2026
Accommodations Tax Funds Request Application

Organization Name: Gullah Traveling Theater, Inc

Project/Event Name: Gullah Traveling Theater's Hilton Head Island Theater Showcase

Executive Summary

n/a

2026
Accommodations Tax Funds Request Application

Date Received: 09/04/2025	Time Received: 07:00 PM	By: Online Submittal

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

A. **SUMMARY OF GRANT REQUEST:**

ORGANIZATION NAME: Gullah Traveling Theater, Inc

Project/Event Name: Gullah Traveling Theater's Hilton Head Island Theater Showcase

Contact Name: Denise Bullitt Title: Business Manager

Address: 711 Bladen Street, Suite #319, Beaufort, SC 29902

Email Address: dbullitt@gttinc.org Contact Phone: 843-593-0904

Event Date(s): February Black History Month & December Christmas Shows Event Location(s): Shelter Cove, Christ Lutheran Church, and/or Hilton Head High School

Total Budget: $55,000.00 **Grant Requested:** $25,000.00

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

In 2026, Gullah Traveling Theater, Inc. (GTTI) will bring two of its award-winning productions to Hilton Head Island, offering audiences an unforgettable cultural experience that celebrates South Carolina's Lowcountry heritage and its profound contributions to American history. Performances will be held at Shelter Cover Entertainment Center, Christ Lutheran Church and/or Hilton Head High School, with each production expected to draw between 200 and 350 attendees.We are requesting **$25,000** to underwrite the marketing and advertising efforts to ensure our HH launch. Our multi-layered marketing approach includes digital, radio, television, and print advertising, coupled with social media, live-streamed interviews, and print media.

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)*

Gullah Traveling Theater, Inc. (GTTI) drives tourism and enhances Hilton Head's visitor experience by presenting authentic Gullah productions that share the traditions and historic contributions of the Lowcountry. These unique, place-based cultural events enrich the Island's reputation as a premier heritage destination while encouraging overnight stays and extended

visits. As our show history demonstrates, GTTI draws between 45 – 85% regional and out-of-state draw, a model we plan to replicate on Hilton Head. We measure impact through ticket sales and zip code data, hotel and tour partnerships, audience surveys, market data from the local DMO, and feedback from area businesses.

A. Total Number of Physical Tourists Served: 500
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: 300
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: 200
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): 1,000

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

Gullah Traveling Theater, Inc. (GTTI) carefully documents visitor numbers by utilizing multiple reliable sources of data collection, ensuring that we can demonstrate both the scope and impact of our events. Our primary method is through ticket sales, where we track the purchaser's zip code at the point of sale. This provides concrete evidence of how many attendees travel from outside Hilton Head Island, Beaufort County, and the surrounding region. This information helps us calculate the percentage of tourists attending our events versus local audiences.

We also rely heavily on data provided by the Beaufort, Port Royal, and Sea Islands Visitor's Bureau, our local Destination Marketing Organization (DMO). The DMO collects, analyzes, and reports visitor metrics for our events, including the number of attendees traveling more than 50 miles to participate. According to their analysis, GTTI events consistently draw at least 40% of attendees from beyond that range, confirming that our productions have a strong tourism pull. The DMO's support also helps us plan strategically by identifying periods in which visitors are most likely to extend their stays and align cultural programming with tourism cycles.

A recent example of this impact comes from our 2024 Sea Island Christmas celebration in Beaufort. Data provided by our DMO indicated that 41% of attendees traveled more than 50 miles to attend, and of those visitors, an impressive 77% were from out of state. These numbers underscore GTTI's ability to attract new audiences to the Lowcountry and to Hilton Head in particular, thereby increasing overnight stays, dining, and shopping activity across the Island.

Beyond quantitative data, we also receive consistent anecdotal evidence of visitor interest and reach. Weekly, our office receives calls, emails, and online messages from individuals—both domestic and international—asking for future performance dates and planning their travel around our shows. In several instances, we have learned that guests planned their trips years in advance specifically to coincide with a GTTI performance. This level of interest highlights the global appeal of Gullah culture and the unique draw of our productions.

During the COVID-19 pandemic, GTTI adapted by hosting virtual events that reached audiences across the country. These were well attended and allowed us to keep our programming alive when in-person performances were not possible. Since returning to the stage, our focus has remained on live productions, but we continue to occasionally host or participate in virtual private events when appropriate, further extending our reach.

Through this combination of ticketing data, DMO market analysis, surveys, anecdotal feedback, and the flexibility to connect virtually when needed, GTTI can confidently demonstrate that its events attract significant numbers of visitors—many from out of state—and meaningfully contribute to Hilton Head Island's cultural and tourism economy.

B. **DESCRIPTION OF OPERATIONS:**

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

Gullah Traveling Theater, Inc. (GTTI) is a nonprofit cultural arts organization dedicated to preserving, promoting, and presenting the history and traditions of the Gullah people of the South Carolina Lowcountry. Founded to share authentic Gullah stories through live performance, GTTI combines theater, music, and oral history to bring to life the contributions of the Gullah community to American culture and history.

The organization's purpose is twofold: to provide engaging, high-quality productions that enrich audiences with authentic cultural experiences, and to ensure that the Gullah heritage is preserved for future generations. Through original plays, musicals, festivals, and special events, GTTI celebrates the resilience, creativity, and enduring impact of Gullah people on the Lowcountry and beyond.

GTTI's operations include producing full-scale theatrical performances, developing touring productions for schools and community venues, and curating cultural events such as the Sea Island Christmas Celebration. These programs not only serve local audiences but also attract regional, national, and international visitors seeking a deeper connection to the unique heritage of Hilton Head Island and the surrounding Sea Islands.

Supported by grants, ticket sales, and community partnerships, GTTI is guided by a mission to educate, entertain, and inspire. The organization works closely with tourism partners, schools, and cultural institutions to ensure broad access to programming. In doing so, GTTI enhances the visitor experience while serving as a vital steward of South Carolina's Gullah heritage.

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

Gullah Traveling Theater, Inc. (GTTI) is requesting $25,000 from the Town of Hilton Head

Island's ATAX program to support marketing and advertising for our 2026 season of cultural productions. These funds will underwrite a comprehensive outreach strategy designed to attract both visitors and residents, while significantly expanding Hilton Head Island's reputation as a premier cultural destination.

Accommodation Tax funds will be used to implement a multi-layered marketing plan, including digital, radio, television, and print advertising, paired with strategic social media engagement, live-streamed interviews, and coverage in local publications. We will also produce high-visibility promotional tools such as rack cards, flyers, and print materials distributed through key visitor hubs. For the 2025–2026 season, we are further extending our reach by utilizing the South Carolina Department of Parks, Recreation & Tourism (SCPRT) Welcome Center media ads, event tabling, and promotional displays to capture regional and out-of-state audiences.

The intended accomplishment of ATAX support is to increase visitor awareness and attendance at GTTI performances, driving overnight stays and spending on lodging, dining, and shopping while enhancing the cultural experience of Hilton Head Island.

In addition to the requested $25,000, GTTI will leverage ticket sales revenue, private donations, sponsorships, and in-kind partnerships with local media outlets and tourism partners to support operations and ensure the sustainability of our programming. Together, these funds will preserve and promote the unique Gullah heritage while generating measurable tourism benefits for Hilton Head Island.

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

If full funding is not received, GTTI would be forced to scale back its advertising plan, limiting our ability to saturate the Hilton Head marketplace and reduce overall visibility. ATAX funds are intended to underwrite marketing that drives visitor attendance, overnight stays, and spending. Partial funding would require us to cut or delay elements of our campaign—such as regional media ads or Welcome Center placements—reducing reach to out-of-town audiences. To offset this, we would rely more heavily on ticket sales, private donations, and sponsorships, though at a reduced capacity compared to the strong launch envisioned.

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

GTTI productions are expected to attract 200–350 attendees per performance – depending on venue size, with multiple shows planned for Hilton Head beginning in 2026. Based on historical data and DMO analysis, at least 40% of our audiences travel from more than 50 miles away, qualifying them as tourists. For example, our 2024 Sea Island Christmas event in Beaufort reported 41% of attendees from outside the 50-mile radius,

77% of whom were out-of-state visitors. By drawing these cultural tourists, GTTI generates overnight stays, dining, and shopping expenditures, directly benefiting Hilton Head's tourism economy while enriching the Island's cultural offerings.

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

1 - Destination Advertising/Promotion *Advertising and promotion of tourism so as to develop and increase tourist attendence through the generation of publicity.*	50 %
2 - Tourism-Related Events *Promotion of the arts and cultural events.*	50 %
3 - Tourism-Related Facilities *Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.*	0 %
4 - Tourism-Related Public Services *The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.*	0 %
5 - Tourist Public Transportation *Tourist shuttle transportation.*	0 %
6 - Waterfront Erosion/Control/Repair *Control and repair of waterfront erosion.*	0 %
7 - Operation of Visitor Information Centers *Operating visitor information centers.*	0 %
Total:	**100** %

6. If not covered elsewhere in the application, please describe (a) how the organization will collaborate with other organizations to enhance tourism efforts, and (b) provide a venue or service not otherwise available to visitors to the Town of Hilton Head Island. *(250 words or less)*

Gullah Traveling Theater, Inc. (GTTI) actively collaborates with local and regional partners to maximize tourism impact. We work with the Beaufort, Port Royal, and Sea Islands Visitor's Bureau (our DMO) to analyze data, identify optimal timing for events—including shoulder-season dates to extend tourism impact—and extend our marketing reach. Partnerships with hotels, tour operators, and restaurants allow us to create packages that combine performances with dining, lodging, and heritage tours, encouraging overnight stays and extended visits. We also coordinate with cultural institutions and media outlets to cross-promote events, strengthening Hilton Head's overall tourism economy.

Equally important, GTTI provides a unique service not otherwise available in the Town of

Hilton Head Island. Our productions showcase authentic Gullah history, culture, and contributions through original theatrical works that combine music, storytelling, and historical interpretation. While Hilton Head offers a wide range of recreational and cultural experiences, there is currently no year-round theatrical program dedicated to the voices and stories of the Gullah people—an essential part of the Island's identity.

By presenting productions such as *Da' Gullah American Revolutionary Experience*, *Christmas Wish… Freedom!* and our award-winning, *Decoration Day*, GTTI enriches Hilton Head's cultural landscape with experiences that are both entertaining and educational, rooted in heritage yet resonating with broad audiences. This distinctive programming enhances the visitor experience, attracts cultural tourists, and fills a gap in the Island's tourism offerings, positioning Hilton Head as a premier destination for authentic Gullah cultural engagement.

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

For several years, Gullah Traveling Theater, Inc. (GTTI) has been working toward including Hilton Head Island in its annual theater season. Two years ago, we added Bluffton to our roster of local performance cities, expanding access to our productions for Lowcountry audiences. Adding Hilton Head now completes our presence in the region's three major tourist destinations, making our performances more accessible to both visitors and residents.

This milestone is particularly exciting given the success of our Bluffton debut in 2024. Our newest production premiered to sold-out audiences, prompting the addition of an extra performance just days before opening due to overwhelming demand. This experience demonstrates the strong interest in our programming and the potential for Hilton Head audiences to respond similarly.

We are confident that introducing Hilton Head as a home venue will be warmly embraced by both long-time tourists and new visitors. Local residents who currently travel to Beaufort or Bluffton for our shows will also benefit from easier access. By expanding our footprint to Hilton Head, GTTI continues to strengthen the cultural landscape of the Lowcountry, enrich the visitor experience, and contribute to the Island's tourism economy while sharing the unique heritage of the Gullah people.

C. **FUNDING:**

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

Gullah Traveling Theater, Inc. (GTTI) is funded through a combination of ticket sales, grants, private donations, sponsorships, and in-kind partnerships. Ticket revenue supports

day-to-day theater operations and program costs, while grants—from local, state, and national sources—underwrite program-specific and outreach expenses. Individual and corporate donations provide flexible funding for special projects, marketing, and educational initiatives. In-kind support from media outlets, cultural institutions, and tourism partners further extends the organization's reach. This diversified funding model ensures the sustainability of GTTI's programming while allowing the organization to continue producing high-quality, culturally significant theatrical experiences that attract both local and visiting audiences.

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

34	Government Sources	38	Private Contributions, Donations and Grants
3	Corporate Support, Sponsors		Membership, Dues, Subscriptions
25	Ticket Sales, or Sales and Services		Other

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

Yes **X** No ___

If so, please list top 3 sources and amounts.

Beaufort County ATAX 2024-2025	$30,000.00
Beaufort City ATAX 2024-2025	$35,000.00
Bluffton ATAX 2023-2025	$9,750.00

D. **FINANCIAL INFORMATION:**

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

Financial Statement Requirements:

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

   Budget Provided: **Yes**

2. The 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:

2024- Previous FY 1
2023- Previous FY 2

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:

   2024 - Previous FY 1

   2023 - Previous FY 2

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

   Current year IRS Form 990 or 990T Provided: Yes

   Previous IRS Form 990 or 990T Years Provided:

   2022 - Previous FY 1

   2021 - Previous FY 2

E. **FINANCIAL GUARANTEES AND PROCEDURES:**

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

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

2. Indicate whether your organiztion 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.

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)*

This is GTTI's first time applying for ATAX funds from the Town of Hilton Head. No prior funding received.

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

n/a

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

n/a

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. *(1300 words or less)*

n/a

Signature: Denise Bullitt

Title/Position: Business Manager

Mailing Address: 711 Bladen Street, Suite #319, Beaufort, SC 29902

Email Address: dbullitt@gttinc.org

Office Phone Number: 843-379-9276

Home Phone Number: 843-593-0904

GULLAH
Traveling Theater, Inc.

Visitor Surveys

The Gullah Traveling Theater (GTTI) measures visitor satisfaction primarily through live audience responses and direct engagement. While we do not administer formal written surveys, we consistently capture valuable feedback through performance interactions, follow-up booking requests, website inquiries, and phone calls to our office.

Our audiences are highly responsive and expressive. Thunderous applause, enthusiastic participation in singing and call-and-response traditions, and frequent referrals to friends, family, and colleagues demonstrate the impact of our performances. Many visitors follow up by requesting additional shows, inquiring about our schedule during their planned travel dates, or inviting us to perform in their hometowns so their communities can experience our work.

