Depreciation Expense:
<b>15. Total expenses.</b> Add lines 8 through 14 <b>15.</b>		On investment property
16. Net Income/Loss. Line 7 minus Line 1516.		On non-investment property
		Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory	151	
Purchases	55,815	Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Section 263A costs		Bad debts
Other costs		Taxes/licenses
Ending inventory	550	Charitable contributions
Total Cost of Goods Sold	55,416	Dividend recd deductions
	<del></del> _	Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
•		Other direct expenses
Management		Total Fundraising Expense
Legal		rotal randalong Expones
Accounting		
Lobbying  Professional fundraising		
•		
Investment management		
Other Total Fees for Services		
Total Fees for Services		
Information is indicated for use on Form 990-T,	Schedule A:	Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code Seq		•
Part V, Debt Financing	т	First
Part VI, Controlled Org Income		Second
		Third
Part VIII, Investments for C(7)(9)(17)		All other
Part VIII, Exploited Activities		
Part IX, Advertising Income		

Form **990** 

#### **Event Income and Deduction Worksheet**

Description Country & Cocktails

Taxpayer Identification Number **57–1035817** 

2022

Name
ARTS CENTER OF COASTAL CAROLINA

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

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales 1.	169,864	Advertising and promotion
2. Advertising income 2.		Office
<b>3.</b> Circulation income <b>3.</b>		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
<b>5.</b> Returns and allowances <b>5.</b>		Royalties & License Fees
<b>6.</b> Contributions received <b>6.</b>		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	184,415	Travel & Repairs
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
<b>9.</b> Employment Expense <b>9.</b>		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
<b>12.</b> Depreciation Expense <b>12.</b>		Total Indirect Expense
<b>13.</b> Exempt Activity Expense <b>13.</b>		• • • • • • • • • • • • • • • • • • • •
<b>14.</b> Fundraising Expense <b>14.</b>		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 1415.		On investment property
16. Net Income/Loss. Line 7 minus Line 1516.		On non-investment property
2		Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Depletion  Total Depreciation Expense
-		Total Depresiation Expense
Beginning inventory		Expense Details - Exempt Activity Expense:
Purchases		
Labor	. ————	Repairs and Maintenance
Section 263A costs		Bad debts
Other costs		Taxes/licenses
Ending inventory	50,641	Charitable contributions
Total Cost of Goods Sold	30,041	Dividend recd deductions
Francisco Detaile - Francisco Francisco		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		Forman Details - Formaticion Forman
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Other		
Total Fees for Services		
Information is indicated for use on Form 99	90-T, Schedule A:	Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code	Seq #	First
Part V, Debt Financing	'	Second
Part VI, Controlled Org Income		Third
Part VII, Investments for C(7)(9)(17)		
Part VIII, Exploited Activities		All other
Part IX Advertising Income		

Form **990/990PF** 

#### **Rent Income and Deduction Worksheet**

Description Rental Income

2022

Name

ARTS CENTER OF COASTAL CAROLINA

Taxpayer Identification Number **57-1035817** 

Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents  Expenses (see details on worksheets below): 2. Fees for services 3. Depreciation Expense 4. Direct Expense 5. Total expenses. Add lines 8 through 12 6. Net Income/Loss. Line 7 minus Line 13  Expense Details - Fees for Services: Accounting Legal Commissions Management Other Professional Fees Total Fees for Services  Expense Details - Depreciation Expense: On non-investment property On investment property Amortization Depletion Total Depreciation Expense  Expense Details - Direct Expense: Interest Taxes/licenses	2
3. Depreciation Expense 4. Direct Expense 5. Total expenses. Add lines 8 through 12 6. Net Income/Loss. Line 7 minus Line 13  Expense Details - Fees for Services:     Accounting     Legal     Commissions     Management     Other Professional Fees     Total Fees for Services  Expense Details - Depreciation Expense:     On non-investment property     On investment property     Amortization     Depletion     Total Depreciation Expense  Expense Details - Direct Expense:     Interest     Taxes/licenses	3
3. Depreciation Expense 4. Direct Expense 5. Total expenses. Add lines 8 through 12 6. Net Income/Loss. Line 7 minus Line 13  Expense Details - Fees for Services:     Accounting     Legal     Commissions     Management     Other Professional Fees     Total Fees for Services  Expense Details - Depreciation Expense:     On non-investment property     On investment property     Amortization     Depletion     Total Depreciation Expense  Expense Details - Direct Expense:     Interest     Taxes/licenses	3
4. Direct Expense 5. Total expenses. Add lines 8 through 12 6. Net Income/Loss. Line 7 minus Line 13  Expense Details - Fees for Services: Accounting Legal Commissions Management Other Professional Fees Total Fees for Services  Expense Details - Depreciation Expense: On non-investment property On investment property Amortization Depletion Total Depreciation Expense: Interest Taxes/licenses	4
5. Total expenses. Add lines 8 through 12 5. Net Income/Loss. Line 7 minus Line 13  Expense Details - Fees for Services: Accounting Legal Commissions Management Other Professional Fees Total Fees for Services  Expense Details - Depreciation Expense: On non-investment property On investment property Amortization Depletion Total Depreciation Expense: Interest Taxes/licenses	5. 6. 97,632
Expense Details - Fees for Services:  Accounting Legal Commissions Management Other Professional Fees Total Fees for Services  Expense Details - Depreciation Expense: On non-investment property On investment property Amortization Depletion Total Depreciation Expense: Interest Taxes/licenses	6. 97,632
Accounting Legal Commissions Management Other Professional Fees Total Fees for Services  Expense Details - Depreciation Expense: On non-investment property On investment property Amortization Depletion Total Depreciation Expense: Interest Taxes/licenses	
Legal Commissions Management Other Professional Fees Total Fees for Services  Expense Details - Depreciation Expense: On non-investment property On investment property Amortization Depletion Total Depreciation Expense: Interest Taxes/licenses	
Legal Commissions Management Other Professional Fees Total Fees for Services  Expense Details - Depreciation Expense: On non-investment property On investment property Amortization Depletion Total Depreciation Expense  Expense Details - Direct Expense: Interest Taxes/licenses	
Commissions  Management Other Professional Fees  Total Fees for Services  Expense Details - Depreciation Expense: On non-investment property On investment property Amortization Depletion Total Depreciation Expense  Expense Details - Direct Expense: Interest Taxes/licenses	
Management Other Professional Fees Total Fees for Services  Expense Details - Depreciation Expense: On non-investment property On investment property Amortization Depletion Total Depreciation Expense  Expense Details - Direct Expense: Interest Taxes/licenses	
Other Professional Fees Total Fees for Services  Expense Details - Depreciation Expense: On non-investment property On investment property Amortization Depletion Total Depreciation Expense  Expense Details - Direct Expense: Interest Taxes/licenses	
Total Fees for Services  Expense Details - Depreciation Expense: On non-investment property On investment property Amortization Depletion Total Depreciation Expense  Expense Details - Direct Expense: Interest Taxes/licenses	
On non-investment property On investment property Amortization Depletion Total Depreciation Expense  Expense Details - Direct Expense: Interest Taxes/licenses	
On investment property Amortization Depletion Total Depreciation Expense  Expense Details - Direct Expense: Interest Taxes/licenses	
On investment property Amortization Depletion Total Depreciation Expense  Expense Details - Direct Expense: Interest Taxes/licenses	
Amortization Depletion Total Depreciation Expense  Expense Details - Direct Expense: Interest Taxes/licenses	
Depletion Total Depreciation Expense  Expense Details - Direct Expense: Interest Taxes/licenses	
Total Depreciation Expense  Expense Details - Direct Expense: Interest Taxes/licenses	
Interest Taxes/licenses	
Interest Taxes/licenses	
Taxes/licenses	
Occupancy Expenses	·····
Occupancy Expenses  Repairs & Maintenance	
Repairs & Maintenance Travel/conferences/meetings	
Printing & Publication	
Advertising	
Advertising Insurance	
Insurance Utilities	······
Utilities Supplies	
***	
Other expenses Total Direct Expense	·····
Total Direct Expense	·····

9607 ARTS CENTER OF COASTAL CAROLINA 57-1035817 **Federal Statements** 

1/29/2024 3:21 PM

FYE: 8/31/2023

57-1035817

#### **Taxable Dividends from Securities**

Description						
		Unrelated	Exclusion	Postal	Acquired afte	r US
Д	mount	Business	Code	Code	6/30/75	Obs (\$ or %)

269,367 269,367 Total

9607 ARTS CENTER OF COASTAL CAROLINA

FYE: 8/31/2023

57-1035817

### **Federal Statements**

1/29/2024 3:21 PM

#### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Description Expenses			Program Management & General		 Fund Raising	
Payroll Taxes and Benefits	\$	394,405	\$	340,204	\$	29,341	\$ 24,860
Maintenance		236,015		219,953		11,028	5,034
Scenery, Props and Costumes		274,975		273,997			978
Bank and Credit Card Fees		98,013		58,808			39,205
Housing		416,873		416,452			421
Other		63,305		51,521		6,132	 5,652
Total	\$	1,483,586	\$	1,360,935	\$	46,501	\$ 76,150