At the conclusion of each production, we conduct a brief call-and-response survey to gauge audience experience and visitor demographics. Typical questions include:

1. How many of you enjoyed today's performance?
2. How many of you traveled more than 50 miles to be here? (Audiences often shout out their hometowns; in May 2025, a guest even shared they traveled from St. Croix.)
3. How many of you learned something new today?
4. Who plans to attend another GTTI production?
5. How many of you will share today's experience with others and encourage them to attend?

We intentionally limit this to five questions to keep the process engaging and accessible while still gathering meaningful insights about visitor satisfaction, learning, and reach.

Looking Ahead

GTTI is developing a digital survey for 2026 that will be accessible through a QR code in our playbills, inviting audiences to share comments and reflections on their experience. This tool will strengthen our ability to collect measurable visitor data and provide more detailed reporting to funders, partners, and tourism agencies.

OFFICE 711 Bladen St., Suite 319, Beaufort, SC 29902 MAILING ADDRESS P.O. Box 2341, Beaufort, SC 29901
PHONE 843-379-9276 EMAIL info@gttinc.org or auntpearlie@yahoo.com

GUEST SURVEY

(Current Draft)

We'd love to hear from you! Please take a moment to share your experience so we can continue bringing the joy, history, and spirit of Gullah culture to audiences near and far.

Proposed Digital Survey (3–5 Questions)
(to be accessed via QR code in playbills beginning in 2026)

1. How would you rate your overall experience with today's GTTI performance?
    - Excellent / Good / Fair / Poor
2. Did you travel more than 50 miles to attend today's show?
    - Yes / No
      (Optional open field: Please share where you traveled from.)
3. What is one thing you learned or took away from today's performance?
    - Open text field
4. Would you recommend GTTI to family, friends, or colleagues?
    - Yes / No
5. Please share any additional comments or feedback to help us improve.
    - Open text field

Thank you for supporting the work of the Gullah Traveling Theater.
Your engagement helps us preserve and share the rich legacy of Gullah culture with visitors from around the world. We look forward to welcoming you to a future performance—visit our website for our schedule or to join our mail list.

###

Board of Directors Meeting Minutes

Date: August 16, 2025
Time: 8:30 AM
Location: Virtual Meeting

Attendees:

- Dr. Jancie Collins – Chair
- Amadu Massally – Vice Chair
- Wanda Dantzler Mayse – Secretary
- Bernard McIntyre
- Jacqueline Lawton
- Anita Denise Miller
- Julie Hales
- Dr. Eric Crawford
- Dawn Dawson House
- Anita Prather – Executive Director
- Joan Lynyard – Office Manager
- Rosalind Singleton – Financial Manager
- Denise Bullitt – Business Manager

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1. Call to Order and Opening Prayer

The meeting was called to order at approximately 9:00 AM by the Chairperson, who also opened with prayer.

2. Approval of Minutes and Agenda

Board meeting minutes and agenda approved

3. Grant Report

Denise Bullitt

- As of July 31, 2025, the organization has received approximately **$775,000** in grant funding.
- An additional **$326,000** is expected during the remainder of 2025.
- A **carryover of $144,000** remains from current active grants.

Beaufort County Grant Update:

- Initially awarded **$30,000**, of which **$15,000** was disbursed.
- Due to internal county politics and delayed timelines, the county requested the return of funds.
- The organization complied and returned the funds, but the status of the award remains unresolved.
- The award reduction was not formally processed through a board; rather, it was directed by the chair of the county council, who has since resigned, along with the supporting staff member.
- The matter is currently in limbo, with possible options to pursue the original award amount.

Additional Grant Efforts:

- **City of Beaufort A-Tax**: Reporting and reimbursement work in progress.
- **Hilton Head A-Tax**: Application in process (to be discussed under New Business).
- **Bluffton A-Tax**: Submission in development.
- **Mellon Foundation**: Plans to re-engage in conversation for funding.
- **Southeast Crescent**: Application denied in Round 1, attributed to recent leadership and ideological changes in the commission.

A **formal Grant Report** was accepted by motion, seconded, and unanimously approved. A **Financial Report** is expected by the end of the month and will be reviewed at the next meeting for approval.

4. New Business

Hilton Head A-Tax Grant Application (2026):

- The Board reviewed the executive summary of the application.
- Proposal seeks **$25,000 in marketing funds** to support GTTI performances on Hilton Head.
- Hilton Head A-Tax requires board approval and meeting minutes excerpt as part of the grant submission.

Motion: To approve submission of the Hilton Head A-Tax application requesting **$25,000**.

- Motion properly made, seconded, and unanimously approved.

5. Next Steps

- Grant report and financial report to be finalized by month-end.
- Beaufort County grant issue remains unresolved and may require further action.
- Hilton Head A-Tax submission will include approved minutes excerpt.

Discussion:
The Board reviewed and discussed the proposal from the recommended audit firm. It was noted that:

- An RFP was issued to multiple firms across the region.
- The selected firm has extensive nonprofit experience and a strong reputation.
- Original quoted fee was **$30,000**, but after negotiation, the fee was reduced to **$20,000 for the first year**, with incremental increases thereafter.
- The firm is offering a five-year engagement at a locked-in rate, with the ability for either party to end the relationship without penalty.
- Engaging an independent audit is an important step in positioning GTTI as a legacy organization with annual revenues exceeding $300,000.

Motion:
A motion was made and seconded to approve moving forward with the engagement of the recommended audit firm, pending review and acceptance of the engagement letter.

Vote:
The motion was unanimously approved.

- Ms. Prather reported that the Second Chance Program officially launched on **June 7, 2025**, with five participants.
- **Cohorts & Curriculum:**
  - Culinary Arts (led by Chef Gregory Lightner, culinary arts master's candidate).
  - Intro to Theater Arts (led by Scott Gibbs).
  - 4 out of 5 participants successfully passed their *SafeServ Managerial Exam*.
- **Partnerships:**
  - Beaufort County School District provided lab kitchen space at Battery Creek High School.
  - Culminating showcase connected students with GTTI's *American Revolutionary War Gullah Geechee Experience*.
  - Expanded partnerships include Beaufort County Black Chamber of Commerce and other community organizations.
- **Future Plans:**
  - Next session begins October 2025 with artist Hank Herring.
  - Classes will occur on Saturdays at both his studio and GTTI's office space.
  - Goal is to enroll up to 20 participants at a time.

Funding:

- Program supported by a **federal earmark administered by HUD**, totaling **$500,000** awarded through Congressman Clyburn's office (approved 2022; funding began Nov. 2024).
- Target age group is **17–30 years old**; the grant does not cover youth under 17.

Discussion:

- Clarification was provided that while GTTI uses the term *"Second Chance Program,"* it is not the formal federal *Second Chance Program*, but rather a GTTI initiative designed to serve disenfranchised young adults.
- Several Board Members raised concerns about the program name, noting potential confusion with the federal program and possible stigma for participants.
- Suggestions included alternative names such as *"First Chance"* or *"Imagine Better"*, and the need to ensure alignment with GTTI's mission statement.
- Consensus was that the issue should be referred to the **Program Committee** for further discussion and possible rebranding recommendations to the full Board.

Action Taken:

- The Board **accepted the Second Chance Program Report** as presented.
- Naming and branding discussions were **tabled and referred to the Program Committee** for review and recommendations.

Executive Director's Report – Board Discussion & Acceptance

Following the Executive Director's report, **Joan Linyard** shared remarks highlighting her dual role as both office support and cast member:

- She has increased access to the organizational email/website, improving responsiveness and structure.
- She noted the joy of rehearsals and performances, which she described as a spiritual experience — "another service" in the presence of God.
- She expressed enthusiasm for continuing in her dual role and the positive energy flowing into the performances.

The Board then voted unanimously to **accept the Executive Director's Report**.

Board Discussion – Organizational Capacity & Growth

Chair person raised several forward-looking recommendations:

- Creating a **Press Page** on the website to archive Associated Press and other media coverage, providing credibility and visibility.
- Establishing a **Press Contact Tab** and a **Community Newsletter** to increase outreach.
- Leveraging **college/university students or interns** to assist with marketing, newsletter, and website projects, potentially as class projects.
- Adding **context notes on Gullah language** used on the website (e.g., "duh," "my") to educate new audiences.
- Considering hosting a **Gullah Geechee conference or gathering** every 2–3 years, uniting organizations, profiling artists, and fostering collaboration.

Board consensus: These ideas were well-received and noted as capacity-building goals. The organization is actively exploring an internship program, potentially linked with the Second Chance initiative.

Upcoming Meetings & Events

- **Next Board Meeting:** October 18, 2025 (schedule distributed in board packets; members asked to report conflicts in advance).
- **Sea Island Christmas Celebration (Dec. 4–7, 2025):**
    - Includes symposium, school shows, evening performances, marketplace, and the 5th Annual Rice Cook-Off.
    - Featured participants include **Board Member Amadu's book launch**, **Chef BJ Dennis (Charleston, SC)**, and Rollins/Francis Charmer (rice farmer).
    - University of South Carolina–Beaufort noted as a co-sponsor.
    - Possibility of future inclusion of international chefs (e.g., Nigeria/Africa) discussed to strengthen the SC-Africa bridge.

Closing Remarks & Acknowledgments

- **Dr. Collins** expressed gratitude and admiration for the staff, board, and community. She reminded members that great work should be documented, shared, and promoted as part of God's calling.
- She formally clarified for the record that she had **tendered her resignation as Chair a year earlier**, continued temporarily for continuity, and affirmed that her reduced participation was not a lack of commitment but a logistical/scheduling matter. She praised **Amadu** for stepping in as Co-Chair and affirmed her support from the background.
- The Board acknowledged the contributions of the late **Jose Rivera**, whose leadership helped GTTI reach this current stage.
- The group closed with reflections on growth, faith, and gratitude, with recognition of the urgent need for capacity support (including an assistant for the Executive Director).

Meeting was adjourned after a closing prayer by Joan Lynyard at approximately 11:15am.

GTTI

Operating Budget

2025

1/11/2025 - dmb
1st Draft

FUNDING ALLOCATIONS	City of Beaufort	Bluffton	Hilton Head	At-Large	Theater Co. Totals	SC Comm Investment Pgm	SC 250th - Grant #1	SC 250th - Grant #2	Capacity Building (Donnelley)	Second Chance Program (HUD)	Grand Totals	Description
Projected Revenue												
Earned Revenue												
Ticket Sales												
Rice Cookoff	$ 1,125				$ 1,125						**$ 1,125**	15 contestants @$75
Gullah Christmas	$ 48,000				$ 48,000						**$ 48,000**	3 student-400@$10/2 evening-400@$45
Decoration Day	$ 48,000				$ 48,000						**$ 48,000**	3 student-400@$10/2 regular-400 @$45
Bluffton Sales		$ 25,200			$ 25,200						**$ 25,200**	2 shows/4 performances/ May River Theater/180 seats @ $35 adults
Hilton Head Sales			$ 40,000		$ 40,000						**$ 40,000**	2 shows/4 performances/ Christ Lutheran/200 seats @ $50 adults
Community Events & Performances				$ 75,000	$ 75,000						**$ 75,000**	Performance & Event Fees
Other School Shows	$ 5,000	$ 3,000		$ 50,000		$ 160,000	$ 20,000	$ 30,000			**$ 210,000**	16 shows/4 shows/6 shows
AD Sales	$ 30,000	$ 3,000	$ 1,000	$ 2,000	$ 36,000						**$ 36,000**	playbills/souvenir books
Vendors	$ 3,500	$ 1,000	$ 1,000	$ 1,000	$ 6,500						**$ 6,500**	
Total Earned Revenue	**$ 135,625**	**$ 32,200**	**$ 42,000**	**$ 128,000**	**$ 279,825**	**$ 160,000**	**$ 20,000**	**$ 30,000**	**$ -**	**$ -**	**$ 488,700**	
External Funding												
Community Fundraising	$ 1,500	$ 1,500	$ 1,000	$ 500	$ 5,000						$ 5,000	
ATAX Municipal Funding	$ 30,000	$ 10,000	$ 25,000	$ 30,000	$ 95,000						$ 95,000	
Grant Funding					$ -	$ 71,550	$ 77,626	$ 118,183	$ 16,159		$ 283,518	
HUD Funding					$ -					$ 380,803	$ 380,803	
Projected New Funding				$ 122,500	$ 122,500				$ 15,000		$ 137,500	SCPRT $20k, Sarts $2,500, Mellon $100K
Total External Funding	**$ 31,500**	**$ 11,500**	**$ 26,000**	**$ 153,000**	**$ 222,500**	**$ 71,550**	**$ 77,626**	**$ 118,183**	**$ 31,159**	**$ 380,803**	**$ 901,821**	
TOTAL PROJECTED REVENUE	**$ 167,125**	**$ 43,700**	**$ 68,000**	**$ 281,000**	**$ 502,325**	**$ 231,550**	**$ 97,626**	**$ 148,183**	**$ 31,159**	**$ 380,803**	**$ 1,390,521**	
Projected Expenses												
Staff Salaries												
Executive Director & Producer	$ 28,500	$ 11,250	$ 11,250	$ 24,000	$ 75,000	$12,989	$ 16,000	$ 16,800		$ 30,080	$ 150,869	ASP
Office Manager						$ 813	$ 3,760	$ 7,927		$ 25,000	$ 37,500	JML
Program Assistant	$ -	$ -		$ -	$ -	$ 23,362		$ 638		$ 15,000	$ 39,000	LP
Total Staff Salaries	**$ 28,500**	**$ 11,250**	**$ 11,250**	**$ 24,000**	**$ 75,000**	**$ 37,164**	**$ 19,760**	**$ 25,365**	**$ -**	**$ 70,080**	$ 227,369	
Fringe Benefits	$ 4,275	$ 1,688	$ 1,688	$ 3,600	$ 11,250	$ 5,575	$ 2,964	$ 3,805	$ -	$ 10,512	$ 34,105	
Fully-Loaded Staff Salaries	**$ 32,775**	**$ 12,938**	**$ 12,938**	**$ 27,600**	**$ 86,250**	**$ 42,739**	**$ 22,724**	**$ 29,170**	**$ -**	**$ 80,592**	**$ 261,474**	
Contractual Staff Suppot												
Bookkeeper	$ -	$ -		$ -	$ -	$ 1,935	$ 2,340	$ 5,400	$ 15,205	$ 5,120	$ 30,000	TateEnterprises
Tax & Accounting Support	$ -	$ -		$ -	$ -	$ 2,500				$ 2,500	$ 5,000	SSCS
IT Administrator	$ -	$ -		$ -	$ -	$ 19,788	$ 2,000	$ 5,400		$ 2,812	$ 30,000	SSCS
Board & ED Consultant					$ -	$ -				$ 15,360	$ 15,360	JRivera
Organizational Strategist	$ 3,800	$ 1,500	$ 1,500	$ 4,500	$ 11,300	$ 34,409	$ 4,320	$ 5,917	$ 354	$ 5,000	$ 61,300	SSCS
Development Support					$ -	$ 3,750			$ -	$ 2,250	$ 6,000	BBrady
Total Contractual Staff Support	**$ 3,800**	**$ 1,500**	**$ 1,500**	**$ 4,500**	**$ 11,300**	**$ 62,382**	**$ 8,660**	**$ 16,717**	**$ 15,559**	**$ 33,042**	**$ 147,660**	

FUNDING ALLOCATIONS	City of Beaufort	Bluffton	Hilton Head	At-Large	Theater Co. Totals	SC Comm Investment Pgm	SC 250th - Grant #1	SC 250th - Grant #2	Capacity Building (Donnelley)	Second Chance Program (HUD)	Grand Totals	Description
Program Support												
Deputy Executive Director	$ -	$ -		$ -	$ -	$ 18,232	$ 15,968	$ 11,800	$ 15,000	$ 9,000	$ 70,000	SGibbs
Program Leader - 2nd Chance						$ -				$ 60,000	$ 60,000	T Matthews
(3) Adult Mentors - 2nd Chance						$ -				$ 18,000	$ 18,000	TBA
CATERING				$ 12,000	$ 12,000	$ -					$ 12,000	
Total Contractual Program Support	**$ -**	**$ -**		**$ 12,000**	**$ 12,000**	**$ 18,232**	**$ 15,968**	**$ 11,800**	**$ 15,000**	**$ 87,000**	**$ 160,000**	
Theater Production Support												
Production Management	$ 863	$ 341	$ 1,200	$ 1,068	$ 3,472	$ -	$ 5,328	$ 2,400			$ 11,200	Jdantzler & S Lavigne
Road Manager	$ 860	$ 339	$ 1,200	$ 1,063	$ 3,462	$ -	$ -	$ 1,738			$ 5,200	RMAYSE
Historical Artists & Musicians	$ 40,000	$ 15,000	$ 40,000	$ 50,000	$ 145,000	$ 17,368	$ 16,432	$ 31,200			$ 210,000	See Production Staff Schedule
Production Team	$ 3,000	$ 1,500	$ 3,000	$ 10,000	$ 17,500	$ 15,504	$ 6,758	$ 1,738			$ 41,500	See Production Staff Schedule
Total Contractual Theater Support	**$ 44,723**	**$ 17,180**	**$ 45,400**	**$ 62,131**	**$ 169,434**	**$ 32,872**	**$ 28,518**	**$ 37,076**	**$ -**	**$ -**	**$ 267,900**	
Total Salaries, Wages, Contractor Fees	**$ 81,298**	**$ 31,618**	**$ 59,838**	**$ 106,231**	**$ 278,984**	**$ 156,225**	**$ 75,870**	**$ 94,763**	**$ 30,559**	**$ 200,634**		
Program Expenses												
Total Program Expenses	**$ 27,200**	**$ 6,900**	**$ 11,200**	**$ 6,200**	**$ 51,500**	**$ 80,900**	**$ 21,240**	**$ 53,420**	**$ -**	**$ 79,417**	**$ 273,977**	
Administrative Costs	$ 19,000	$ 7,500	$ 7,500	$ 16,000	**$ 50,000**		**$ 3,480**	**$ 3,805**		**$ 80,694**	**$ 137,979**	
TOTAL ALL EXPENSES	**$ 127,498**	**$ 46,018**	**$ 71,038**	**$ 128,431**	**$ 380,484**	**$ 237,125**	**$ 100,590**	**$ 151,988**	**$ 31,159**	**$ 381,895**	**$ 1,270,741**	
Net Income Over Expense	**$ 39,627**	**$ (2,318)**	**$ (3,038)**	**$ 152,569**	**$ 121,841**	**$ (5,575)**	**$ (2,964)**	**$ (3,805)**	**$ -**	**$ (1,092)**	**$ 119,780**	

BUDGET 3

GTTI

Operating Budget

2025

1/11/2025 - dmb
1st Draft

FUNDING ALLOCATIONS	City of Beaufort	Bluffton	At-Large	Theater Co. Totals	SC Comm Investment Pgm	SC 250th - Grant #1	SC 250th - Grant #2	Capacity Building (Donnelley)	Second Chance Program (HUD)	Grand Totals	Description
Projected Revenue											
Earned Revenue											
Ticket Sales											
Rice Cookoff	$ 1,125			$ 1,125						**$ 1,125**	15 contestants @$75
Gullah Christmas	$ 48,000			$ 48,000						**$ 48,000**	3 student-400@$10/2 evening-400@$45
Decoration Day	$ 48,000			$ 48,000						**$ 48,000**	3 student-400@$10/2 regular-400 @$45
Bluffton Sales		$ 25,200		$ 25,200						**$ 25,200**	2 shows/4 performances/ May River Theater/180 seats @ $35 adults
Community Events & Performances			$ 75,000	$ 75,000						**$ 75,000**	Performance & Event Fees
Other School Shows	$ 5,000	$ 3,000	$ 50,000		$ 160,000	$ 20,000	$ 30,000			**$ 210,000**	16 shows/4 shows/6 shows
AD Sales	$ 30,000	$ 3,000	$ 2,000	$ 35,000						**$ 35,000**	playbills/souvenir books
Vendors	$ 3,500	$ 1,000	$ 1,000	$ 5,500						**$ 5,500**	
Total Earned Revenue	**$ 135,625**	**$ 32,200**	**$ 128,000**	**$ 237,825**	**$ 160,000**	**$ 20,000**	**$ 30,000**	**$ -**	**$ -**	**$ 446,700**	
External Funding											
Community Fundraising	$ 1,500	$ 1,500	$ 500	$ 5,000						$ 5,000	
ATAX Municipal Funding	$ 30,000	$ 10,000	$ 30,000	$ 70,000						$ 70,000	
Grant Funding				$ -	$ 71,550	$ 77,626	$ 118,183	$ 16,159		$ 283,518	
HUD Funding				$ -					$ 380,803	$ 380,803	
Projected New Funding			$ 122,500	$ 122,500				$ 15,000		$ 137,500	SCPRT $20k, Sarts $2,500, Mellon $100K
Total External Funding	**$ 31,500**	**$ 11,500**	**$ 153,000**	**$ 197,500**	**$ 71,550**	**$ 77,626**	**$ 118,183**	**$ 31,159**	**$ 380,803**	**$ 876,821**	
TOTAL PROJECTED REVENUE	**$ 167,125**	**$ 43,700**	**$ 281,000**	**$ 435,325**	**$ 231,550**	**$ 97,626**	**$ 148,183**	**$ 31,159**	**$ 380,803**	**$ 1,323,521**	
Projected Expenses											
Staff Salaries											
Executive Director & Producer	$ 18,670	$ 7,370	$ 23,092	$ 49,131	$12,989	$ 16,000	$ 16,800		$ 30,080	$ 125,000	ASP
Office Manager					$ 813	$ 3,760	$ 7,927		$ 25,000	$ 37,500	JML
Program Assistant	$ -	$ -	$ -	$ -	$ 23,362		$ 638		$ 15,000	$ 39,000	LP
Total Staff Salaries	**$ 18,670**	**$ 7,370**	**$ 23,092**	**$ 49,131**	**$ 37,164**	**$ 19,760**	**$ 25,365**	**$ -**	**$ 70,080**	$ 201,500	
Fringe Benefits	$ 5,768	$ 2,277	$ 7,135	$ 15,180				$ -	$ 9,420	$ 24,600	
Fully-Loaded Staff Salaries	**$ 24,438**	**$ 9,647**	**$ 30,226**	**$ 64,311**	**$ 37,164**	**$ 19,760**	**$ 25,365**	**$ -**	**$ 79,500**	**$ 226,100**	
Contractual Staff Suppot											
Bookkeeper	$ -	$ -	$ -	$ -	$ 1,935	$ 2,340	$ 5,400	$ 15,205	$ 5,120	$ 30,000	TateEnterprises
Tax & Accounting Support	$ -	$ -	$ -	$ -	$ 2,500				$ 2,500	$ 5,000	SSCS
IT Administrator	$ -	$ -	$ -	$ -	$ 19,788	$ 2,000	$ 5,400		$ 2,812	$ 30,000	SSCS
Board & ED Consultant				$ -	$ -				$ 15,360	$ 15,360	JRivera
Organizational Strategist	$ 3,800	$ 1,500	$ 4,600	$ 10,000	$ 34,409	$ 4,320	$ 5,917	$ 354	$ 5,000	$ 60,000	SSCS
Development Support				$ -	$ 3,750			$ -	$ 2,250	$ 6,000	BBrady
Total Contractual Staff Support	**$ 3,800**	**$ 1,500**	**$ 4,600**	**$ 10,000**	**$ 62,382**	**$ 8,660**	**$ 16,717**	**$ 15,559**	**$ 33,042**	**$ 146,360**	

FUNDING ALLOCATIONS	City of Beaufort	Bluffton	At-Large	Theater Co. Totals	SC Comm Investment Pgm	SC 250th - Grant #1	SC 250th - Grant #2	Capacity Building (Donnelley)	Second Chance Program (HUD)	Grand Totals	Description
Program Support											
Deputy Executive Director	$ -	$ -	$ -	$ -	$ 18,232	$ 15,968	$ 11,800	$ 15,000	$ 9,000	$ 70,000	SGibbs
Program Leader - 2nd Chance					$ -				$ 60,000	$ 60,000	T Matthews
(3) Adult Mentors - 2nd Chance					$ -				$ 18,000	$ 18,000	TBA
CATERING			$ 12,000	$ 12,000	$ -					$ 12,000	
Total Contractual Program Support	**$ -**	**$ -**	**$ 12,000**	**$ 12,000**	**$ 18,232**	**$ 15,968**	**$ 11,800**	**$ 15,000**	**$ 87,000**	**$ 160,000**	
Theater Production Support											
Production Management	$ 863	$ 341	$ 1,068	$ 2,272	$ -	$ 5,328	$ 2,400			$ 10,000	Jdantzler & S Lavigne
Road Manager	$ 860	$ 339	$ 1,063	$ 2,262	$ -	$ -	$ 1,738			$ 4,000	RMAYSE
Historical Artists & Musicians	$ -	$ -	$ -	$ -	$ 17,368	$ 16,432	$ 31,200			$ 65,000	See Production Staff Schedule
Production Team	$ (0)	$ (0)	$ (0)	$ (0)	$ 15,504	$ 6,758	$ 1,738			$ 24,000	See Production Staff Schedule
Total Contractual Theater Support	**$ 1,723**	**$ 680**	**$ 2,131**	**$ 4,534**	**$ 32,872**	**$ 28,518**	**$ 37,076**	**$ -**	**$ -**	**$ 103,000**	
Total Salaries, Wages, Contractor Fees	**$ 29,961**	**$ 11,827**	**$ 48,957**	**$ 90,845**	**$ 150,650**	**$ 72,906**	**$ 90,958**	**$ 30,559**	**$ 199,542**		
Program Expenses											
Total Program Expenses	**$ 18,600**	**$ 5,800**	**$ 6,200**	**$ 30,600**	**$ 80,900**	**$ 21,240**	**$ 53,420**	**$ -**	**$ 79,417**	**$ 253,077**	
Administrative Costs	$ 19,000	$ 7,500	$ 23,500	**$ 50,000**		**$ 3,480**	**$ 3,805**		**$ 80,694**	**$ 137,979**	
TOTAL ALL EXPENSES	**$ 67,561**	**$ 25,127**	**$ 78,657**	**$ 171,445**	**$ 231,550**	**$ 97,626**	**$ 148,183**	**$ 31,159**	**$ 380,803**	**$ 1,048,266**	
Net Income Over Expense	**$ 99,564**	**$ 18,573**	**$ 202,343**	**$ 263,880**	**$ -**	**$ (0)**	**$ (0)**	**$ -**	**$ -**	**$ 275,255**	

BUDGET 3

Gullah Traveling Theater, Inc.

Statement of Activity

January - February, 2025

	TOTAL
Revenue	
4001 Restricted Grants	
4001-06 4001-06 City ATAX	30,000.00
4001-1 Foundation-Restricted	2,000.00
4001-2 Gov't (federal/state/county)-Restricted	
4001-05 4001-05 Beaufort County ATAX	6,750.00
4001-3 HUD - Second Chance Project	50,103.00
Total 4001-2 Gov't (federal/state/county)-Restricted	**56,853.00**
Total 4001 Restricted Grants	**88,853.00**
4003 Show Revenue	35,207.97
4004 Donations	
4004-1 Board Member Donations	250.00
4004-5 On-line Donations	270.00
Total 4004 Donations	**520.00**
4006 Other Revenue	
4006-01 Sierra Leon Project	75.00
Total 4006 Other Revenue	**75.00**
Total Revenue	**$124,655.97**
GROSS PROFIT	**$124,655.97**
Expenditures	
5000 Other Misc. Expenses	
5000-2 Sunshine Club Expenses	225.00
Total 5000 Other Misc. Expenses	**225.00**
5100 Payroll Expenses	
5100-3 Taxes	2,087.18
Wages	27,283.32
Total 5100 Payroll Expenses	**29,370.50**
5200 Professional Services	
5200-2 Bookkeeper	2,400.00
5200-3 Consultant	26,964.25
5200-4 2nd Chance Manager Salary	27,500.00
Total 5200 Professional Services	**56,864.25**
5220 1099 Contractors	1,638.00
5220-1 Cast Member	27.50
5220-2 Catering	3,432.00
5220-4 Misc. Laborer Pay	8,783.34
5220-5 Logistics Coordinator	300.00
Total 5220 1099 Contractors	**14,180.84**

Gullah Traveling Theater, Inc.