9607 ARTS CENTER OF COASTAL CAROLINA 1/29/2024 3:21 PM **Federal Statements** 57-1035817 FYE: 8/31/2023 Schedule A, Part III, Line 1(e) Description Amount 544,996 1,156,638 Other Non-Operating Income Country & Cocktails Cash Contribution 14,551 Total 1,716,185 Schedule A, Part III, Line 11 Description Amount 14,550 Other - Unrelated Less: Deductions -15,550 -1,000 Total

#### PUBLIC INSPECTION COPY

### Form **990**

### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Beginning of Current Year End of Year 10 , 441 , 766 . 9 , 773 , 791 . 3 , 280 , 730 . 3 , 501 , 179 . 3 , 280 , 730 .	A	For t	he 2021 calendar year, or tax year beginning $$ SEP $1,$ 2021 $$ and e	ending A	UG 31, 2022	
Doing business as   Number and street (or P.O. box f mail is not delivered to street address)   Room/sulte   E Tolephone number & March 20   E Tolephone number & Tolephone number & March 20   E Tolephone number & Tolephone number & Tolephone number & March 20   E Tolephone number & Tolephone numb	В	Check	if C Name of organization		D Employer identifi	cation number
Danig Business as   Mumber and street (or P.O. box if mall is not delivered to street address)   Room/Sulle   Selephone number   R4 SHBLTER COVE LANE   Room/Sulle   R4 SHBLTER COVE LANE   R1LTON HBAD ISLAND, SC 29928   HILTON HBAD ISLAND, SC 29925   Phone no. 843-615-6161   Hilton Hadden Hadde		chi	MATS CENTER OF COASTAL CAROLINA			
Number and street (Pr - Low or I mail is flot ownered to street; appress)   Roomsstreet   Roomsstr		cha	Doing business as		57-10358	17
City or town, state or province, country, and 2P or foreign postal code   City or town, state or province, country, and 2P or foreign postal code   City or town, state or province, country, and 2P or foreign postal code   City or town   City or	E	retu Fina	INUMBER and street (of P.U. DOX IT MAIL IS NOT DELIVERED TO STREET ADDRESS)  1.4. CHET.TED COVE TANKE	Room/suite	'	
Mill TON HEAD ISLAND, SC 29928		terr				
Name and address of principal officer JEFFREY REEVES   14 SHBLTER COVE LANE, HILTON HEAD ISLAND, SC   1 Tax-exempts status:   X 501c(s)   501c(s)   1		Am	ended UTIMON UEAD TOLAND CC 20029			
The period of		T Apr	plica-			
Taxewamort statuse   X   Soffe(s)   Soffe(s)   (insert no.)   4947(a)(1) or   527   He) state or legal demicite; SC   Website:   WWW. ARTSHIT.COM   (insert no.)   4947(a)(1) or   527   He) Group exemption number   New Year of regalization   Year of				D, SC		(0000000
Website:   WWW.ARTSHHI.COM	ī	Tax-e	exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	r 527		
Part   Summary   Briefly describe the organization's mission or most significant activities: TO ENRICH AND BENEFIT THE	J	Web				
Briefly describe the organization's mission or most significant activities: TO ENRICH AND BENEFIT THE COMMUNITY THROUGH THE ARTS	K	Form	of organization; X Corporation Trust Association Other ▶	L Year o	of formation: 1995	M State of legal domicile: SC
COMMUNITY THROUGH THE ARTS   2   Check this box	P	art I	4			
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7 a Total unrelated business revenue (setsimate if necessary)  8 Net unrelated business revenue (rom Part VIII, column (C), line 12  8 Contributions and grants (Part VIII, line 1h)  9 Prior Year  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Oliver revenue (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e)  13 Grants and similar amounts paid (Part X, column (A), lines 13)  14 Benefits paid to or for members (Part X, column (A), lines 13)  15 Salaries, other compensation, employee benefits (Part X, column (A), lines 15)  16 Total rundraising espenses (Part X, column (A), line 1e)  17 Other expenses (Part X, column (A), line 1e)  18 Total expenses. Add lines 13-17 (must equal Part X, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  10 Total expenses. Subtract line 18 from line 12  10 Total expenses. Subtract line 18 from line 12  10 Total aliabilities (Part X, line 16)  10 Total aliabilities (Part X, line 26)  11 Total liabilities (Part X, line 26)  12 Total liabilities (Part X, line 26)  13 Signature Block  14 Print/Type preparer's name  15 MICHABEL R. PUTICH, CPA  16 Firm's name ROBINSON GRANT & CO. P.A.  17 Firm's address P.O. D. RAWER 2999  18 Firm's address P.O. D. RAWER 2999  18 Firm's address P.O. D. RAWER 2999  18 Phone no. 843-815-6161			Briefly describe the organization's mission or most significant activities: TO EN	RICH A	AND BENEFIT	THE
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7 a Total unrelated business revenue (setsimate if necessary)  8 Net unrelated business revenue (rom Part VIII, column (C), line 12  8 Contributions and grants (Part VIII, line 1h)  9 Prior Year  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Oliver revenue (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e)  13 Grants and similar amounts paid (Part X, column (A), lines 13)  14 Benefits paid to or for members (Part X, column (A), lines 13)  15 Salaries, other compensation, employee benefits (Part X, column (A), lines 15)  16 Total rundraising espenses (Part X, column (A), line 1e)  17 Other expenses (Part X, column (A), line 1e)  18 Total expenses. Add lines 13-17 (must equal Part X, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  10 Total expenses. Subtract line 18 from line 12  10 Total expenses. Subtract line 18 from line 12  10 Total aliabilities (Part X, line 16)  10 Total aliabilities (Part X, line 26)  11 Total liabilities (Part X, line 26)  12 Total liabilities (Part X, line 26)  13 Signature Block  14 Print/Type preparer's name  15 MICHABEL R. PUTICH, CPA  16 Firm's name ROBINSON GRANT & CO. P.A.  17 Firm's address P.O. D. RAWER 2999  18 Firm's address P.O. D. RAWER 2999  18 Firm's address P.O. D. RAWER 2999  18 Phone no. 843-815-6161	Š					
5 Total number of individuals employed in calendar year 20/21 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7 a Total unrelated business revenue (rom Part VIII, column (C), line 12  8 Contributions and grants (Part VIII, line 1h)  9 Prior Year  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1h)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Oliver revenue (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e)  13 Grants and similar amounts paid (Part X, column (A), lines 1-3)  14 Benefits paid to or for members (Part X, column (A), lines 1-3)  15 Salaries, other compensation, employee benefits (Part X, column (A), line 1-2)  16 Professional fundraising fees (Part X, column (A), line 1-2)  17 Other expenses (Part X, column (A), line 1-2)  18 Total expenses. Add lines 1-3-17 (must equal Part X, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  10 Total fundraising expenses (Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  3 Signal professional fundraising fees (Part IX, column (A), line 25)  3 Signal professional fundraising fees (Part X, line 26)  3 Signal professional fundraising fees (Part X, line 26)  10 Total fundraising expenses (Part IX, column (A), line 25)  11 Total liabilities (Part X, line 26)  20 Total assets (Part X, line 26)  3 Signal professional fundraising fees (Part X, line 25)  3 Signal professional fundraising fees (Part X, line 26)  3 Signal professional fundraising fees (Part X, line 25)  3 Signal professional fundraising fees (Part X, line 26)  3 Signal professional fundraising fees (Part X, line 25)  4 Signal professional fundraising fees (Part X, line 26)  5 Total fundraising expenses (Part X, line 26)  5 Total fundraising fees (Part X, lin	22	2		ed of more	than 25% of its net as:	
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7 a Total unrelated business revenue (setsimate if necessary)  8 Net unrelated business revenue (rom Part VIII, column (C), line 12  8 Contributions and grants (Part VIII, line 1h)  9 Prior Year  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Oliver revenue (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue (Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e)  13 Grants and similar amounts paid (Part X, column (A), lines 13)  14 Benefits paid to or for members (Part X, column (A), lines 13)  15 Salaries, other compensation, employee benefits (Part X, column (A), lines 15)  16 Total rundraising espenses (Part X, column (A), line 1e)  17 Other expenses (Part X, column (A), line 1e)  18 Total expenses. Add lines 13-17 (must equal Part X, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  10 Total expenses. Subtract line 18 from line 12  10 Total expenses. Subtract line 18 from line 12  10 Total aliabilities (Part X, line 16)  10 Total aliabilities (Part X, line 26)  11 Total liabilities (Part X, line 26)  12 Total liabilities (Part X, line 26)  13 Signature Block  14 Print/Type preparer's name  15 MICHABEL R. PUTICH, CPA  16 Firm's name ROBINSON GRANT & CO. P.A.  17 Firm's address P.O. D. RAWER 2999  18 Firm's address P.O. D. RAWER 2999  18 Firm's address P.O. D. RAWER 2999  18 Phone no. 843-815-6161	Š	3			3	
Solution   Prior Year   Current Ye	Č	4				
Solution   Prior Year   Current Ye	V.	5				
Solution   Prior Year   Current Ye	ž.	6	Total number of volunteers (estimate if necessary)		6	
Solution   Prior Year   Current Ye	Ćţ	7				
8	_	_	b Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
9 Program service revenue (Part VIII, line 2g) 794, 448 1,791,591. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising esee (Part IX, column (A), lines 1-11e) 17 Other expenses (Part IX, column (A), lines 11e) 18 Total expenses (Part IX, column (A), lines 11e) 19 Revenue less expenses (Part IX, column (A), lines 11e) 20 Total assets (Part X, lines 16) 21 Total isbilities (Part X, line 16) 22 Total assets (Part X, line 16) 21 Total isbilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Jotal assets (Part X, line 26) 24 Let a subset or fund balances. Subtract line 21 from line 20 25 Signature Block 26 Under penallies 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 strue, correct, and complete. Declaration of preparer (other-than officer) is based on all information of which preparer has any knowledge.  Print/Type preparer's name  Print/Type preparer'				_		