Statement of Activity

January - February, 2025

	TOTAL
5300 Operating Expense	
5305 Rent or Lease of Bldgs.	
5305-3 Office Rental - Suite 319	1,000.00
5305-4 Storage Unit Rental	635.00
5305-5 Venues/Practice Facilities	1,850.00
Total 5305 Rent or Lease of Bldgs.	**3,485.00**
5310 Advertising & Marketing	108.34
5310-1 Audio/Video Production	5,692.50
5310-2 Networking Event	500.00
5310-3 Printing, Publication & Radio	16,338.82
Total 5310 Advertising & Marketing	**22,639.66**
5315 Insurance	
5315-2 Storage Unit Insurance	15.00
5315-3 Production Insurance	59.54
Total 5315 Insurance	**74.54**
5320 Telephone & Internet	376.14
Total 5300 Operating Expense	**26,575.34**
5400 Auto	1,000.00
5400-1 Fuel	200.82
5400-3 Repair & Mntc	0.00
Total 5400 Auto	**1,200.82**
5401 Office Expenses	
5401-1 Ameris Bank Charges & Fees	228.88
5401-2 Merchant BANKCD Fee	-106.51
5401-3 Intuit QuickBooks Fees	130.87
5401-4 Dues & subscriptions	274.00
5401-5 Office Supplies & Software	3,902.30
5401-7 Supplies & Materials	439.74
Total 5401 Office Expenses	**4,869.28**
5700 Event/Program Expenses	22.00
5700-2 Costume/Decorations/Props < $2500	206.60
5700-3 Misc Program Expensses	677.67
5700-4 Reimbursable Expenses	14,450.83
Total 5700 Event/Program Expenses	**15,357.10**
5800 Travel	
5800-1 Lodging	6,216.41
5800-2 Meals	1,818.27
5800-3 Transportation (bus/plane/taxi/vehicle/etc.)	6,792.07
Total 5800 Travel	**14,826.75**
5900 Charitable Contributions/Donations	50.00

Gullah Traveling Theater, Inc.

Statement of Activity

January - February, 2025

	TOTAL
5901 Conferences/Seminars/Webinars	537.00
Total Expenditures	**$164,056.88**
NET OPERATING REVENUE	**$ -39,400.91**
Other Revenue	
6005 Interest Earned	1,435.61
Total Other Revenue	**$1,435.61**
NET OTHER REVENUE	**$1,435.61**
NET REVENUE	**$ -37,965.30**

Gullah Traveling Theater, Inc.

Statement of Financial Position

As of February 28, 2025

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
1000 Ameris Operating-6114	84,369.58
1001 Ameris Payroll-3377	9,143.66
1002 Ameris Savings-1578	24,211.43
1003 Ameris Sierra Leone-4508 (7336)	477.32
1004 Ameris Sunshine Club-2940 (7344)	1,899.29
1020 Coastal States Bank Checking-0339	153,435.61
Total Bank Accounts	**$273,536.89**
Accounts Receivable	
1200 Accounts Receivable (A/R)	33,081.03
Total Accounts Receivable	**$33,081.03**
Other Current Assets	
1250 Grants Receivable	
1250-01 Grants Receivable - HUD Second Chance	412,578.00
1250-02 Grants Receivable - SC250th Grant #1	23,406.60
1250-03 Grants Receivable - SC250th Grant #2	37,045.00
1250-04 Grants Receivable - SC Senate CIP Rural Schools	0.00
1250-05 Grants Receivable - City ATAX	30,000.00
Total 1250 Grants Receivable	**503,029.60**
1400 Undeposited Funds	1,000.00
Total Other Current Assets	**$504,029.60**
Total Current Assets	**$810,647.52**
Fixed Assets	
1505 Storage Bldg. #1	5,091.22
Total Fixed Assets	**$5,091.22**
TOTAL ASSETS	**$815,738.74**

Gullah Traveling Theater, Inc.

Statement of Financial Position

As of February 28, 2025

	TOTAL
LIABILITIES AND ASSETS	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 Accounts Payable (A/P)	345.50
Total Accounts Payable	**$345.50**
Other Current Liabilities	
2100 Direct Deposit Payable	-2,500.00
2200 Payroll Liabilities	
2201 Federal Taxes (941/944)	-844.54
2202 SC Income Tax	844.54
2203 SC Unemployment Tax	0.00
Levy #1138903	106.26
Levy #1138903/SID 9040449 LLPrather	293.74
Levy #1159338/SID 6895698	5,831.24
Levy #1159338/SID 6895698 ASPrather	-3,321.20
Total 2200 Payroll Liabilities	**2,910.04**
2300 Anita P. Loans	0.00
Deferred Revenue	617,581.03
Fraudulant Charge Disputes	825.00
South Carolina Department of Revenue Payable	0.00
Total Other Current Liabilities	**$618,816.07**
Total Current Liabilities	**$619,161.57**
Long-Term Liabilities	
Loan Payable - Storage Bldg. #1	0.00
Total Long-Term Liabilities	**$0.00**
Total Liabilities	**$619,161.57**
Net Assets	
3000 Opening Balance Assets	0.00
3200 Unrestricted Net Assets	234,542.47
Net Revenue	-37,965.30
Total Net Assets	**$196,577.17**
TOTAL LIABILITIES AND ASSETS	**$815,738.74**

Statement of Activity

Gullah Traveling Theater, Inc.

January-December, 2024

DISTRIBUTION ACCOUNT	TOTAL
Income	
4001 Restricted Grants	0
4001-2 Gov't (federal/state/county)-Restricted	0
4001-04 SC Senate CIP - Rural Schools Project	231,550.00
4001-2b SC250th - Grant #2	-1.00
4001-3 HUD - Second Chance Project	69,197.00
Total for 4001-2 Gov't (federal/state/county)-Restricted	**$300,746.00**
Total for 4001 Restricted Grants	**$300,746.00**
4002 Unrestricted Grants	0
4002-1 Foundation-Unrestricted	25,000.00
4002-2 Gov't (federal/state/county)-Unrestricted	32,092.60
Total for 4002 Unrestricted Grants	**$57,092.60**
4003 Show Revenue	$92,716.46
4003-01 Show Revenue - Decoration Day	0
4003-01d Decoration Day - ATAX Funding	15,000.00
Total for 4003-01 Show Revenue - Decoration Day	**$15,000.00**
4003-02 Show Revenue - Christmas Show	0
4003-02b Christmas Show - Sponsorships & Donations	10,000.00
4003-02c Christmas Show - Tickets	8,813.52
4003-02e Christmas Show - Vendor Sales	-150.00
Total for 4003-02 Show Revenue - Christmas Show	**$18,663.52**
Total for 4003 Show Revenue	**$126,379.98**
4004 Donations	0
4004-2 Business/Individual Donations	14,034.00
4004-5 On-line Donations	645.00
Total for 4004 Donations	**$14,679.00**
4006 Other Revenue	0
4006-01 Sierra Leon Project	850.00
4006-02 Sunshine Club Membership Dues	2,188.46
4006-03 Catering Revenue	957.00
Total for 4006 Other Revenue	**$3,995.46**
Total for Income	**$502,893.04**
Cost of Goods Sold	
Gross Profit	**$502,893.04**
Expenses	
5000 Other Misc. Expenses	0
5000-1 Sierra Leon Project Expenses	1,721.96
5000-2 Sunshine Club Expenses	1,044.17
Total for 5000 Other Misc. Expenses	**$2,766.13**

Statement of Activity

Gullah Traveling Theater, Inc.

January-December, 2024

DISTRIBUTION ACCOUNT	TOTAL
5100 Payroll Expenses	0
5100-1 Wages & Fringes	74,700.00
5100-3 Taxes	9,505.02
Wages	53,500.00
Total for 5100 Payroll Expenses	**$137,705.02**
5200 Professional Services	0
5200-1 Accounting & Legal	6,000.00
5200-2 Bookkeeper	30,885.00
5200-3 Consultant	75,478.64
5200-4 2nd Chance Manager Salary	11,250.00
Total for 5200 Professional Services	**$123,613.64**
5220 1099 Contractors	0
5220-1 Cast Member	84,900.27
5220-2 Catering	11,390.80
5220-4 Misc. Laborer Pay	4,375.00
Total for 5220 1099 Contractors	**$100,666.07**
5300 Operating Expense	0
5305 Rent or Lease of Bldgs.	0
5305-1 Office Rental - Suite 309	2,200.00
5305-2 Office Rental - Suite 310	2,403.90
5305-3 Office Rental - Suite 319	5,750.00
5305-4 Storage Unit Rental	3,022.00
5305-5 Venues/Practice Facilities	14,497.50
Total for 5305 Rent or Lease of Bldgs.	**$27,873.40**
5310 Advertising & Marketing	$4,357.80
5310-1 Audio/Video Production	9,185.70
5310-3 Printing, Publication & Radio	7,747.91
5310-4 Website	5,702.39
Total for 5310 Advertising & Marketing	**$26,993.80**
5315 Insurance	0
5315-1 Warranty	53.49
5315-2 Storage Unit Insurance	165.00
5315-3 Production Insurance	658.46
Total for 5315 Insurance	**$876.95**
5320 Telephone & Internet	1,658.75
Total for 5300 Operating Expense	**$57,402.90**
5400 Auto	0
5400-1 Fuel	912.05
Total for 5400 Auto	**$912.05**

Statement of Activity

Gullah Traveling Theater, Inc.

January-December, 2024

DISTRIBUTION ACCOUNT	TOTAL
5401 Office Expenses	$310.29
5401-10 Postage & Shipping	251.33
5401-11 Supplies & Materials	164.54
5401-12 Taxes & Licenses	102.00
5401-1 Ameris Bank Charges & Fees	99.70
5401-3 Dues & subscriptions	1,265.00
5401-4 Fiscal Agency Fees	5,000.00
5401-6 Intuit QuickBooks Fees	2,762.70
5401-7 Merchant BANKCD Fee	-61.15
5401-8 Misc. Fraudulant Charges/Disputes	-415.44
5401-9 Office Supplies & Software	1,623.18
Total for 5401 Office Expenses	**$11,102.15**
5520 Event Equipment Rental	1,403.41
5700 Event/Program Expenses	$471.29
5700-1 Cast Member Meals	1,499.64
5700-2 Costume/Decorations/Props < $2500	1,908.85
5700-3 Misc Program Expensses	7,335.89
5700-4 Reimbursable Expenses	381.96
Total for 5700 Event/Program Expenses	**$11,597.63**
5800 Travel	0
5800-1 Lodging	3,486.15
5800-2 Meals	620.65
5800-3 Transportation (bus/plane/taxi/vehicle/etc.)	4,227.11
5800-4 Travel Insurance	148.28
Total for 5800 Travel	**$8,482.19**
5900 Charitable Contributions/Donations	240.00
5902 Meals & Entertainment	607.80
5903 Other Business Expenses	1,675.00
VOID (deleted)	
Total for Expenses	**$458,173.99**
Net Operating Income	**$44,719.05**
Other Income	
6005 Interest Earned	242.03
6006 Wix Website Paymts Acct Payout	2,282.83
Total for Other Income	**$2,524.86**
Other Expenses	
Net Other Income	**$2,524.86**
Net Income	**$47,243.91**

Gullah Traveling Theater, Inc.

Statement of Financial Position

As of December 31, 2024

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
1000 Ameris Operating-6114	166,004.62
1001 Ameris Payroll-3377	1,496.31
1002 Ameris Savings-1578	23,961.43
1003 Ameris Sierra Leone-4508 (7336)	402.32
1004 Ameris Sunshine Club-2940 (7344)	2,124.29
1020 Coastal States Bank Checking-0339	200,000.00
Total Bank Accounts	**$393,988.97**
Accounts Receivable	
1200 Accounts Receivable (A/R)	6,602.02
Total Accounts Receivable	**$6,602.02**
Other Current Assets	
1250 Grants Receivable	
1250-01 Grants Receivable - HUD Second Chance	439,083.00
1250-02 Grants Receivable - SC250th Grant #1	23,406.60
1250-03 Grants Receivable - SC250th Grant #2	37,045.00
1250-04 Grants Receivable - SC Senate CIP Rural Schools	0.00
Total 1250 Grants Receivable	**499,534.60**
1400 Undeposited Funds	0.00
Total Other Current Assets	**$499,534.60**
Total Current Assets	**$900,125.59**
Fixed Assets	
1505 Storage Bldg. #1	5,091.22
Total Fixed Assets	**$5,091.22**
TOTAL ASSETS	**$905,216.81**

Gullah Traveling Theater, Inc.