12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, 10c, and 11e)	evenue	8	_			
12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, 10c, and 11e)		9				
12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, 10c, and 11e)  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)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 25)  17 Other expenses (Part IX, column (D), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 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.  Print/Type preparer's name  MICHAEL R. PUTICH, CPA  Preparer  Firm's address P.O. DRAWER 22959  HILTON HEAD ISLAND, SC 29925  Phone no. 843-815-6161		10				
13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   0 . 0 . 0 . 14		11				
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising esees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), lines 11e) 18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Total liabilities (Part X, line 26) 23 Net assets or fund balances. Subtract line 21 from line 20 3		12				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  3 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 fother than officer) is based on all information of which preparer has any knowledge.  Sign Here  Print/Type preparer's name  MICHAEL R. PUTICH, CPA  Preparer  Use Only  Firm's address P.O. DRAWER 22959  HILTON HEAD ISLAND, SC 29925  Phone no. 843-815-6161		13				
16a Professional fundraising fees (Part IX, column (A), line 11e)   0. 0.		14				
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  18 Total expenses. Subtract line 18 from line 12  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  22 Net assets or fund balances. Subtract line 21 from line 20  3, 501, 179.  3, 280, 730.  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other-than officer) is based on all information of which preparer has any knowledge.  Sign  Print/Type preparer's name  Preparer's signature  MICHAEL R. PUTICH, CPA  Preparer  Use Only  Firm's name ROBINSON GRANT & CO., P.A.  Firm's EIN 57-0735924  Phone no. 843-815-6161	5	15				
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  18 Total expenses. Subtract line 18 from line 12  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  22 Net assets or fund balances. Subtract line 21 from line 20  3, 501, 179.  3, 280, 730.  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other-than officer) is based on all information of which preparer has any knowledge.  Sign  Print/Type preparer's name  Preparer's signature  MICHAEL R. PUTICH, CPA  Preparer  Use Only  Firm's name ROBINSON GRANT & CO., P.A.  Firm's EIN 57-0735924  Phone no. 843-815-6161	Sus	16			0.	0.
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  18 Total expenses. Subtract line 18 from line 12  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  22 Net assets or fund balances. Subtract line 21 from line 20  3, 501, 179.  3, 280, 730.  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other-than officer) is based on all information of which preparer has any knowledge.  Sign  Print/Type preparer's name  Preparer's signature  MICHAEL R. PUTICH, CPA  Preparer  Use Only  Firm's name ROBINSON GRANT & CO., P.A.  Firm's EIN 57-0735924  Phone no. 843-815-6161	X		- · · · · · · · · · · · · · · · · · · ·	_	0.055.055	0.006.050
19   Revenue less expenses. Subtract line 18 from line 12   727,362.	ш	17				
Beginning of Current Year End of Year 10 , 441 , 766 . 9 , 773 , 791 . 3 , 280 , 730 . 3 , 501 , 179 . 3 , 280 , 730 .		gross				
Total liabilities (Part X, line 16)  21 Total liabilities (Part X, line 26)  3,501,179. 3,280,730.  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Print/Type preparer's name  Preparer's signature  MICHAEL R. PUTICH, CPA  Preparer  Firm's name  ROBINSON GRANT & CO., P.A.  Firm's line 16)  10,441,766.  3,501,179. 3,280,730.  6,940,587. 6,493,061.  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 which preparer has any knowledge.  Date  Print/Type preparer's name  Preparer's signature  Date  O6/21/23 self-employed P00853466  Preparer  Firm's name  ROBINSON GRANT & CO., P.A.  Firm's line 57-0735924  Firm's address  P.O. DRAWER 22959  HILTON HEAD ISLAND, SC 29925  Phone no. 843-815-6161	_	_	Revenue less expenses. Subtract line 18 from line 12			
Total liabilities (Part X, line 16)  21 Total liabilities (Part X, line 26)  3,501,179. 3,280,730.  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Print/Type preparer's name  Preparer's signature  MICHAEL R. PUTICH, CPA  Preparer  Firm's name  ROBINSON GRANT & CO., P.A.  Firm's line 16)  10,441,766.  3,501,179. 3,280,730.  6,940,587. 6,493,061.  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 which preparer has any knowledge.  Date  Print/Type preparer's name  Preparer's signature  Date  O6/21/23 self-employed P00853466  Preparer  Firm's name  ROBINSON GRANT & CO., P.A.  Firm's line 57-0735924  Firm's address  P.O. DRAWER 22959  HILTON HEAD ISLAND, SC 29925  Phone no. 843-815-6161	SOF					End of Year
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  JEFFREY REEVES, PRESIDENT/CEO  Type or print name and title  Print/Type preparer's name  Preparer's signature  MICHAEL R. PUTICH, CPA  Preparer  Wichael R. PUTICH, CPA  Preparer  Firm's name  ROBINSON GRANT & CO., P.A.  Firm's EIN  57-0735924  Phone no. 843-815-6161	SSE	20	Total assets (Part X, line 16)			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  JEFFREY REEVES, PRESIDENT/CEO  Type or print name and title  Print/Type preparer's name  Preparer's signature  MICHAEL R. PUTICH, CPA  Preparer  Wichael R. PUTICH, CPA  Preparer  Firm's name  ROBINSON GRANT & CO., P.A.  Firm's EIN  57-0735924  Phone no. 843-815-6161	etA	21	Total liabilities (Part X, line 26)			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  JEFFREY REEVES, PRESIDENT/CEO Type or print name and title  Print/Type preparer's name Preparer's signature  MICHAEL R. PUTICH, CPA Preparer Firm's name ROBINSON GRANT & CO., P.A. Firm's EIN \$57-0735924  Firm's address P.O. DRAWER 22959 HILTON HEAD ISLAND, SC 29925 Phone no.843-815-6161	름	22	Net assets or fund balances, Subtract line 21 from line 20	******	6,940,58/.	6,493,061.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  JEFFREY REEVES, PRESIDENT/CEO  Type or print name and title  Print/Type preparer's name  MICHAEL R. PUTICH, CPA  Preparer  Wichael R. PUTICH, CPA  Preparer  Firm's name  ROBINSON GRANT & CO., P.A.  Firm's EIN  57-0735924  Phone no.843-815-6161	_	_				. I
Sign Here  JEFFREY REEVES, PRESIDENT/CEO Type or print name and title  Print/Type preparer's name  MICHAEL R. PUTICH, CPA  Preparer Use Only  Firm's name  ROBINSON GRANT & CO., P.A.  Firm's EIN  Firm's EIN  Firm's EIN  Proparer  Print/Type preparer's signature  O6/21/23  Firm's EIN  Firm's EIN  Firm's EIN  Phone no.843-815-6161			The second secon		W 250W	knowledge and belief, it is
Sign Here  JEFFREY REEVES, PRESIDENT/CEO  Type or print name and title  Print/Type preparer's name  MICHAEL R. PUTICH, CPA  Preparer  Firm's name  ROBINSON GRANT & CO., P.A.  Firm's ell > 57-0735924  Phone no.843-815-6161	true	, con	ect, and complete, trectaration of preparer (other mail officer) is based on an information of which	cii preparer	lias ally knowledge.	14077
Here  JEFFREY REEVES, PRESIDENT/CEO  Type or print name and title  Print/Type preparer's name  MICHAEL R. PUTICH, CPA  Preparer  With the print of the property of the preparer's signature  Preparer  WICHAEL R. PUTICH, CPA  Preparer  Firm's name  ROBINSON GRANT & CO., P.A.  Firm's EIN  Firm's E	0:-	_	Signature of officer		Date	2/2005
Type or print name and title  Print/Type preparer's name  MICHAEL R. PUTICH, CPA  Preparer  Firm's name NOBINSON GRANT & CO., P.A.  Firm's address P.O. DRAWER 22959  HILTON HEAD ISLAND, SC 29925  Proper Print name and title  Date Oblet Print   PTIN   Date   Date   PTIN   Date   PTIN   Date   Date   PTIN   Date   Dat	_					
Print/Type preparer's name  MICHAEL R. PUTICH, CPA  Preparer  Firm's name NOBINSON GRANT & CO., P.A.  Firm's address P.O. DRAWER 22959  HILTON HEAD ISLAND, SC 29925  Print/Type preparer's name  06/21/23 self-employed P00853466  Preparer's signature  06/21/23 self-employed P00853466  Print/Type preparer's name  06/21/23 self-employed P00853466  Prim's address P.O. DRAWER 22959  HILTON HEAD ISLAND, SC 29925  Phone no.843-815-6161	Пе	C				
Paid         MICHAEL R. PUTICH, CPA         06/21/23 self-employed         P00853466           Preparer         Firm's name         ROBINSON GRANT & CO., P.A.         Firm's EIN ▶ 57-0735924           Use Only         Firm's address         P.O. DRAWER 22959         Phone no.843-815-6161			No. 155 No.	10	Date Check	PTIN
Preparer Use Only Firm's name ROBINSON GRANT & CO., P.A. Firm's EIN 57-0735924  Proparer Use Only Firm's address P.O. DRAWER 22959  HILTON HEAD ISLAND, SC 29925  Phone no.843-815-6161	Paid	d		0	31	
Use Only Firm's address P.O. DRAWER 22959 HILTON HEAD ISLAND, SC 29925 Phone no. 843-815-6161				lo.		
HILTON HEAD ISLAND, SC 29925 Phone no. 843-815-6161					T ATTE O CITY	
					Phone no. 84	3-815-6161
ividy the indicides this return with the preparer shown above: decinistructions	Ma	y the	IRS discuss this return with the preparer shown above? See instructions		1, 110,10,1010	X Yes No

	Check if Schedule O contains a response or note to any line in this Part III	٦
1	Briefly describe the organization's mission: TO PROVIDE CULTURAL ENRICHMENT ON HILTON HEAD ISLAND AND ENABLE	
	RESIDENTS AND VISITORS TO HAVE ACCESS TO CULTURAL ACTIVITIES.	
		_
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	_
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	)
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
4a	revenue, if any, for each program service reported.  (Code:) (Expenses	)
4b	(Code:) (Expenses \$685,506 . including grants of \$) (Revenue \$531,041 . PRESENTING SERIES OF PERFORMING ARTIST TO ALLOW THE PUBLIC TO SEE LIVE PERFORMANCES BY RENOWNED ARTISTS.	
4c	(Code:) (Expenses \$307,751 including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$	)
		_
		_
		_
		_
4d	Other program services (Describe on Schedule O.) (Expenses \$ 642,800 • including grants of \$ ) (Revenue \$ 497,958 • )	
4e	(Expenses \$ 642,800 · including grants of \$ ) (Revenue \$ 497,958 · )  Total program service expenses ► 4,402,738 ·	_

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

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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 have the right to			.,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			.,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			.,
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			7.7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	· · · · · · · · · · · · · · · · · · ·			7.7
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	١		- T
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
а	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	146		х
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		15		x
16	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 assistance to	15		
10		16		x
17	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 Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<b>⊢</b> "		<del></del>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	"		
.5	,	19		x
202	complete Schedule G, Part III	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			3,7
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			<del></del>
	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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			x
oc	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			<del></del>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	l		3,7
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	ļ .		<del></del>
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<del>  ^</del>
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>		<del></del>
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 36	-		
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	I

Form 990 (2021) ARTS CENTER OF COASTAL CAROLINA

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

			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.										
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X							
b	If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a	J , , , , , , , , , , , , , , , , , , ,										
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			,,							
	any contributions that were not tax deductible as charitable contributions?	6a		X							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).	_		37							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		, v							
	to file Form 8282?	7c		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e									
e	3 , , , , , , , , , , , , , , , , , , ,										
f											
g											
_	<ul> <li>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</li> <li>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the</li> </ul>										
0											
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	8									
а	Did the consequence in a consequence in the consequence of the distribution of the consequence of the conseq	9a									
b											
10	Section 501(c)(7) organizations. Enter:	9b									
а	Initiation fees and capital contributions included on Part VIII, line 12										
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b										
11											
а	Gross income from members or shareholders										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans										
	Enter the amount of reserves on hand										
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		—							
15											
	excess parachute payment(s) during the year?	15		X							
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X							
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any										
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17									
	If "Yes." complete Form 6069.										

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

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.										
	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management		I								
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 17										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
_	Enter the number of voting members included on line 1a, above, who are independent										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_		37							
	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	3		x							
_	of officers, directors, trustees, or key employees to a management company or other person?										
4											
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
6	Did the organization have members or stockholders?	6		X							
7a		_	v								
_	more members of the governing body?	7a	Х								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			\ <sub>3,7</sub>							
_	persons other than the governing body?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	37								
	The governing body?	8a	X								
b	Each committee with authority to act on behalf of the governing body?	8b	Λ								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		\ <sub>3,7</sub>							
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X							
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V								
40-	Did the conscinution have level showtons bounded on officers?	40-	Yes	No X							
	Did the organization have local chapters, branches, or affiliates?	10a									
D	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									
110	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х							
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	IIa									
		12a	х								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120		<del></del>							
C	on Schedule O how this was done	12c	х								
13	Did the organization have a written whistleblower policy?	13	X								
14		14	X								
15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	17									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
a	The organization's CEO, Executive Director, or top management official	15a	х								
	Other officers or key employees of the organization	15b		Х							
J	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	1.55									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
100	taxable entity during the year?	16a		Х							
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure	100	l .								
17	List the states with which a copy of this Form 990 is required to be filed ▶SC										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	onlv)	availal	ble							
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website X Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial								
	statements available to the public during the tax year.	iaili	-141								
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
5	ACCOUNTING DEPT/OFFICE - 843-686-3945										
	14 SHELTER COVE LANE, HILTON HEAD ISLAND, SC 29928										

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

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

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

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

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

(A)	(B)	organization compensated (C)					(D)	(E)	(F)	
Name and title	Average	(do	Position				nne	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	_			from	from related	other			
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	1000 NEO)	and related
	below	idual	ution	<u>~</u>	Key employee	st co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key 6	High empl	Former			_
(1) JEFFREY REEVES	40.00									
PRESIDENT, CEO		Х		Х				135,000.	0.	0.
(2) WILLIAM V. MCHUGH	5.00									
CHAIRMAN		Х		Х				0.	0.	0.
(3) ANN GRINDSTAFF	5.00									
FIRST VICE CHAIR		Х		Х				0.	0.	0.
(4) STEPHEN ALFRED	5.00									
SECRETARY		Х		Х				0.	0.	0.
(5) MICHAEL WATERS	5.00								_	_
TREASURUER		Х		Х				0.	0.	0.
(6) ROBERT LEE	5.00									
IMMEDIATE PAST CHAIR		Х						0.	0.	0.
(7) RICHARD SPEER	5.00	ļ								
BOARD MEMBER		Х						0.	0.	0.
(8) FRED BEARD	5.00	ļ								
BOARD MEMBER		Х						0.	0.	0.
(9) BECCA EDWARDS	5.00	ļ								
BOARD MEMBER	F 00	Х						0.	0.	0.
(10) ROBERT CHELL	5.00	.,							_	
BOARD MEMBER	F 00	Х						0.	0.	0.
(11) LESLIE RICHARDSON	5.00	3,7							_	
BOARD MEMBER	F 00	Х						0.	0.	0.
(12) SANDRA BERTHELSEN BOARD MEMBER	5.00	Х						0.	0.	0.
(13) HEATHER WILCAUSKAS	5.00	Δ						0.	0.	0.
BOARD MEMBER	3.00	Х						0.	0.	0.
(14) OPAL ABBINK	5.00	Δ						0.	0.	· ·
BOARD MEMBER	3.00	Х						0.	0.	0.
(15) BETH MAYO	5.00	^						0.	<u>U•</u>	
BOARD MEMBER	3.00	Х						0.	0.	0.
(16) MARC GRANT	5.00									
BOARD MEMBER	J.50	х						0.	0.	0.
(17) ALETTA BOND	5.00							· ·	•	ļ .
BOARD MEMBER	3.30	х						0.	0.	0.

Form **990** (2021)

Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	<u>l Hi</u>	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)		(F)		
Name and title	Average	Position (do not check more than one						Reportable	Reportable		imated		
	hours per					tnan o is both or/trus	n an	compensation	compensation				
	week							from	from related		other		
	(list any	ector						the	organizations		ensation		
	hours for	or dir	9			ated		organization	(W-2/1099-MISC/		m the		
	related organizations	ıstee	truste		a a	bens		(W-2/1099-MISC/	1099-NEC)	"	ınization		
	below	ual tru	ional		ploye	t com		1099-NEC)			related		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organ	nizations		
	<del> </del>	=	=	0	ž	王屯	Œ			+			
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	-	1											
4h Cultivatel	1	<u> </u>			<u> </u>	<u> </u>		135,000.	0.		0.		
1b Subtotal								0.	0.		0.		
c Total from continuation sheets to Part VI								135,000.	0.		0.		
d Total (add lines 1b and 1c)							0 10	•		<u>'  </u>			
compensation from the organization	ot iimited to tri	iose	iiste	u ab	ove	e) WII	io re	eceived more than \$100,	000 of reportable		1		
compensation from the organization											Yes No		
3 Did the organization list any former officer.	director truct	00 1		mnl	01/0	0 0	hia	hoot componented amp	lovos on		100 110		
· ·	•		•		•		_	•	•	3	х		
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the su										3			
· · · · · · · · · · · · · · · · · · ·											х		
and related organizations greater than \$150										4	^A		
5 Did any person listed on line 1a receive or a	•				•			· ·		_	х		
rendered to the organization? If "Yes," com Section B. Independent Contractors	iplete Schedule	e J t	or st	ıch <u>r</u>	oers	on				5			
	mnoncotod inc	lono	ndo	ot oc	ntro	aata	ro th	act received more than ¢	1100 000 of compans	ation from			
<ol> <li>Complete this table for your five highest co the organization. Report compensation for</li> </ol>										ation 1101	11		
(A)	trie Caleridar ye	cai e	iluii	ig w	iuii c	JI WI	1	(B)	cai.	(C)	1		
(۸) Name and business	address	NC	ONE	2				Description of s	ervices	Compen			
		-11	7111							•			
							$\dashv$						
2 Total number of independent contractors (i	ncluding but p	ot lir	niter	1 to 1	thos	e lie	ted	ahove) who received mo	ore than				
\$100,000 of compensation from the organi		J. III			(		u	asovo, who received like	J. J. G.				
ψ100,000 of compensation from the organi	Lation I					_				- 0	190 (0001)		