Statement of Financial Position

As of December 31, 2024

	TOTAL
LIABILITIES AND ASSETS	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 Accounts Payable (A/P)	405.10
Total Accounts Payable	**$405.10**
Other Current Liabilities	
2100 Direct Deposit Payable	0.00
2200 Payroll Liabilities	
2201 Federal Taxes (941/944)	3,393.54
2202 SC Income Tax	569.28
2203 SC Unemployment Tax	0.00
Levy #1138903	106.26
Levy #1138903/SID 9040449 LLPrather	293.74
Levy #1159338/SID 6895698	2,656.96
Levy #1159338/SID 6895698 ASPrather	-1,328.48
Total 2200 Payroll Liabilities	**5,691.30**
2300 Anita P. Loans	0.00
Deferred Revenue	430,803.00
South Carolina Department of Revenue Payable	0.00
Total Other Current Liabilities	**$436,494.30**
Total Current Liabilities	**$436,899.40**
Long-Term Liabilities	
Loan Payable - Storage Bldg. #1	0.00
Total Long-Term Liabilities	**$0.00**
Total Liabilities	**$436,899.40**
Net Assets	
3000 Opening Balance Assets	0.00
3200 Unrestricted Net Assets	113,036.06
Net Revenue	355,281.35
Total Net Assets	**$468,317.41**
TOTAL LIABILITIES AND ASSETS	**$905,216.81**

Management Report

Gullah Traveling Theater, Inc.
For the period ended December 31, 2023

Prepared by

Marie Tate of Tate Entrprise, LLC

Prepared on

March 1, 2024

Table of Contents

Statement of Financial Position

As of December 31, 2023

	Total
ASSETS	
Current Assets	
Bank Accounts	
1000 Checking-6114 (0268mt/5289is/5297ofc/7337ap)	103,121.67
1030 Payroll Checking-3377	3,158.57
1080 Sierra Leone Chking-4508	1,717.02
1090 Sunshine Club Checking-2940	680.00
Total Bank Accounts	**108,677.26**
Other Current Assets	
1400 Undeposited Funds	9,470.00
Total Other Current Assets	**9,470.00**
Total Current Assets	**118,147.26**
TOTAL ASSETS	**$118,147.26**
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
2200 Payroll Liabilities	
2201 Federal Taxes (941/944)	3,626.20
2202 SC Income Tax	559.42
Total 2200 Payroll Liabilities	**4,185.62**
Total Other Current Liabilities	**4,185.62**
Total Current Liabilities	**4,185.62**
Total Liabilities	**4,185.62**
Equity	
3000 Opening Balance Equity	4,173.76
3200 Unrestricted Net Assets	6,209.90
Net Revenue	103,577.98
Total Equity	**113,961.64**
TOTAL LIABILITIES AND EQUITY	**$118,147.26**

Statement of Activity

January - December 2023

	Total
REVENUE	
4001 Restricted Grants	
4001-1 Foundation-Restricted	200,000.00
Total 4001 Restricted Grants	**200,000.00**
4002 Unrestricted Grants	
4002-1 Foundation-Unrestricted	30,000.00
4002-2 Gov't (federal/state/county)-Unrestricted	39,719.00
Total 4002 Unrestricted Grants	**69,719.00**
4003 Show Revenue/Catering	104,186.59
4003-1 Community In-kind donation from GTTI	-5,000.00
Total 4003 Show Revenue/Catering	**99,186.59**
4004 Donations	
4004-1 Business/Individual Donations	11,050.00
4004-5 On-line Donations	220.00
Total 4004 Donations	**11,270.00**
Total Revenue	**380,175.59**
GROSS PROFIT	**380,175.59**
EXPENDITURES	
5100 Payroll Expenses	
5100-2 Taxes	4,642.88
5100-3 Wages	60,691.29
Total 5100 Payroll Expenses	**65,334.17**
5220 1099 Contractor Pay/Professional Servs	1,086.25
5220-1 Accounting & Legal	10,520.00
5220-2 Bookkeeper	15,441.00
5220-3 Cast Member	65,427.50
5220-4 Catering	4,614.75
5220-5 Consulting	17,165.00
5220-6 Founder	2,000.00
5220-7 Misc. Laborer Pay	3,700.00
Total 5220 1099 Contractor Pay/Professional Servs	**119,954.50**
5300 Operating Expense	235.20
5305 Rent or Lease of Bldgs.	
5305-1 Office Rental - Suite 309	550.00
5305-2 Office Rental - Suite 310	4,800.00
5305-3 Storage Unit Rental	2,233.00
Total 5305 Rent or Lease of Bldgs.	**7,583.00**
5310 Advertising & Marketing	4,823.05
5310-1 Audio/Video Production	6,000.00
5310-2 Printing, Publication & Radio	4,840.00

	Total
Total 5310 Advertising & Marketing	**15,663.05**
5315 Insurance	836.02
5315-1 Warranty	35.30
Total 5315 Insurance	**871.32**
5320 Telephone & Internet	590.43
Total 5300 Operating Expense	**24,943.00**
5400 Auto	
5400-1 Fuel	2,519.88
5400-2 License & Registration	50.00
Total 5400 Auto	**2,569.88**
5401 Office Expenses	
5401-1 Ameris Bank Charges & Fees	92.00
5401-2 Merchant BANKCD Fee	413.20
5401-3 Intuit QuickBooks Fees	1,088.30
5401-4 Dues & subscriptions	1,008.71
5401-5 Office Supplies & Software	6,792.72
5401-6 Postage & Shipping	263.90
5401-7 Supplies & Materials	1,627.44
5401-8 Misc. Expense Charge Disputes	499.00
5401-9 Taxes & Licenses	1,059.00
Total 5401 Office Expenses	**12,844.27**
5520 Equipment Rental	2,908.31
5521 Rent to own bldg.	321.00
5700 Event/Program Expenses	585.43
5700-1 Cast Member Meals	1,007.28
5700-2 Costume/Decorations/Props < $2500	2,407.24
5700-3 Misc Program Expensses	5,761.73
5700-4 Reimbursable Expenses	4,446.88
5700-5 Venues/Practice Facilities	13,290.00
Total 5700 Event/Program Expenses	**27,498.56**
5800 Travel	
5800-1 Lodging	5,602.63
5800-2 Meals	1,652.79
5800-3 Transportation (bus/plane/taxi/vehicle/etc.)	5,457.17
5800-4 Travel Insurance	244.20
Total 5800 Travel	**12,956.79**
5900 Charitable Contributions/Donations	2,000.00
5901 Conferences/Seminars/Webinars	554.91
5902 Meals & Entertainment	472.67
5903 Other Business Expenses	69.55
Total Expenditures	**272,427.61**
NET OPERATING REVENUE	**107,747.98**
OTHER REVENUE	

	Total
6000 Other Misc. Revenue	
6000-1 Sierra Leon Project	250.00
6000-2 Sunshine Club Membership Dues	540.00
Total 6000 Other Misc. Revenue	**790.00**
Total Other Revenue	**790.00**
OTHER EXPENDITURES	
7000 Other Miscellaneous Expenditure	
7000-1 Sierra Leon Project Expenses	4,710.00
7000-2 Sunshine Club Expenses	250.00
Total 7000 Other Miscellaneous Expenditure	**4,960.00**
Total Other Expenditures	**4,960.00**
NET OTHER REVENUE	**-4,170.00**
NET REVENUE	**$103,577.98**

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: AUG 11 2015

GULLAH TRAVELING THEATER INC
1010 MONSON ST
BEAUFORT, SC 29902

Employer Identification Number:
46-1806147
DLN:
17053071332003
Contact Person:
LORI PERRY ID# 31107
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
December 17, 2012
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,

Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20_____

Do not send to the IRS. Keep for your records.
Go to *www.irs.gov/Form8879TE* for the latest information.

OMB No. 1545-0047

2023

Name of filer
Gullah Traveling Theater, Inc

EIN or SSN
46-1806147

Name and title of officer or person subject to tax
Anita Singleton-Prather, President

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a**, **2a**, **3a**, **4a**, **5a**, **6a**, **7a**, **8a**, **9a**, or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, **5b**, **6b**, **7b**, **8b**, **9b**, or **10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here . . . ☒	**b**	**Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . .	**1b** 379,356.
2a	**Form 990-EZ** check here . . ☐	**b**	**Total revenue**, if any (Form 990-EZ, line 9)	**2b**
3a	**Form 1120-POL** check here . . ☐	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**
4a	**Form 990-PF** check here . . ☐	**b**	**Tax based on investment income** (Form 990-PF, Part V, line 5) .	**4b**
5a	**Form 8868** check here . . . ☐	**b**	**Balance due** (Form 8868, line 3c)	**5b**
6a	**Form 990-T** check here . . ☐	**b**	**Total tax** (Form 990-T, Part III, line 4)	**6b**
7a	**Form 4720** check here . . . ☐	**b**	**Total tax** (Form 4720, Part III, line 1)	**7b**
8a	**Form 5227** check here . . . ☐	**b**	**FMV of assets at end of tax year** (Form 5227, Item D)	**8b**
9a	**Form 5330** check here . . . ☐	**b**	**Tax due** (Form 5330, Part II, line 19)	**9b**
10a	**Form 8038-CP** check here . . ☐	**b**	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☐ I am an officer of the above entity or ☒ I am a person subject to tax with respect to (name of entity) Gullah Traveling Theater, (EIN) 46-1806147 and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (**a**) an acknowledgement of receipt or reason for rejection of the transmission, (**b**) the reason for any delay in processing the return or refund, and (**c**) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☐ I authorize _____ to enter my PIN ☐☐☐☐☐ as my signature
ERO firm name **Enter five numbers, but do not enter all zeros**

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☒ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Anita Singleton Prather Date 05/06/2024

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

7 2 9 2 2 0 7 8 8 1 3
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date 05/06/2024

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

Form **990**

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 01/01/2023, 2023, and ending 12/31/2023, 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Gullah Traveling Theater, Inc

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 1010 Monson St.

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Beaufort, SC 29902

D Employer identification number: 46-1806147

E Telephone number: (846)263-5229

G Gross receipts $ 379,356.

F Name and address of principal officer: Anita Singleton-Prather, 1010 Monson St, Beaufort, SC 29902

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: N/A

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2013

M State of legal domicile: SC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: The organization's mission is to provide a historical perspective of the gullah culture to the public through the arts of theater dance and music.

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)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	7
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		379,356.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		379,356.

Expenses

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)		65,334.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) 0.		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		211,847.
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		277,181.
19	Revenue less expenses. Subtract line 18 from line 12		102,175.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	0.	110,915.
21	Total liabilities (Part X, line 26)	0.	8,740.
22	Net assets or fund balances. Subtract line 21 from line 20	0.	102,175.

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

Signature of officer

Date: 05/04/2024

Anita Singleton-Prather, President

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Arthur C. Smalls, Jr.	Arthur C. Smalls, Jr.	05/06/2024		P02226548

Firm's name: Smalls CPA Firm — Firm's EIN: 32-0587531

Firm's address: 2901 Silver Pine Ln, Shreveport, LA 71108 — Phone no. (318)773-2665

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☒

1 Briefly describe the organization's mission:

The organization's mission is to provide a historical perspective of the gullah culture to the public through the arts of theater dance and music.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 44,966. including grants of $ 0.) (Revenue $ 379,356.)

Total Program services consisted of plays and gullah related theater.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 44,966.

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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		×
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		×
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		×
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		×
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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		×
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		×
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	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*	11b		×
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		×
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete 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*	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		×
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		×
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		×
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		×
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		×
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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		×

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		×
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		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		×
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		×
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		×
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		×
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).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		×
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		×
c	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		×
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		×
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," complete Schedule N, Part II*	32		×
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		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		×
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		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	×	

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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		×
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		×
b	If "Yes," enter the name of the foreign country ..... See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		×
c	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		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		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 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
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:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 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.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		×
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		17		

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 . . . . . ☒

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	11		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	11		
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			×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3			×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			×
6	Did the organization have members or stockholders?	6			×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a	×		
b	Each committee with authority to act on behalf of the governing body?	8b	×		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			×

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		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	×	
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*	12c	×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	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	15a	×	
b	Other officers or key employees of the organization	15b	×	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed SC

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

Marie Tate, 2407 Allison Road, Beaufort, SC 29902 (843)524-8283

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, 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) None None										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b **Subtotal**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* 3		×
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* 4		×
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* 5		×

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	97,187.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	269,719.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	12,450.				
	g	Noncash contributions included in lines 1a–1f	1g	$				
	h	**Total.** Add lines 1a–1f			379,356.			
Program Service Revenue				Business Code				
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a–2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)						
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
				(i) Real / (ii) Personal				
	6a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
				(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a					
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c					
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including $ 97,187. of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code				
	11a							
	b							
	c							
	d	All other revenue			0.	0.	0.	0.
	e	**Total.** Add lines 11a–11d			0.			
	12	**Total revenue.** See instructions			379,356.	0.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 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				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	65,334.	0.	65,334.	0.
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	27,685.	0.	27,685.	0.
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 Schedule O.)				
12 Advertising and promotion				
13 Office expenses	8,505.	8,505.	0.	0.
14 Information technology				
15 Royalties				
16 Occupancy	27,288.	0.	27,288.	0.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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 11g expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses	148,369.	36,461.	111,908.	0.
25 **Total functional expenses.** Add lines 1 through 24e	277,181.	44,966.	232,215.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	110,915.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	0.	16	110,915.
Liabilities	17	Accounts payable and accrued expenses	0.	17	8,740.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	0.	26	8,740.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions		27	102,175.
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances		32	102,175.
	33	Total liabilities and net assets/fund balances	0.	33	110,915.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	379,356.
2	Total expenses (must equal Part IX, column (A), line 25)	2	277,181.
3	Revenue less expenses. Subtract line 2 from line 1	3	102,175.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	102,175.

Part 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 ☐ 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		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.			
	☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	×	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization	Employer identification number
Gullah Traveling Theater, Inc	46-1806147

Part I 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, city, and state:
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
7 ☐ 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 university:
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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **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.**
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.**
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.**
d ☐ **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.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations . . . . . .
g Provide the following information about the supported organization(s).

(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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **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

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . **14** %

15 Public support percentage from 2022 Schedule A, Part II, line 14 . . . . . **15** %

16a **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 . . . . . ☐

17a **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 organization . . . . . ☐

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 organization . . . . . ☐

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 . . . . . ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	68,867.	36,393.	83,388.	179,984.	379,356.	747,988.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	68,867.	36,393.	83,388.	179,984.	379,356.	747,988.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						747,988.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	68,867.	36,393.	83,388.	179,984.	379,356.	747,988.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	68,867.	36,393.	83,388.	179,984.	379,356.	747,988.

14 **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

15	Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	100 %
16	Public support percentage from 2022 Schedule A, Part III, line 15	16	100 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	0 %
18	Investment income percentage from **2022** Schedule A, Part III, line 17	18	0 %

19a **33 1/3% support tests—2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b **33 1/3% support tests—2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the 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 of 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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
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.*	4c		
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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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****.*	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
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).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI****.*	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI****.*	9b		
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****.*	9c		
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.*	10a		
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.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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		
c	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		

Section 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		

Section 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		

Section 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 supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer lines 3a and 3b below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI****.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* ***Part VI***). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B—Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors *(explain in detail in* ***Part VI****)*:			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		

Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D—Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**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 supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	**5**	
6	Other distributions (*describe in* ***Part VI***). See instructions.	**6**	
7	**Total annual distributions.** Add lines 1 through 6.	**7**	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	**8**	
9	Distributable amount for 2023 from Section C, line 6	**9**	
10	Line 8 amount divided by line 9 amount	**10**	

Section E—Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2023**	**(iii) Distributable Amount for 2023**
1	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.			
4	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.			
5	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.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019 . . .			
b	Excess from 2020 . . .			
c	Excess from 2021 . . .			
d	Excess from 2022 . . .			
e	Excess from 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.)