Check if Schedule O contains a response or note to any line in this Part VIII											
					(A)	(B)	(C)	(D)			
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under			
						iunction revenue	business revenue	sections 512 - 514			
တ္ တ	1 a	Federated campaigns	la								
ani			lb								
ဇ် မြ			lc	10,995.							
fts,			ld								
ig ig				556,796.							
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, grants, and		330,730.							
e E	'		اءا	958 271							
έĐ	_		lf	958,271. 59,353.							
	g	_	lg \$		1,526,062.						
O a	n	Total. Add lines 1a-1f			1,320,002.						
		ADMICCION BEEC BEC		Business Code	1 701 E01	1 701 E01					
<u>ic</u>		ADMISSION FEES, ETC			1,791,591.	1,/91,391.					
er v	b										
n S	С										
a Sev	d										
Program Service Revenue	е										
₫	f	All other program service revenue			 						
	g	Total. Add lines 2a-2f		<b>)</b>	1,791,591.						
	3	Investment income (including dividend	ls, intere	st, and							
		other similar amounts)		29,286.	29,286.						
	4	Income from investment of tax-exemp	t bond p	roceeds							
	5	Royalties		<b></b>							
			Real	(ii) Personal							
	6 a	Gross rents 6a 70,	276.								
	b	Less: rental expenses 6b	0.								
	С	Rental income or (loss) 6c 70,	276.								
	d	Net rental income or (loss)			70,276.	70,276.					
	7 a	Gross amount from sales of (i) Sec	curities	(ii) Other							
		assets other than inventory <b>7a</b>									
	b	Less: cost or other basis									
<u>o</u>		and sales expenses 7b									
enr	c	Gain or (loss) 7c									
Revenue		Net gain or (loss)		<b>•</b>							
ther		Gross income from fundraising events (no									
₽	O u	including \$ 10,995.									
		contributions reported on line 1c). See									
		Part IV, line 18		40,859.							
	h	Less: direct expenses									
		Net income or (loss) from fundraising e			29,468.			29,468.			
		Gross income from gaming activities.									
	Ja	Part IV, line 19									
	h	Less: direct expenses	- 1								
		Net income or (loss) from gaming activ									
			nties								
	ю а	Gross sales of inventory, less returns	40-	96,051.							
		and allowances									
		Less: cost of goods sold	10b	23,232.	70,799.	70,799.					
$\rightarrow$	С	Net income or (loss) from sales of inve	ntory	Business Code	10,133.	10,133.					
ဇ္		OMUED NON ODEDAMINO	TAT	Business Code	700 720	700 720					
le or		OTHER NON-OPERATING	TIM		798,730.	798,730.					
Miscellaneous Revenue		OTHER			253,839.	253,839.					
Se.		FACILITY SUPPORT FE			211,268.	211,268.	17 750				
Ξ̈́		All other revenue			202,630.	184,880.	17,750.				
		Total. Add lines 11a-11d		·····	1,466,467.	2 410 660	17 750	20 460			
	12	<b>Total revenue.</b> See instructions			4,983,949.	D,41U,009•	17,750.	29,468.			

## Form 990 (2021) ARTS CENTER OF COASTAL CAROLINA Part IX Statement of Functional Expenses

Total expenses	Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).							
Total expenses												
and domestic povernments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 12 Grants and other assistance to foreign organizations, foreign operaments, and foreign individuals. See Part IV, line 15 and 16 Bearefits paid to r for members Compensation of current officers, directions, trustees, and key employees Compensation of current officers, directions, trustees, and key employees Compensation of included above to disqualified persons (as defined under section 49860(19)) and persons described in section 4680(2)(3)(8) To ther asiliaries and wages Pension plan acrains and contributions (include section 401(4) and 4(80)) employee contributions (include section 401(4) and 4(80) employee contributions (include section 401(4) employee contributions (include section 401(4) employee contributions (include section 401(4) employee contributions		· · · · · · · · · · · · · · · · · · ·	(A) Total expenses	<b>(B)</b> Program service expenses	Management and	Fundraising						
2 Grants and other assistance to domestic inclividuols. See Part IV, III et 2  3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, III et 3 and 16 an	1	Grants and other assistance to domestic organizations										
Individuals   See Part IV, line   22		and domestic governments. See Part IV, line 21										
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 51 and 16  4 Benefits paid to or for members Compensation of current officiens, directors, trustees, and key employees Compensation of current officiens, directors, trustees, and key employees Compensation of current officiens, directors, trustees, and key employees Compensation of current officiens, directors, trustees, and key employees Compensation of current officiens, directors, trustees, and key employees Compensation of current officiens, directors, trustees, and key employees Compensation of current officiens, directors, trustees, and key employees Compensation of current officiens, directors, trustees, and key employees Compensation of current officiens, directors, trustees, and key employees Compensation of current officiens, directors, trustees, and key employees Compensation of current officiens, directors, trustees, and key employees Compensation of current officiens, directors, trustees, and key employees Compensation of current officiens, directors, trustees, and key employees Compensation of current officiens, directors, trustees, and current officiens, directors, trustees, and current officiens, directors, trustees, and current officiens, directors, and current officiens, directors, dir	2	Grants and other assistance to domestic										
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 Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and foreign of current of current officers, directors, trustees, and foreign of current of current of current officers, directors, trustees, and foreign of current officers, directors, trustees, and foreign of current officers, and current officers, trustees, and current officers, trustees,		individuals. See Part IV, line 22										
Individuals   See Part IV, lines 15 and 16	3	Grants and other assistance to foreign										
## Benefits paid to or for members   Compensation of current officers, directors, trustees, and key employees   135,000.   33,750.   27,000.   74,250.		organizations, foreign governments, and foreign										
135,000   33,750   27,000   74,250		individuals. See Part IV, lines 15 and 16										
trustees, and keye employees 6 Compensation not included above to disqualified persons; as defined under section 4958(p(1)) and persons described in section 4958(p(1)) and persons described in section 4958(p(3)) and 4988(p) employer contributions; (include section 401(k) and 493(p) employees):  a Management b Legal c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees Q Other, (Iffie 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0, 12 Advertising and promotion Q Other, (Iffie 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0, 12, 248.4. 265, 72.9. 10. 6, 745. 1, 994. 1 Information technology 177, 559. 171, 559. 171, 559. 100, 20, 20, 20, 20, 20, 20, 20, 20, 20,	4	Benefits paid to or for members										
6 Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons (as defined under section 4958(r)(3)(8))  7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 I Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 17,296. 5,472. 730. 1,094. 1Information technology 15 Royatties 171,559. 171,559. 171,559. 171,559. 172,484. 265,729. 10. 6,745. 173 Office expenses 172,96. 5,472. 730. 1,094. 1,094. 1,105.	5	Compensation of current officers, directors,										
persons (as defined under section 4958(c)(3)(8) 7 Other salaries and wages 2,040,662. 1,722,159. 191,801. 126,702. 8 Pension plan accruais and contributions (include section 401(k) and 40(8) employer contributions) 9 Other employee benefits 10 Payroll taxes		trustees, and key employees	135,000.	33,750.	27,000.	74,250.						
Persons described in section 4958(c)(3)(B)  7 Other salaries and wages  8 Pension plan accrusis and contributions (include section 401(k) and 403(h) employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Fees for services (nonemployees):  a Management  b Legal  c Accounting  6 Lobbying  Professional fundraising services. See Part IV, line 17  f Investment management fees  9 Other, (Ifine 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schol and 10 of 17 of 17 of 18 o	6	Compensation not included above to disqualified										
7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 405(k) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other, (if line 11g anount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 171, 559. 17												
8 Pension plan accruals and contributions (include section 40 f(k) and 405(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (iff line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion of the strain												
section 401(k) and 403(b) employer contributions)  Other employee benefits  Payor III taxes  11 Fees for services (nonemployees):  a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)  272 , 484. 265 , 729. 10. 6 , 745.  Other expenses	7		2,040,662.	1,722,159.	191,801.	126,702.						
9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundralising services. See Part IV, line 17 f Investment management fees g Other, (If line 11) amount exceeds 10% of line 25, column (A), amount, list line 110 expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 17, 296. 5, 472. 730. 1, 094. 14 Information technology 15 Royalties 171, 559. 171, 559. 17 Travel 69, 797. 69, 248. 4, 4931. 1, 165. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 24 Other expenses. Itemize expenses on Covered above, (List miscolalmous expenses on the 24e, If, amount, list line 24e expenses on Schedule 0.) 2 PAYROLL TAXES & BENEFIT 381, 426. 328, 146. 30, 121. 23, 159. 2 SCENERY, PROPS, AND COS 302, 358. 302, 295. 0. 63. 3 Insurance 4 All other expenses SEE SCH 0 287, 904. 128, 044. 56, 610. 103, 250. 25 Itel functional expenses. Add lines 1 through 24e 5, 111, 921. 4, 402, 738. 356, 975. 352, 208.	8	•										
10   Payroll taxes	9											
The Fees for services (nonemployees):   a Management	10											
b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)  12 Advertising and promotion 27, 296. 5, 472. 730. 1, 094.  13 Office expenses 7, 296. 5, 472. 730. 1, 094.  14 Information technology 7, 296. 5, 472. 730. 1, 094.  15 Royalties 171, 559. 171, 559. 171, 559.  16 Occupancy 105, 810. 99, 714. 4, 931. 1, 165.  17 Travel 69, 797. 69, 248. 496. 533.  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings 8, 203. 72, 655. 6, 080. 6, 468.  20 Interest 85, 203. 72, 655. 6, 080. 6, 468.  21 Payments to affiliates 25 Depreciation, depletion, and amortization 420, 109. 395, 905. 19, 579. 4, 625.  23 Insurance 139, 529. 131, 490. 6, 503. 1, 536.  24 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule (J.)  25 PERFORMER HOUSING 411, 395. 411, 395. 0. 0. 0. PERFORMER HOUSING 411, 395. 302, 295. 0. 63.  26 MAINTENANCE 281, 389. 265, 177. 13, 114. 3, 998.  27 Itel functional expenses. Add lines 1 through 24e 5, 111, 921. 4, 402, 738. 356, 975. 352, 208.	11											
Conferences   Compares   Conferences   Compares   Conferences   Confer	а	Management										
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)  272, 484. 265, 729. 10. 6, 745.  30 Office expenses 7, 296. 5, 472. 730. 1, 094.  Information technology 15 Royalties 171, 559. 171, 559.  Royalties 192, 105, 810. 99, 714. 4, 931. 1, 165.  Travel 69, 797. 69, 248. 496. 53.  Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest 85, 203. 72, 655. 6, 080. 6, 468.  Payments to affiliates Depreciation, depletion, and amortization 420, 109. 395, 905. 19, 579. 4, 625. Insurance 139, 529. 131, 490. 6, 503. 1, 536.  Other expenses. Itemize expenses on covered above, (List miscellaness vanishes son line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)  PAYROLL TAXES & BENEFIT 381, 426. 328, 146. 30, 121. 23, 159.  Conferences, Conventions, And Cos 302, 336. 302, 295. 0. 63.  d MAINTENANCE 281, 389. 265, 177. 13, 114. 3, 098.  e All other expenses SEE SCH O 287, 904. 128, 044. 56, 610. 103, 250.  25 Total functional expenses. Add lines 1 through 24e 5, 111, 921. 4, 402, 738. 356, 975. 352, 208.	b	Legal										
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)  12 Advertising and promotion 272,484. 265,729. 10. 6,745. 13 Office expenses 7,296. 5,472. 730. 1,094.  14 Information technology	С	Accounting										
The street management fees   Street (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	d											
g Other. (If line 11g amount, list line 11g expenses on Sch 0.)  2 Advertising and promotion 272,484. 265,729. 10. 6,745.  3 Office expenses 7,296. 5,472. 730. 1,094.  4 Information technology 7,296. 5,472. 730. 1,094.  5 Royalties 171,559. 171,559.  6 Occupancy 105,810. 99,714. 4,931. 1,165.  7 Travel 69,797. 69,248. 496. 53.  8 Payments of travel or entertainment expenses for any federal, state, or local public officials.  9 Conferences, conventions, and meetings 85,203. 72,655. 6,080. 6,468.  21 Payments to affiliates 85,203. 72,655. 19,579. 4,625.  23 Insurance 139,529. 131,490. 6,503. 1,536.  4 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e expenses on Schedule 0.)  a PERPORMER HOUSTING 411,395. 411,395. 0. 0. 0.  b PAYROLL TAXES & BENEFIT 381,426. 328,146. 30,121. 23,159.  c SCENERY, PROPS, AND COS 302,358. 302,295. 0. 63.  d MAINTENANCE 281,389. 265,177. 13,114. 3,098. e All other expenses. Add lines 1 through 24e 5,111,921. 4,402,738. 356,975. 352,208.	е											
Column (A), amount, list line 11g expenses on Sch 0.)   272 , 484 . 265 , 729 . 10 . 6 , 745 . 13	f											
12   Advertising and promotion   272,484.   265,729.   10.   6,745.     13   Office expenses   7,296.   5,472.   730.   1,094.     14   Information technology	g	· -										
13 Office expenses			272 404	265 720	1.0	6 715						
14 Information technology         171,559.         171,655.         171,659.         471,659.         171,				405,749. 5 472	730	1 00/						
15   Royalties   171,559.   171			1,230.	J,414•	750.	1,094.						
105,810. 99,714. 4,931. 1,165.			171 559.	171 559.								
17   Travel					4.931.	1.165.						
18		-										
for any federal, state, or local public officials  19			00 / 10 1 0	00 / = 100	-200							
19   Conferences, conventions, and meetings   85,203.   72,655.   6,080.   6,468.     21   Payments to affiliates	.0											
20 Interest 85,203. 72,655. 6,080. 6,468. 21 Payments to affiliates 22 Depreciation, depletion, and amortization 420,109. 395,905. 19,579. 4,625. 23 Insurance 139,529. 131,490. 6,503. 1,536.  24 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)  a PERFORMER HOUSING 411,395. 411,395. 0. 0. b PAYROLL TAXES & BENEFIT 381,426. 328,146. 30,121. 23,159. c SCENERY, PROPS, AND COS 302,358. 302,295. 0. 63. d MAINTENANCE 281,389. 265,177. 13,114. 3,098. e All other expenses SEE SCH O 287,904. 128,044. 56,610. 103,250. 25 Total functional expenses. Add lines 1 through 24e 5,111,921. 4,402,738. 356,975. 352,208.	19	, , , , , , , , , , , , , , , , , , , ,				_						
Payments to affiliates   Depreciation, depletion, and amortization   420,109			85,203.	72,655.	6,080.	6,468.						
Depreciation, depletion, and amortization   420,109.   395,905.   19,579.   4,625.	21											
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)  a PERFORMER HOUSING b PAYROLL TAXES & BENEFIT c SCENERY, PROPS, AND COS d MAINTENANCE e All other expenses SEE SCH O 287,904. 128,044. 56,610. 103,250.  25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	22											
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)  a PERFORMER HOUSING b PAYROLL TAXES & BENEFIT c SCENERY, PROPS, AND COS d MAINTENANCE E All other expenses SEE SCH O 287,904. 128,044. 56,610. 103,250.  25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	23	Insurance	139,529.	131,490.	6,503.	1,536.						
a PERFORMER HOUSING b PAYROLL TAXES & BENEFIT c SCENERY, PROPS, AND COS d MAINTENANCE e All other expenses SEE SCH O 25 Total functional expenses. Add lines 1 through 24e  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),										
b         PAYROLL TAXES & BENEFIT         381,426.         328,146.         30,121.         23,159.           c         SCENERY, PROPS, AND COS         302,358.         302,295.         0.         63.           d         MAINTENANCE         281,389.         265,177.         13,114.         3,098.           e         All other expenses         SEE SCH O         287,904.         128,044.         56,610.         103,250.           25         Total functional expenses. Add lines 1 through 24e         5,111,921.         4,402,738.         356,975.         352,208.           26         Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined         5,111,921.         4,402,738.         356,975.         352,208.	_		411 395	<b>∆</b> 11 395	0	0						
c       SCENERY, PROPS, AND COS       302,358.       302,295.       0.       63.         d       MAINTENANCE       281,389.       265,177.       13,114.       3,098.         e       All other expenses       SEE SCH O       287,904.       128,044.       56,610.       103,250.         25       Total functional expenses. Add lines 1 through 24e       5,111,921.       4,402,738.       356,975.       352,208.         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined       5,111,921.       4,402,738.       356,975.       352,208.	a h											
d MAINTENANCE         281,389.         265,177.         13,114.         3,098.           e All other expenses         SEE SCH O         287,904.         128,044.         56,610.         103,250.           25 Total functional expenses. Add lines 1 through 24e         5,111,921.         4,402,738.         356,975.         352,208.           26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined         5,111,921.         4,402,738.         356,975.         352,208.	D											
e All other expenses SEE SCH O 287,904. 128,044. 56,610. 103,250.  25 Total functional expenses. Add lines 1 through 24e 5,111,921. 4,402,738. 356,975. 352,208.  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	_											
<ul> <li>Total functional expenses. Add lines 1 through 24e</li> <li>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined</li> </ul>												
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined												
reported in column (B) joint costs from a combined		•			•	•						
educational campaign and fundraising solicitation.		· · · · · · · · · · · · · · · · · · ·										
<u> </u>		educational campaign and fundraising solicitation.										
Check here  if following SOP 98-2 (ASC 958-720)  5. QQQ (cood)		Check here if following SOP 98-2 (ASC 958-720)				222						