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization	Employer identification number
Gullah Traveling Theater, Inc	46-1806147

Pt VI, Line 12c: At the end of each quarter a meeting is held with the CPA, Bookkeeper and CEO to review policy compliance and enforcement for corrective action fo any violation.

Pt VI, Line 15a: Compensation to CEO, Executive Director or top Management

Pt VI, Line 5: are subject too review and approval by the board.

Pt VI, Line 11b: Upon completion of Form 990 a copy is sent to the CEO and Bookkeeper and a review is mde by the finance committee

Pt VI, Line 15b: Other officers and key employees are subject to the same review process as that of the CEO and Top Management.

Pt IX, Line 24e:

Description: ProfessionalFees

Total: $83,955

Program services: $0

Management and general: $83,955

Fundraising: $0

Description: Misc. Pay

Total: $8,315

Program services: $0

Management and general: $8,315

Fundraising: $0

Description: Printing, Publications,Postage,Shipping

Total: $9,225

Program services: $0

Management and general: $9,225

Fundraising: $0

Name of the organization: Gullah Traveling Theater, Inc

Employer identification number: 46-1806147

Description: Website

Total: $702

Program services: $0

Management and general: $702

Fundraising: $0

Description: Audio/Visual/Promotion

Total: $6,000

Program services: $0

Management and general: $6,000

Fundraising: $0

Description: Lodging

Total: $5,847

Program services: $5,847

Management and general: $0

Fundraising: $0

Description: Meals

Total: $2,660

Program services: $2,660

Management and general: $0

Fundraising: $0

Description: Transportation

Total: $5,457

Program services: $5,457

Management and general: $0

Fundraising: $0

Description: Fees & Penalties

Total: $2,602

Name of the organization: Gullah Traveling Theater, Inc

Employer identification number: 46-1806147

Program services: $0

Management and general: $2,602

Fundraising: $0

Description: Tax, License & registration

Total: $1,109

Program services: $0

Management and general: $1,109

Fundraising: $0

Description: Events/Programs Expense

Total: $585

Program services: $585

Management and general: $0

Fundraising: $0

Description: Other Program Expenses

Total: $21,912

Program services: $21,912

Management and general: $0

Fundraising: $0

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20_____

Do not send to the IRS. Keep for your records.
Go to *www.irs.gov/Form8879TE* for the latest information.

OMB No. 1545-0047

2023

Name of filer	EIN or SSN
Gullah Traveling Theater, Inc	46-1806147

Name and title of officer or person subject to tax

Anita Singleton-Prather, President

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a**, **2a**, **3a**, **4a**, **5a**, **6a**, **7a**, **8a**, **9a**, or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, **5b**, **6b**, **7b**, **8b**, **9b**, or **10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here . . . ☒	**b**	**Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . .	**1b**	379,356.
2a	**Form 990-EZ** check here . . ☐	**b**	**Total revenue**, if any (Form 990-EZ, line 9)	**2b**	
3a	**Form 1120-POL** check here . . ☐	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**	
4a	**Form 990-PF** check here . . ☐	**b**	**Tax based on investment income** (Form 990-PF, Part V, line 5) .	**4b**	
5a	**Form 8868** check here . . . ☐	**b**	**Balance due** (Form 8868, line 3c)	**5b**	
6a	**Form 990-T** check here . . ☐	**b**	**Total tax** (Form 990-T, Part III, line 4)	**6b**	
7a	**Form 4720** check here . . . ☐	**b**	**Total tax** (Form 4720, Part III, line 1)	**7b**	
8a	**Form 5227** check here . . . ☐	**b**	**FMV of assets at end of tax year** (Form 5227, Item D)	**8b**	
9a	**Form 5330** check here . . . ☐	**b**	**Tax due** (Form 5330, Part II, line 19)	**9b**	
10a	**Form 8038-CP** check here . . ☐	**b**	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☐ I am an officer of the above entity or ☒ I am a person subject to tax with respect to (name of entity) Gullah Traveling Theater, (EIN) 46-1806147 and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (**a**) an acknowledgement of receipt or reason for rejection of the transmission, (**b**) the reason for any delay in processing the return or refund, and (**c**) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☐ I authorize _____ to enter my PIN ☐☐☐☐☐ as my signature
ERO firm name **Enter five numbers, but do not enter all zeros**

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☒ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date 05/04/2024

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

7	2	9	2	2	0	7	8	8	1	3

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date 05/06/2024

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

Form 990
Part IX, Line 24e

All Other Expenses

2023

Name: Gullah Traveling Theater, Inc

Employer Identification No.: 46-1806147

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
ProfessionalFees	83,955.	0.	83,955.	0.
Misc. Pay	8,315.	0.	8,315.	0.
Printing, Publications,Postage,Shipping	9,225.	0.	9,225.	0.
Website	702.	0.	702.	0.
Audio/Visual/Promotion	6,000.	0.	6,000.	0.
Lodging	5,847.	5,847.	0.	0.
Meals	2,660.	2,660.	0.	0.
Transportation	5,457.	5,457.	0.	0.
Fees & Penalties	2,602.	0.	2,602.	0.
Tax, License & registration	1,109.	0.	1,109.	0.
Events/Programs Expense	585.	585.	0.	0.
Other Program Expenses	21,912.	21,912.	0.	0.
Total to Form 990, Part IX, line 24e	148,369.	36,461.	111,908.	0.

990-EZ, 990, 990-T and 990-PF Information Worksheet 2023

Part I – Identifying Information

Employer Identification Number . 46-1806147

Name . . . . . Gullah Traveling Theater, Inc

Doing Business As . . . . . .

Address . . . . . 1010 Monson St. Room/Suite .

City. . . . . Beaufort State . . . SC ZIP Code. . 29902

Province/State . . . . . Foreign Postal Code. .

Foreign Code . . . . . Foreign Country

Telephone Number (846)263-5229 Extension. Foreign Phone No.

Fax. . . . . E-Mail Address . . auntpearliesue@yahoo.com

☐ **Eligible for hurricane tax relief legislation benefits, check here**

Part II – Type of Return

IMPORTANT

For tax years beginning on or after July 2, 2019, section 3101 of P.L. 116-25 requires that returns by exempt organizations be filed electronically. The appropriate electronic filing box(es) must be checked in Part VII - Electronic Filing Information.

☐	Form 990-EZ **only**	☐	Form 990-EZ **and** Form 990-T
☒	Form 990 **only**	☐	Form 990 **and** Form 990-T
☐	Form 990-PF **only**	☐	Form 990-PF **and** Form 990-T
☐	Form 990-T **only**	☐	Form 990-N (gross receipts $50,000 or less)

☐ **QuickBooks Import Users & 990 to 990-EZ Data Transfer Option:** Check if you're filing the EZ & want 990 imported data copied to the EZ **OR** for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

IMPORTANT

Before transferring data from Form 990 to Form 990-EZ, refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

Part III – Type of Organization

☒	501(c) Corporation/Association	3 (subsection number)		☐	220(e) Trust
☐	501(c) Trust	___ (subsection number)		☐	408A Trust
☐	4947(a)(1) Trust			☐	529(a) Corporation
☐	408(e) Trust			☐	529(a) Trust
☐	401(a) Trust			☐	530(a) Trust
☐	Public College or University	Corporation/Association	☐	☐	527 Organization
☐	Other _____ (describe)	Or Trust	☐	☐	501(c) Association
☐	6417(d)(1)(A) Applicable Entity				

Part IV – Tax Year and Filing Information

☒ Calendar year

☐ Fiscal year – Ending month . . .

☐ Short year – Beginning date . . Ending date . . .

☐ Change of Accounting Period

☒ Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

Part V — 2023 Estimated Taxes Paid

☐ Check this box if the organization is a private foundation

	Form 990-T	Form 990-PF
Amount of 2022 overpayment credited to 2023 estimated tax		

		Form 990-T		Form 990-PF	
Payment Quarters	Due Date	Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	04/18/23				
2nd Quarter Payment	06/15/23				
3rd Quarter Payment	09/15/23				
4th Quarter Payment	12/15/23				
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

Part VI - Taxpayer Signature Information

Officer's Name . . . . . Anita ___ Singleton-Prather
Officer's SSN . . . . . 253-98-9045 Officer's Title . . . . President

Part VII — Electronic Filing Information

IMPORTANT: Do **not** use the Miscellaneous Statement **or** Additional Information if filing Form 990 or Form 990-EZ. These statements will **not** be transmitted with the return. Use Schedule O or the applicable Supplemental Information for the appropriate Schedule.

Choose Returns to be Filed Electronically:

Note: Returns represented by gray bars are not supported by ProSeries or Taxing Agency.

Filings To	Original Return	Extension	Amended Return	Estimated Payments 1	2	3	4
Federal Filings							
990, 990-EZ, 990-PF, or 990-N . . ►	X	☐	☐				
990-T . . . . . ►	☐	☐	☐				
Form 114 (FBAR) . . . . . ►	☐		☐				
State Filings							
Information Only: Selection of state/city return(s) was made . . . ►	☐		☐				
California Form 199 . . . . . ►	☐		☐				
California Form 109 . . . . . ►	☐		☐				

QuickZoom to the Electronic Filing Information Worksheet . . . . . ►
QuickZoom to the Form 8868 Electronic Filing Information Worksheet . . . . . ►

Practitioner PIN program:

☒ Sign this return electronically using the Practitioner PIN
☐ ERO entered PIN

Officer's PIN (enter any 5 numbers) . . 16147
Date PIN entered 05/04/2024

Responsible Party Information:

Yes	No	
☐	☐	Is Form 8822-B required to report a change of responsible party?

Part VIII — Electronic Funds Withdrawal Information *(Form 990-PF and Form 990-T filers only)*

Yes	No	
☐	☐	Use electronic funds withdrawal of **Form 990-PF Return** balance due (EF Only)?
☐	☐	Use electronic funds withdrawal of **Form 990-PF Extension** Form 8868 balance due (EF Only)?
☐	☐	Use electronic funds withdrawal of **Form 990-PF Amended** balance due (EF Only)?
☐	☐	Use electronic funds withdrawal of **Form 990-T Return** balance due? (EF Only)
☐	☐	Use electronic funds withdrawal of **Form 990-T Extension** Form 8868 balance due? (EF Only)
☐	☐	Use electronic funds withdrawal of **Form 990-T Amended** balance due? (EF Only)

Bank Information

Check to confirm transferred account information (which appears in green) is correct . . . . ☐
Name of Financial Institution (optional) . . . _____
Check the appropriate box . . . . . ☐ Checking ☐ Savings
Routing number . . . . . _____
Account number . . . . . _____

Form 990-PF Payment Information

Enter the Form 990-PF payment date . . . . . _____
Balance due amount from this Form 990-PF return . . . . . _____
Enter an amount to withdraw tax payment . . . . . _____
If partial payment is made, the remaining balance due . . . . _____
Enter the Form 990-PF Extension payment date . . . . . _____
Balance-due amount from this 990-PF Extension . . . . . _____
Payment date for amended Form 990-PF returns . . . . . _____
Balance due amount for amended Form 990-PF return . . . . _____

Form 990-T Payment Information

Enter the Form 990-T payment date . . . . . _____
Balance-due amount from this 990-T return . . . . . _____
Enter the Form 990-T Extension payment date . . . . . _____
Balance-due amount from this 990-T Extension . . . . . _____
Enter the amended Form 990-T payment date . . . . . _____
Balance-due amount from Form 990-T amended . . . . . _____

Date 990-T Exempt Organization Return was EFiled . . . . . _____
Date 990-T Exempt Organization Return was accepted . . . . . _____
Date 990-T Exempt Organization Extension was EFiled . . . . . _____
Date 990-T Exempt Organization Extension was accepted . . . . . _____
Date 990-T Exempt Organization Amended Return was EFiled . . . . _____
Date 990-T Exempt Organization Amended Return was accepted . . . _____

Part IX — Information for Client Letter

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date			

Letter Salutation . . _____

Part X — Return Preparer

Enter preparer code from Firm/Preparer Info (See Help) . . . ACS
QuickZoom to Firm/Preparer Info . . . . . ► _____

QuickZoom to Form 990-EZ, Pages 1 through 4 . . . . . ► _____
QuickZoom to Form 990, Page 1 . . . . . ► _____
QuickZoom to Form 990-PF, Page 1 . . . . . ► _____
QuickZoom to Form 990-T, Page 1 . . . . . ► _____
QuickZoom to Form 990-N, e-PostCard . . . . . ► _____

QuickZoom to Client Status . . . . . ► _____

IRS *e-file* Authentication Statement 2023

► Keep for your records

Name(s) Shown on Return	Employer ID No.
Gullah Traveling Theater, Inc	46-1806147

A – Practitioner PIN Authorization

QuickZoom to the Federal Information Worksheet to enter PIN information . . . . . ►

Please indicate how the taxpayer(s) PIN(s) are entered into the program.

Officer entered PIN . . . . . ► X

ERO entered Officer's PIN . . . . . ►

B – Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the Corporation. If the Exempt Organization furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the Exempt Organization. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) . . . . . EFIN 729220 Self-Select PIN 78813

C – Signature of Officer

Perjury Statement:

Under penalties of perjury, I declare that I am an officer of the above Exempt Organization and that I have examined a copy of the Exempt Organization's 2023 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the Exempt Organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Electronic Funds Withdrawal Consent (if applicable):

I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the Exempt Organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

Officer's PIN 16147

Date 05/04/2024

Electronic Filing Information Worksheet

► Keep for your records

2023

Name(s) shown on return: Gullah Traveling Theater, Inc

Identifying number: 46-1806147

Part I — State Electronic Filing:

Check this box to force state only filing for all states selected to be filed electronically ☐

Part II — Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the return.

For returns that are prepared as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter the EFIN for the ERO that is responsible for this return . . . . . ► 729220

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return . . . . . ►

ERO Name: Smalls CPA Firm

ERO Electronic Filers Identification Number (EFIN): 729220

ERO Address: 2901 Silver Pine Ln

ERO Employer Identification Number: 32-0587531

City: Shreveport | State: LA | ZIP Code: 71108

ERO Social Security Number or PTIN: P02226548

Country:

Part III — Paid Preparer Information

Firm Name: Smalls CPA Firm

Preparer Social Security Number or PTIN: P02226548

Preparer Name: Arthur C. Smalls, Jr.