Form 990 (2021)
Part X Balance Sheet

Pai	τX	Balance Sneet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,619,674.	1	1,927,344.		
	2	Savings and temporary cash investments		18,812.	2	92,350.	
	3	Pledges and grants receivable, net	442,795.	3	302,686.		
	4	Accounts receivable, net		15,996.	4	19,249.	
	5	Loans and other receivables from any current or form					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualified	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described i	in sec	tion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			4,039.	8	1,579.
¥	9	D			108,680.	9	44,912.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	12,797,255.			
	b	Less: accumulated depreciation	10b	8,340,498.	4,703,240.	10c	4,456,757. 2,716,694.
	11	Investments - publicly traded securities			3,299,647.	11	2,716,694.
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	228,883.	15	212,220.		
	16	Total assets. Add lines 1 through 15 (must equal	10,441,766.	16	9,773,791.		
	17	Accounts payable and accrued expenses			187,898.	17	149,725.
	18	Grants payable				18	
	19	Deferred revenue			729,591.	19	631,524.
	20	Tax-exempt bond liabilities		1		20	
	21	Escrow or custodial account liability. Complete Pa				21	
S	22	Loans and other payables to any current or forme					
Liabilities		trustee, key employee, creator or founder, substa					
ia de		controlled entity or family member of any of these			0 000 100	22	1 056 402
_	23	Secured mortgages and notes payable to unrelate			2,020,183.	23	1,956,403.
	24	Unsecured notes and loans payable to unrelated			500,000.	24	499,000.
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1	17-24)	. Complete Part X	62 507		44 070
				·····	63,507.	25	44,078.
	26			► ▼	3,501,179.	26	3,280,730.
S		Organizations that follow FASB ASC 958, chec	k her	e 🕨 🔼			
JCe		and complete lines 27, 28, 32, and 33.			2 640 020		2 702 012
<u>a</u>	27				3,640,939.	27	3,702,913. 2,790,148.
e B	28	Net assets with donor restrictions			3,233,040.	28	2,730,140.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 956	s, cne	eck nere			
	00	and complete lines 29 through 33.				00	
jt (	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or equ				30	
λtΑ	31	Retained earnings, endowment, accumulated inco			6,940,587.	31	6 103 061
ž	32	Total net assets or fund balances		1	10,441,766.	32	6,493,061.
	33	Total liabilities and net assets/fund balances			TO, 441, /00.	33	9,773,791.

Form **990** (2021)

Pai	T XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,98</u>	_			
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,11</u> -12				
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	5		-509,700				
6	Donated services and use of facilities	6		19	0,1	<u>46.</u>		
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	6	,49	3,0	61.		
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>					
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin							
	Act and OMB Circular A-133?	-		За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	dit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

#### 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.)

Sec	ction A. Public Support				_		
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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.						
_	etion B. Total Support						l
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(4) 2017	(6) 2010	(6) 2013	(4) 2020	(6) 2021	(i) rotai
8	Gross income from interest,						
o	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
0	Net income from unrelated business						
9							
	activities, whether or not the						
40	business is regularly carried on						
10							
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		1			40	
12	Gross receipts from related activities,	•		f		12	
13	First 5 years. If the Form 990 is for th			•		. , . ,	. □
Sac	organization, check this box and <b>stop</b> ction C. Computation of Publi						<b>P</b>
	Public support percentage for 2021 (li			column (f))		14	%
	Public support percentage from 2020		•	.,,		15	<u>%</u>
15	33 1/3% support test - 2021. If the co						
104	stop here. The organization qualifies						
h	33 1/3% support test - 2020. If the o		-			6 or more, check th	
		-					▶ □
47-	and <b>stop here.</b> The organization quali					and line 14 is 100/	
1/a	10% -facts-and-circumstances test						
	and if the organization meets the facts				· ·	vi now the organiz	ation
	meets the facts-and-circumstances te	ū	•	,	•	47	
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets th						` —
	organization meets the facts-and-circu						<b>&gt;</b>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instructions	<u> </u>

# Schedule A (Form 990) 2021 ARTS CENTER OF COASTAL CAROLIN. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support	ciow, picase comp	nete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(4) 2017	(5) 2010	(0) 2010	(4) 2020	(0) 2021	(i) rotai
•	membership fees received. (Do not						
	include any "unusual grants.")	1431155.	2175545.	1698404.	2941118.	1526062.	9772284.
2	Gross receipts from admissions,						<u> </u>
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	2028228.	2541100.	1027193.	794,448.	1791591.	8182560.
3	Gross receipts from activities that				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0101000
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						_
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	3459383.	4716645.	2725597.	3735566.	3317653.	17954844.
	Amounts included on lines 1, 2, and	34333031	4710045.	21233311	3733300.	3317033.	17334044.
ı a	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received						
-	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0.
_	amount on line 13 for the year  Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						17954844.
Sec	etion B. Total Support						17331011.
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	3459383.	4716645.	2725597.	3735566.	3317653	17954844.
	Gross income from interest,	31333331	1,10013	2,233,1	3733300	33170330	1,3310111
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	115,114.	25,528.	219,523.	129,645.	29,286.	519,096.
h	Unrelated business taxable income		23/3201	213 / 323 (	123 / 013 •	23 / 2000	313,0301
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b	115,114.	25,528.	219,523.	129,645.	29,286.	519,096.
	Net income from unrelated business	113,114.	23,320.	213,323.	125,045.	23,200.	313,030.
	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	712,251.	180,073.	470,928.	582,370.	1637010.	3582632.
13	assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)	4286748.	4922246.	3416048.	4447581.		22056572.
	First 5 years. If the Form 990 is for the						
17				•		. , . ,	,, ▶□
Sec	ction C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		15	81.40 %
	Public support percentage from 2020					16	85.24 %
	ction D. Computation of Inves					10	70
	Investment income percentage for 20			ne 13 column (fl)		17	2.35 %
	Investment income percentage from a					18	2.86 %
	33 1/3% support tests - 2021. If the						
190	more than 33 1/3%, check this box ar						►X
h	33 1/3% support tests - 2020. If the						
J	line 18 is not more than 33 1/3%, che						▶□
	<b>Private foundation.</b> If the organization						··········· 【

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
 A (Form	n aan)	つつつ1

Par	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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	tion 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 office			
	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 support			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	e <b>1</b>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	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,	2		
Sect	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
	tion of type it supporting organizations		Vaa	Na
_	Many a majority of the approximation is discontinuous and manufactured the task of the discontinuous		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
Sact	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Jeci	tion b. All Type III Supporting Organizations		.,	
			Yes	No
	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		
	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		
	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			
Saat	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ctions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see instruction		
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? 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		
	, , ,			
	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		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
		_		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sche	edule A (Form 990) 2021 ARTS CENTER OF COASTAL C	AROI	JINA	57-1035817 Page 6
Pa				<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying		•	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	omplet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B. line 8, column A)	3		

5

6

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

Schedule A (Form 990) 2021

4 Enter greater of line 2 or line 3.

instructions).

5 Income tax imposed in prior year

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

emergency temporary reduction (see instructions).

Fai	t v Type in Non-Functionally integrated 509(	aj(s) supporting orga	ilizations (continu	<u> 1ed) </u>	
Secti	on D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
_5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ns	(iii) Distributable Amount for 2021
_1_	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
<u>e</u>	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
•	Excess from 2021				

Schedule A (Form 990) 2021

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

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

ARTS CENTER OF COASTAL CAROLINA

**Employer identification number** 57-1035817

		(a) Donor advised funds		(b) Funds a	and other accou	ints
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor a	advised fun	ids		
	are the organization's property, subject to the organization's ea	xclusive legal control?			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds ca	n be used (	only		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purp	ose confer	ring		
	impermissible private benefit?				Yes	No.
Pa	rt II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 9	990, Part IV	/, line 7.		
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).				
	Preservation of land for public use (for example, recreation	on or education) Preservati	on of a hist	orically imp	ortant land area	a
	Protection of natural habitat	Preservati	on of a cer	tified histori	c structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the f	orm of a co	onservation	easement on th	ne last
	day of the tax year.			Hel	d at the End of th	e Tax Year
а	Total number of conservation easements			2a		
b				2b		
С	Number of conservation easements on a certified historic struc	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic st	ructure			
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, release			ization duri	ng the tax	
	year >					
4	Number of states where property subject to conservation ease	ement is located >				
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling	g of			
	violations, and enforcement of the conservation easements it h	nolds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h					ear
	<b>&gt;</b>					
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing cons	ervation ea	asements du	uring the year	
	▶\$					
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	170(h)(4)(B	s)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	☐ No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footno	ote to the organization's financial sta	itements th	at describe	s the	
	organization's accounting for conservation easements.	•				
Pa	rt III Organizations Maintaining Collections of A	Art, Historical Treasures, o	r Other S	Similar A	ssets.	
Pa	rt III Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form S		r Other S	Similar A	ssets.	
	rt III Organizations Maintaining Collections of	990, Part IV, line 8.				
	rt III Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form S	990, Part IV, line 8. , not to report in its revenue statem	ent and ba	lance sheet	works	
	rt III Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public	990, Part IV, line 8. , not to report in its revenue statemic exhibition, education, or research	ent and ba	lance sheet	works	
1a	Complete if the organization answered "Yes" on Form 9  If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance.	990, Part IV, line 8. , not to report in its revenue statemic ic exhibition, education, or research cial statements that describes these	ent and ba in furthera items.	lance sheet	works	
1a	Complete if the organization answered "Yes" on Form 9  If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958	990, Part IV, line 8.  , not to report in its revenue statemic exhibition, education, or research sial statements that describes these , to report in its revenue statement.	ent and ba in furthera items. and balanc	lance sheet nce of publ e sheet wor	works ic ks of	
1a	Complete if the organization answered "Yes" on Form Solf the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public services.	990, Part IV, line 8.  , not to report in its revenue statemic exhibition, education, or research sial statements that describes these , to report in its revenue statement.	ent and ba in furthera items. and balanc	lance sheet nce of publ e sheet wor	works ic ks of	
1a	Complete if the organization answered "Yes" on Form 9 of Art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its financial treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its financial fithe organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public service the following amounts relating to these items:	990, Part IV, line 8.  , not to report in its revenue statem ic exhibition, education, or research cial statements that describes these , to report in its revenue statement exhibition, education, or research in	ent and bain in furtherant items. and balance furtherance	lance sheet nce of publ e sheet wor e of public s	works ic ks of service,	
1a	Complete if the organization answered "Yes" on Form 9 of Art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public service the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1	990, Part IV, line 8.  , not to report in its revenue statemic exhibition, education, or research sial statements that describes these, to report in its revenue statement exhibition, education, or research in	ent and ba in furthera items. and balanc furtheranc	lance sheet nce of public sheet wor e of public s	works ic ks of	
1a b	Complete if the organization answered "Yes" on Form 9  If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public exprovide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X	990, Part IV, line 8.  , not to report in its revenue statemic exhibition, education, or research sial statements that describes these, to report in its revenue statement exhibition, education, or research in	ent and ba in furthera items. and balanc furtheranc	lance sheet nce of public sheet wor e of public s	works ic ks of service,	
1a	Complete if the organization answered "Yes" on Form 9  If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public of provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures.	990, Part IV, line 8.  , not to report in its revenue statemic exhibition, education, or research sial statements that describes these, to report in its revenue statement exhibition, education, or research in sures, or other similar assets for final	ent and ba in furthera items. and balanc furtheranc	lance sheet nce of public sheet wor e of public s	works ic ks of service,	
1a b	Complete if the organization answered "Yes" on Form 9  If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public of 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 the following amounts required to be reported under FASB ASC	ago, Part IV, line 8.  In not to report in its revenue statem ic exhibition, education, or research cial statements that describes these to report in its revenue statement exhibition, education, or research in exhibition, education, or research in sures, or other similar assets for final ic 958 relating to these items:	ent and ba in furthera items. and balanc furtheranc ancial gain,	lance sheet nce of public se sheet wor e of public se sheet worden se sheet wo	works ic ks of service,	