Employer Identification Number: 32-0587531

Address: 2901 Silver Pine Ln

Phone Number: (318)773-2665

Fax Number:

City: Shreveport | State: LA | ZIP Code: 71108

Country:

Preparer E-mail Address: 2carlsmalls@gmail.com

Part IV — Selection of Additional Amended Returns

Enter the payment date to withdraw tax payment . . . . . ►

Amount you are paying with the amended return . . . . . ►

☐ Check this box to file another **federal** amended return electronically

☐ Check this box to file another **990-T** amended return electronically

☐ File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

☐ Check this box to file another **state and/or city** amended return electronically

* Select the state and/or city amended return(s) to file electronically.

State/City *
☐ California State Exempt
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

Part V — Name Control

Name Control, enter here to override default . . . . . GULL

Smart Worksheets From 2023 Federal Exempt Tax Return

Form 990: Return of Organization Exempt from Income Tax -- Smart Worksheet

Line 11d - All Other Revenue Smart Worksheet

The total of the following items carry to line 11d below:

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions,Gifts	0.	0.	0.	0.

Additional Information From 2023 Federal Exempt Tax Return

Form 990: Return of Organization Exempt from Income Tax
Pt I, Ln 6, # Volunteers **Itemization Statement**

Description	Amount
Volunteers	7
Total	**7**

Form 990: Return of Organization Exempt from Income Tax
Line 4a Expenses **Itemization Statement**

Description	Amount
Expenses for 2023	44,966.
Total	**44,966.**

Form 990: Return of Organization Exempt from Income Tax
Line 4a Grants **Itemization Statement**

Description	Amount
	0.
Total	**0.**

Form 990: Return of Organization Exempt from Income Tax
Line 4a Revenue **Itemization Statement**

Description	Amount
Total Revenue	379,356.
Total	**379,356.**

Form 990: Return of Organization Exempt from Income Tax
Line 2a **Itemization Statement**

Description	Amount
	0
Total	**0**

Form 990: Return of Organization Exempt from Income Tax
Line 1a **Itemization Statement**

Description	Amount
Voting Members	11
Total	**11**

Form 990: Return of Organization Exempt from Income Tax
Line 1b **Itemization Statement**

Description	Amount
Indepndent	11
Total	**11**

Form 990: Return of Organization Exempt from Income Tax
Sec B Line 2 **Itemization Statement**

Form 990: Return of Organization Exempt from Income Tax
Sec B Line 2 **Itemization Statement**

Description	Amount
	0
Total	**0**

Form 990: Return of Organization Exempt from Income Tax
Fundraising Events **Itemization Statement**

Description	Amount
Net Income from Fund Raising	97,187.
Total	**97,187.**

Form 990: Return of Organization Exempt from Income Tax
Government Grants **Itemization Statement**

Description	Amount
Contributions, gifts,grants received	269,719.
Total	**269,719.**

Form 990: Return of Organization Exempt from Income Tax
Other amt. not included **Itemization Statement**

Description	Amount
Other amounts of revenue	12,450.
Total	**12,450.**

Form 990: Return of Organization Exempt from Income Tax
Line 7 col (B) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

Form 990: Return of Organization Exempt from Income Tax
Line 7 col (C) **Itemization Statement**

Description	Amount
Other Salaties	65,334.
Total	**65,334.**

Form 990: Return of Organization Exempt from Income Tax
Line 7 col (D) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

Form 990: Return of Organization Exempt from Income Tax
Line 11c col (B) **Itemization Statement**

Description	Amount
	0.

Form 990: Return of Organization Exempt from Income Tax
Line 11c col (B) **Itemization Statement**

Description	Amount
Total	**0.**

Form 990: Return of Organization Exempt from Income Tax
Line 11c col (C) **Itemization Statement**

Description	Amount
Accounting & Legal	27,685.
Total	**27,685.**

Form 990: Return of Organization Exempt from Income Tax
Line 11c col D) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

Form 990: Return of Organization Exempt from Income Tax
Line 13 col (B) **Itemization Statement**

Description	Amount
Office Expense	8,505.
Total	**8,505.**

Form 990: Return of Organization Exempt from Income Tax
Line 13 col (C) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

Form 990: Return of Organization Exempt from Income Tax
Line 13 col (D) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

Form 990: Return of Organization Exempt from Income Tax
Line 16 col (B) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

Form 990: Return of Organization Exempt from Income Tax
Line 16 col (C) **Itemization Statement**

Description	Amount
ccupancy	27,288.
Total	**27,288.**

Form 990: Return of Organization Exempt from Income Tax
Line 16 col (D) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

Form 990: Return of Organization Exempt from Income Tax
Line 1, column (A) **Itemization Statement**

Description	Amount
Beginning of current Year	0.
Total	**0.**

Form 990: Return of Organization Exempt from Income Tax
Line 1, column (B) **Itemization Statement**

Description	Amount
Assets EOY	0.
Total	**0.**

Form 990: Return of Organization Exempt from Income Tax
Line 7, column (B) **Itemization Statement**

Description	Amount
	110,915.
Total	**110,915.**

Form 990: Return of Organization Exempt from Income Tax
Line 17, column (A) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

Form 990: Return of Organization Exempt from Income Tax
Line 17, column (B) **Itemization Statement**

Description	Amount
Acrtued Liabilities EOY	8,740.
Total	**8,740.**

Form 990: Return of Organization Exempt from Income Tax
Line 27, column (B) **Itemization Statement**

Description	Amount
	102,175.
Total	**102,175.**

Form 990: Return of Organization Exempt from Income Tax -- Smart Worksheet
See All Other Revenue Smart Worksheet (1)
Line 11d Rel/Exem Fun Rev **Itemization Statement**

Description	Amount

Form 990: Return of Organization Exempt from Income Tax -- Smart Worksheet
See All Other Revenue Smart Worksheet (1)
Line 11d Rel/Exem Fun Rev **Itemization Statement**

Description	Amount
	0.
Total	**0.**

Form 990: Return of Organization Exempt from Income Tax -- Smart Worksheet
See All Other Revenue Smart Worksheet (1)
Line 11d Oth Unrl Bus Rev **Itemization Statement**

Description	Amount
	0.
Total	**0.**

Form 990: Return of Organization Exempt from Income Tax -- Smart Worksheet
See All Other Revenue Smart Worksheet (1)
Line 11d Oth Rev Exc Tax **Itemization Statement**

Description	Amount
	0.
Total	**0.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (1)
Line 24e col (B) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (2)
Line 24e col (B) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (3)
Line 24e col (B) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (4)
Line 24e col (B) **Itemization Statement**

Description	Amount

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (4)
Line 24e col (B) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (5)
Line 24e col (B) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (6)
Line 24e col (B) **Itemization Statement**

Description	Amount
Lodging	5,847.
Total	**5,847.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (7)
Line 24e col (B) **Itemization Statement**

Description	Amount
Meals	2,660.
Total	**2,660.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (8)
Line 24e col (B) **Itemization Statement**

Description	Amount
Transportation	5,457.
Total	**5,457.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (9)
Line 24e col (B) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (:)
Line 24e col (B) **Itemization Statement**

Description	Amount

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (:)
Line 24e col (B) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (;)
Line 24e col (B) **Itemization Statement**

Description	Amount
Events/Programs Expense	585.
Total	**585.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (<)
Line 24e col (B) **Itemization Statement**

Description	Amount
Other Program Expense	21,912.
Total	**21,912.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (1)
Line 24e col (C) **Itemization Statement**

Description	Amount
Professional Fees	83,955.
	0.
Total	**83,955.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (2)
Line 24e col (C) **Itemization Statement**

Description	Amount
Misc. Pay	8,315.
Total	**8,315.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (3)
Line 24e col (C) **Itemization Statement**

Description	Amount
Printing,Postage, Shipping	9,225.
Total	**9,225.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (4)
Line 24e col (C) **Itemization Statement**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (4)
Line 24e col (C) **Itemization Statement**

Description	Amount
Website	702.
Total	**702.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (5)
Line 24e col (C) **Itemization Statement**

Description	Amount
Audio/Visual Promotion	6,000.
Total	**6,000.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (6)
Line 24e col (C) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (7)
Line 24e col (C) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (8)
Line 24e col (C) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (9)
Line 24e col (C) **Itemization Statement**

Description	Amount
Fees & Penalties	2,602.
Total	**2,602.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (:)
Line 24e col (C) **Itemization Statement**

Description	Amount

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (:)
Line 24e col (C) **Itemization Statement**

Description	Amount
Tax & License	1,109.
Total	**1,109.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (;)
Line 24e col (C) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (1)
Line 24e col (D) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (2)
Line 24e col (D) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (3)
Line 24e col (D) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (4)
Line 24e col (D) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (5)
Line 24e col (D) **Itemization Statement**

Description	Amount

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (5)
Line 24e col (D) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (6)
Line 24e col (D) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (7)
Line 24e col (D) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (8)
Line 24e col (D) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (9)
Line 24e col (D) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (:)
Line 24e col (D) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (;)
Line 24e col (D) **Itemization Statement**

Description	Amount

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (;)
Line 24e col (D) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

All Other Expenses
Form 990, Page 10, Line 24e All Other Expenses (continued) (<)
Line 24e col (D) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning , 2022, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Gullah Traveling Theater, Inc

Number and street (or P.O. box if mail is not delivered to street address): 1010 Monson St. | Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Beaufort, SC 29902

D Employer identification number: 46-1806147

E Telephone number: 8462635229

F Group Exemption Number

G Accounting Method: ☒ Cash ☐ Accrual Other (specify):

H Check ☐ if the organization is **not** required to attach Schedule B (Form 990).

I Website: N/A

J Tax-exempt status (check only one) – ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other:

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . $ 180,484.

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	59,546.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events:			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ 95,159. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	95,159.	
	c	Less: direct expenses from gaming and fundraising events	6c	500.	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	94,659.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O) See. Line 8 Stmt.		8	25,779.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	179,984.
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	106,011.
	14	Occupancy, rent, utilities, and maintenance		14	18,433.
	15	Printing, publications, postage, and shipping		15	11,921.
	16	Other expenses (describe in Schedule O) See. Line 16. Stmt		16	39,155.
	17	**Total expenses.** Add lines 10 through 16		17	175,520.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	4,464.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	4,277.
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	8,741.

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	4,277.	22	8,741.
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	4,277.	25	8,741.
26	**Total liabilities** (describe in Schedule O)	0.	26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	4,277.	27	8,741.

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose? See Part III Stmt

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 Brought live Gullah history through music, video and Theater productions to the lowcountry.

(Grants $ 44,122.) If this amount includes foreign grants, check here . . . . ☐ **28a** 44,122.

29

(Grants $) If this amount includes foreign grants, check here . . . . ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here . . . . ☐ **30a**

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here . . . . ☐ **31a**

32 **Total program service expenses** (add lines 28a through 31a) . . . . . **32** 44,122.

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Anita Singlerton-Prather President	16.00	0.	0.	0.
Rosalind Singleton CFO/Treasure	8.00	0.	0.	0.

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		×
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		×
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		×
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: _____; section 4912: _____; section 4955: _____			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 _____			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed: SC			
42a	The organization's books are in care of: Tate Enterprise, LLC Telephone no. (843)524-8283			
	Located at: 2407 Allison Road, Beaufort SC ZIP + 4 29902			
b	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)?	42b		×
	If "Yes," enter the name of the foreign country: _____			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		×
	If "Yes," enter the name of the foreign country: _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		×
c	Did the organization receive any payments for indoor tanning services during the year?	44c		×
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		×

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI **Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	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	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over $100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over $100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ☒ **Yes** ☐ **No**

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

Signature of officer	Date
Anita Singleton-Prather, President	03/22/2023
Type or print name and title	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Arthur C. Smalls, Jr.	Arthur C. Smalls, Jr.	03/27/2023		P02226548

Firm's name	Smalls CPA Firm	Firm's EIN	32-0587531
Firm's address	2901 Silver Pine Ln, Shreveport, LA 71108	Phone no.	(318)773-2665

May the IRS discuss this return with the preparer shown above? See instructions ☒ **Yes** ☐ **No**

Additional Information From Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 8: Other Revenue **Continuation Statement**

Description	Amount
Business/Individual/Donations	25,779.
Total	25,779.

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 16: Other Expenses **Continuation Statement**

Description	Amount
Lodging	7,736.
Meals	2,332.
Transportation (Bus/Plane/Taxi/etc	7,574.
Office/General Admin. Expenes	4,193.
Other Business Expenses	171.
Software-Lease Ouickbooks	634.
Bank Charges & Fees	284.
Merchant Bankco Fee	472.
Office Supply & Software	1,690.
Postage & Shipping	280.
Supplies & Materials	1,749.
Insurance	692.
Events/Programs Expenses	2,518.
Cast Members Meals	1,897.
Misc Program Expense	5,229.
Reimbursable Programs Expense	1,704.
Cast Members Meals	
Misc. Program Expenses	
Reimbursable Program Expenses	
Total	39,155.

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Part III: Purpose **Continuation Statement**

Organization's Primary Exempt Purpose
To bring Gullah history to the Lowcountry
through musical theather, video and
music productions.

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization	Employer identification number
Gullah Traveling Theater, Inc	46-1806147

Part I 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, city, and state:
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
7 ☐ 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 university:
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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **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.**

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.**

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.**

d ☐ **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.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . ☐

g Provide the following information about the supported organization(s).

(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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **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

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . 14 %

15 Public support percentage from 2021 Schedule A, Part II, line 14 . . . . . 15 %

16a **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 . . . . . ☐

17a **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 organization . . . . . ☐

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 organization . . . . . ☐

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 . . . . . ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		68,867.	36,393.	83,388.	179,984.	368,632.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5		68,867.	36,393.	83,388.	179,984.	368,632.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						368,632.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6		68,867.	36,393.	83,388.	179,984.	368,632.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)		68,867.	36,393.	83,388.	179,984.	368,632.