		TER OF COA				<u>.035817</u>	
Pa	t III   Organizations Maintaining Co					•	ied)
3	Using the organization's acquisition, accession	n, and other records	, check any of the t	ollowing that make	significant use of i	ts	
	collection items (check all that apply):						
а	Public exhibition	d		hange program			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's col	llections and explain	how they further th	ne organization's ex	empt purpose in Pa	art XIII.	
5	During the year, did the organization solicit or	receive donations of	f art, historical treas	sures, or other simil	ar assets		
	to be sold to raise funds rather than to be ma					Yes	X No
Pa	t IV Escrow and Custodial Arrang	jements. Complet	te if the organizatio	n answered "Yes" o	on Form 990, Part I	V, line 9, or	
	reported an amount on Form 990, Part	X, line 21.					
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contribution	s or other assets no	t included		
	on Form 990, Part X?					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a						
						Amount	
С	Beginning balance				1c		
d	Additions during the year						
е	Distributions during the year						
f	Ending balance				1f		
2a	Did the organization include an amount on Fo				oility?	Yes	No
	If "Yes," explain the arrangement in Part XIII.				•		
	t V Endowment Funds. Complete if						
	· .	(a) Current year	(b) Prior year	(c) Two years back		ck (e) Four y	ears back
1a	Beginning of year balance	3,299,647.	2,752,389.	2,577,201	. 2,588,21	9. 2,4	40,170.
	Contributions	200.	550.				1,250.
c	Net investment earnings, gains, and losses	-459,779.	584,391.	333,433	. 46,07	3. 1	37,515.
	Grants or scholarships	,	,	,	,		•
	Other expenditures for facilities						
·	and programs						
f	Administrative expenses	49,920.	37,683.	158,245	. 57,09	1.	-9,284.
g		2,790,148.	3,299,647.	· · · · · ·	<u> </u>		88,219.
2	End of year balance L  Provide the estimated percentage of the curre	, ,					, , , , , , , , ,
a	Board designated or quasi-endowment	ant year end balance	%	ij field as.			
a h	Permanent endowment	%					
0	· —						
·	The percentages on lines 2a, 2b, and 2c shou	-					
20	Are there endowment funds not in the posses		ion that are hold ar	ad administered for	the ergonization		
Sa	·	Sion of the organizat	ion that are nelu ar	id administered for	trie organization	[\scalengering]	res No
	by:						X
	(i) Unrelated organizations						X
	(ii) Related organizations	dana Bakad '				3a(ii)	^_
_	If "Yes" on line 3a(ii), are the related organizat					3b	
4 Dai	Describe in Part XIII the intended uses of the of tVI Land, Buildings, and Equipme		ment tunds.				
rdi	Complete if the organization answered		Part IV line 11e S	See Form 000 Dort	V line 10		
					T	(4) 5 1	
	Description of property	(a) Cost or other basis (investment)		' '	Accumulated depreciation	(d) Book	value
10	Land	Daois (iiivostiiii		0,000.	2001001411011	900	,000.
10	LAITU		1 20	-,		200	,

	<u> </u>	·						
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value				
1a Land		900,000.		900,000.				
<b>b</b> Buildings		9,519,150.	6,423,427.	3,095,723.				
c Leasehold improvements								
d Equipment		2,261,436.	1,803,841.	457,595.				
e Other		116,669.	113,230.	3,439.				
Total. Add lines 1a through 1e. (Column (d) must equi	otal. Add lines 1a through 1e. (Column (d) must equal Form 990. Part Y. column (R), line 10c.)							

Schedule D (Form 990) 2021

Part VII	Investments - Other Securities.  Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11h See Form 900 Part Y line 12	
(a) Descrir	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	of-vear market value
		(b) Book value	(e) Wellied of Valuation. Cost of Sha o	your market value
	al derivatives  held equity interests			
(3) Other	Tiold equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.  Complete if the organization answered "Yes"	on Form 000 Dort IV line	alld Con Form 000 Port V line 15	
		Description	FIId. See Form 990, Fait A, line 15.	(b) Book value
	(a)	Description	+	(b) book value
(1)				
(2)				
(3)			+	
<u>(4)</u> (5)			+	
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) line	2 15 )	<b>b</b>	
Part X	Other Liabilities.	7 7 6.7		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability			(b) Book value
	deral income taxes			
(2) AC	CCRUED SALARIES			4,720.
(3) SA	ALES TAX PAYABLE			1,908.
(4) <b>M</b> I	SCELLAENOUS OTHER LIABII	LITIES		37,450.
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) line	e 25.)	<b>&gt;</b>	44,078.
2. Liability	for uncertain tax positions. In Part XIII, provide	the text of the footnote to	o the organization's financial statements tha	t reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

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

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number 57-1035817

ARTS CE	NTER OF COASTAL CA	ROL:	ΝA		57-1035	817
	Complete if the organization answe			ı Form 990, Part IV, I		
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written okey employees listed in Form 990, Pab If "Yes," list the 10 highest paid individendments.</li> </ul>	ed funds through any of the followin  e Solicitat  f Solicitat  g Special  or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursuant	tion of tion of fundra (includ	non-governising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
otal			<b>&gt;</b>			
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GALA ONLINE	SILENT	NONE	1 ' '
				AUCTION		(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
e			(overte type)	(overne type)	(total Hambel)	
Revenue	١.		EE 222	2 501		50 022
Ŗ	י	Gross receipts	55,332.	3,501.		58,833.
			0.645	1 250		10 005
	2	Less: Contributions	9,645.	1,350.		10,995.
			45 605	0 151		45 000
	3	Gross income (line 1 minus line 2)	45,687.	2,151.		47,838.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses						
ens	6	Rent/facility costs				
X						
듗	7	Food and beverages				
Ę.						
	8	Entertainment				
	9	Other direct expenses		1,419.		11,391.
	10	Direct expense summary. Add lines 4 through			<b>•</b>	11,391.
	ı	Net income summary. Subtract line 10 from li				36,447.
Pa	irt l	Gaming. Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.		, , ,		
			( ) D:	(b) Pull tabs/instant	( ) 011	(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
æ	1	Gross revenue				
	Ė	aross revenue				
	,	Cash prizes				
ses	-	Caon prizes				
Direct Expenses	۰,	Noncash prizes				
X	3	Noncash prizes				
섫	۱,	Rent/facility costs				
Ë	*	Tient/facility costs				
	_	Other direct eveneses				
	5	Other direct expenses	<b>V</b> = 0/	<b>V</b> 0/		
		Maharata ay lah ay	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	_				_	
	7	Direct expense summary. Add lines 2 through	15 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		······	
		ter the state(s) in which the organization condu	_			
а	ls t	the organization licensed to conduct gaming ac	tivities in each of these	states?		Yes No
b	If "	No," explain:				
	_					
	_					
10a	. We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	ear?	Yes No
b		Yes," explain:				
b		Yes," explain:				

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

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

Schedule G	(Form 990)	ARTS	CENTER	OF	COASTAL	CAROLINA	57-1035817	Page 4
Part IV	(Form 990) Supplemental Infor	mation $_{\ell}$	continued)					

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

**Employer identification number** 57-1035817

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

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