14 **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

15	Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	100 %
16	Public support percentage from 2021 Schedule A, Part III, line 15	16	100 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2022** (line 10c, column (f), divided by line 13, column (f))	17	0 %
18	Investment income percentage from **2021** Schedule A, Part III, line 17	18	0 %

19a **33⅓% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b **33⅓% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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 of 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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
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.*	4c		
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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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****.*	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
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).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI****.*	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI****.*	9b		
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****.*	9c		
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.*	10a		
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.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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		
c	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		

Section 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		

Section 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		

Section 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 supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (***see instructions***).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer lines 3a and 3b below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* ***Part VI***). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B—Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors *(explain in detail in* ***Part VI****)*:			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		

Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D—Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	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 supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	5	
6	Other distributions (*describe in* ***Part VI***). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	8	
9	Distributable amount for 2022 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E—Distribution Allocations (see instructions)		(i) **Excess Distributions**	(ii) **Underdistributions Pre-2022**	(iii) **Distributable Amount for 2022**
1	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			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	**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)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	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	**Excess distributions carryover to 2023.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018 . . .			
b	Excess from 2019 . . .			
c	Excess from 2020 . . .			
d	Excess from 2021 . . .			
e	Excess from 2022 . . .			

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

Schedule B (Form 990)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization
Gullah Traveling Theater, Inc

Employer identification number
46-1806147

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☒ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ 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 33⅓% 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.

☐ 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
Gullah Traveling Theater, Inc	46-1806147

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	Released Restricted & Unrestricted Grants 1010 Monson St. Beaufort SC 29902	$ 59,546.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
Gullah Traveling Theater, Inc	46-1806147

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization	Employer identification number
Gullah Traveling Theater, Inc	46-1806147

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

2022

Open to Public Inspection

Name of the organization
Gullah Traveling Theater, Inc

Employer identification number
46-1806147

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

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? ☐ **Yes** ☐ **No**

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.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	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)				

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No ____ %	☐ Yes ☐ No ____ %	☐ Yes ☐ No ____ %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

_____

_____

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

b If "Yes," explain: _____

_____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility . . . . . 13a %

b An outside facility . . . . . 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation $ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year . . . . . $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
Gullah Traveling Theater, Inc

Employer identification number
46-1806147

Pt I, Line 8:

Description: Business/Individual/Donations $25,779

Pt I, Line 16:

Description: Lodging $7,736

Description: Meals $2,332

Description: Transportation (Bus/Plane/Taxi/etc $7,574

Description: Office/General Admin. Expenes $4,193

Description: Other Business Expenses $171

Description: Software-Lease Ouickbooks $634

Description: Bank Charges & Fees $284

Description: Merchant Bankco Fee $472

Description: Office Supply & Software $1,690

Description: Postage & Shipping $280

Description: Supplies & Materials $1,749

Description: Insurance $692

Description: Events/Programs Expenses $2,518

Description: Cast Members Meals $1,897

Description: Misc Program Expense $5,229

Description: Reimbursable Programs Expense $1,704

Description: Cast Members Meals 0

Description: Misc. Program Expenses 0

Description: Reimbursable Program Expenses 0

Pt II, Line 26:

Description: Owed to President-Anita Singleton Prather Beginning of Year: $0 End of Year: 0

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20_____

Do not send to the IRS. Keep for your records.
Go to *www.irs.gov/Form8879TE* for the latest information.

OMB No. 1545-0047

2022

Name of filer	EIN or SSN
Gullah Traveling Theater, Inc	46-1806147

Name and title of officer or person subject to tax

Anita Singleton-Prather, President

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a**, **2a**, **3a**, **4a**, **5a**, **6a**, **7a**, **8a**, **9a**, or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, **5b**, **6b**, **7b**, **8b**, **9b**, or **10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here ☐	b	**Total revenue**, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	**Form 990-EZ** check here ☒	b	**Total revenue**, if any (Form 990-EZ, line 9)	2b	179,984.
3a	**Form 1120-POL** check here ☐	b	**Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here ☐	b	**Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here ☐	b	**Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here ☐	b	**Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here ☐	b	**Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here ☐	b	**FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here ☐	b	**Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here ☐	b	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (**a**) an acknowledgement of receipt or reason for rejection of the transmission, (**b**) the reason for any delay in processing the return or refund, and (**c**) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☐ I authorize _____ to enter my PIN ☐☐☐☐☐ as my signature
ERO firm name **Enter five numbers, but do not enter all zeros**

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☒ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Gullah Traveling Theater, Inc Date 03/29/2023

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 7 2 9 2 2 0 7 8 8 1 3
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature _____ Date 03/27/2023

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

Form 990-EZ Part II | **Other Assets and Liabilities** | **2022**

Name as Shown on Return	Employer Identification No.
Gullah Traveling Theater, Inc	46-1806147

Line 24 - Other Assets:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 24		

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Owed to President-Anita Singleton Prather	0.	
Totals to Form 990-EZ, Part II, line 26	0.	

990-EZ, 990, 990-T and 990-PF Information Worksheet

2022

Part I – Identifying Information

Employer Identification Number . 46-1806147

Name . . . . . Gullah Traveling Theater, Inc

Doing Business As . . . . . .

Address . . . . . 1010 Monson St. Room/Suite .

City. . . . . Beaufort State . . . SC ZIP Code. . 29902

Province/State . . . . . Foreign Postal Code. .

Foreign Code . . . . . Foreign Country

Telephone Number (846)263-5229 Extension. Foreign Phone No.

Fax. . . . . E-Mail Address . . auntpearliesue@yahoo.com

☐ **Eligible for hurricane tax relief legislation benefits, check here**

Part II – Type of Return

IMPORTANT

For tax years beginning on or after July 2, 2019, section 3101 of P.L. 116-25 requires that returns by exempt organizations be filed electronically. The appropriate electronic filing box(es) must be checked in Part VII - Electronic Filing Information.

X	Form 990-EZ **only**	☐	Form 990-EZ **and** Form 990-T
☐	Form 990 **only**	☐	Form 990 **and** Form 990-T
☐	Form 990-PF **only**	☐	Form 990-PF **and** Form 990-T
☐	Form 990-T **only**	☐	Form 990-N (gross receipts $50,000 or less)

☐ **QuickBooks Import Users & 990 to 990-EZ Data Transfer Option:** Check if you're filing the EZ & want 990 imported data copied to the EZ **OR** for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

IMPORTANT

Before transferring data from Form 990 to Form 990-EZ, refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

Part III – Type of Organization

X	501(c) Corporation/Association	3 (subsection number)		☐	220(e) Trust
☐	501(c) Trust	___ (subsection number)		☐	408A Trust
☐	4947(a)(1) Trust			☐	529(a) Corporation
☐	408(e) Trust			☐	529(a) Trust
☐	401(a) Trust			☐	530(a) Trust
☐	Public College or University	Corporation/Association	☐	☐	527 Organization
☐	Other _____ (describe)	Or Trust	☐	☐	501(c) Association

Part IV – Tax Year and Filing Information

X	Calendar year		
☐	Fiscal year –	Ending month . . .	
☐	Short year –	Beginning date . .	Ending date . . .

☐ Change of Accounting Period

X Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

Part V – 2022 Estimated Taxes Paid

☐ Check this box if the organization is a private foundation

	Form 990-T	Form 990-PF
Amount of 2021 overpayment credited to 2022 estimated tax		

		Form 990-T		Form 990-PF	
Payment Quarters	Due Date	Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	04/18/22				
2nd Quarter Payment	06/15/22				
3rd Quarter Payment	09/15/22				
4th Quarter Payment	12/15/22				
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

Part VI - Taxpayer Signature Information

Officer's Name . . . . . Anita ___ Singleton-Prather
Officer's SSN . . . . . 253-98-9045 Officer's Title . . . . President

Part VII – Electronic Filing Information

IMPORTANT: Do **not** use the Miscellaneous Statement **or** Additional Information if filing Form 990 or Form 990-EZ. These statements will **not** be transmitted with the return. Use Schedule O or the applicable Supplemental Information for the appropriate Schedule.

Choose Returns to be Filed Electronically:

Note: Returns represented by gray bars are not supported by ProSeries or Taxing Agency.

Filings To	Original Return	Extension	Amended Return	Estimated Payments 1	2	3	4
Federal Filings							
990, 990-EZ, 990-PF, or 990-N . . ►	X	☐	☐				
990-T . . . . . ►	☐	☐	☐				
Form 114 (FBAR) . . . . . ►	☐		☐				
State Filings							
Information Only: Selection of state/city return(s) was made . . . ►	☐		☐				
California . . . . . ►	☐		☐				

QuickZoom to the Electronic Filing Information Worksheet . . . . . ►
QuickZoom to the Form 8868 Electronic Filing Information Worksheet . . . . . ►

Practitioner PIN program:

☒ Sign this return electronically using the Practitioner PIN
☐ ERO entered PIN

Officer's PIN (enter any 5 numbers) . . 16147
Date PIN entered 03/22/2023

Responsible Party Information:

Yes	No	
☐	☐	Is Form 8822-B required to report a change of responsible party?

Part VIII – Electronic Funds Withdrawal Information *(Form 990-PF and Form 990-T filers only)*

Yes	No	
☐	☐	Use electronic funds withdrawal of **Form 990-PF Return** balance due (EF Only)?
☐	☐	Use electronic funds withdrawal of **Form 990-PF Extension** Form 8868 balance due (EF Only)?
☐	☐	Use electronic funds withdrawal of **Form 990-PF Amended** balance due (EF Only)?
☐	☐	Use electronic funds withdrawal of **Form 990-T Return** balance due? (EF Only)
☐	☐	Use electronic funds withdrawal of **Form 990-T Extension** Form 8868 balance due? (EF Only)
☐	☐	Use electronic funds withdrawal of **Form 990-T Amended** balancee due? (EF Only)

Bank Information

Check to confirm transferred account information (which appears in green) is correct . . . ☐
Name of Financial Institution (optional) . . .
Check the appropriate box . . . . . ☐ Checking ☐ Savings
Routing number . . . . . _____
Account number . . . . . _____

Form 990-PF Payment Information

Enter the Form 990-PF payment date . . . . . _____
Balance due amount from this Form 990-PF return . . . . . _____
Enter an amount to withdraw tax payment . . . . . _____
If partial payment is made, the remaining balance due . . . . _____
Enter the Form 990-PF Extension payment date . . . . . _____
Balance-due amount from this 990-PF Extension . . . . . _____
Payment date for amended Form 990-PF returns . . . . . _____
Balance due amount for amended Form 990-PF return . . . . _____

Form 990-T Payment Information

Enter the Form 990-T payment date . . . . . _____
Balance-due amount from this 990-T return . . . . . _____
Enter the Form 990-T Extension payment date . . . . . _____
Balance-due amount from this 990-T Extension . . . . . _____
Enter the amended Form 990-T payment date . . . . . _____
Balance-due amount from Form 990-T amended . . . . . _____

Date 990-T Exempt Organization Return was EFiled . . . . . _____
Date 990-T Exempt Organization Return was accepted . . . . . _____
Date 990-T Exempt Organization Extension was EFiled . . . . . _____

Date 990-T Exempt Organization Extension was accepted . . . . . _____
Date 990-T Exempt Organization Amended Return was EFiled . . . . _____
Date 990-T Exempt Organization Amended Return was accepted . . . _____

Part IX – Information for Client Letter

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date			

Letter Salutation . . _____

Part X – Return Preparer

Enter preparer code from Firm/Preparer Info (See Help) . . . ACS
QuickZoom to Firm/Preparer Info . . . . . ►_____

QuickZoom to Form 990-EZ, Pages 1 through 4 . . . . . ►_____
QuickZoom to Form 990, Page 1 . . . . . ►_____
QuickZoom to Form 990-PF, Page 1 . . . . . ►_____
QuickZoom to Form 990-T, Page 1 . . . . . ►_____
QuickZoom to Form 990-N, e-PostCard . . . . . ►_____

QuickZoom to Client Status . . . . . ►_____

01/20/23

IRS *e-file* Authentication Statement 2022

► Keep for your records

Name(s) Shown on Return	Employer ID No.
Gullah Traveling Theater, Inc	46-1806147

A — Practitioner PIN Authorization

QuickZoom to the Federal Information Worksheet to enter PIN information . . . . . ►

Please indicate how the taxpayer(s) PIN(s) are entered into the program.

Officer entered PIN . . . . . ► X

ERO entered Officer's PIN . . . . . ►

B — Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the Corporation. If the Exempt Organization furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the Exempt Organization. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) . . . . . EFIN 729220 Self-Select PIN 78813

C — Signature of Officer

Perjury Statement:

Under penalties of perjury, I declare that I am an officer of the above Exempt Organization and that I have examined a copy of the Exempt Organization's 2022 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the Exempt Organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Electronic Funds Withdrawal Consent (if applicable):

I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the Exempt Organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

Officer's PIN 16147

Date 03/22/2023

Electronic Filing Information Worksheet

► Keep for your records

2022

Name(s) shown on return: Gullah Traveling Theater, Inc

Identifying number: 46-1806147

Part I – State Electronic Filing:

Check this box to force state only filing for all states selected to be filed electronically ☐

Part II – Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the return.

For returns that are prepared as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter the EFIN for the ERO that is responsible for this return . . . . . ► 729220

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return . . . . . ►

ERO Name: Smalls CPA Firm

ERO Electronic Filers Identification Number (EFIN): 729220

ERO Address: 2901 Silver Pine Ln

ERO Employer Identification Number: 32-0587531

City: Shreveport | State: LA | ZIP Code: 71108

ERO Social Security Number or PTIN: P02226548

Country:

Part III – Paid Preparer Information

Firm Name: Smalls CPA Firm

Preparer Social Security Number or PTIN: P02226548

Preparer Name: Arthur C. Smalls, Jr.

Employer Identification Number: 32-0587531

Address: 2901 Silver Pine Ln

Phone Number: (318)773-2665

Fax Number:

City: Shreveport | State: LA | ZIP Code: 71108

Country:

Preparer E-mail Address: 2carlsmalls@gmail.com

Part IV – Selection of Additional Amended Returns

Enter the payment date to withdraw tax payment . . . . . ►

Amount you are paying with the amended return . . . . . ►

☐ Check this box to file another **federal** amended return electronically

☐ Check this box to file another **990-T** amended return electronically

☐ File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

☐ Check this box to file another **state and/or city** amended return electronically

* Select the state and/or city amended return(s) to file electronically.

State/City *
☐ California State Exempt
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

Part V – Name Control

Name Control, enter here to override default . . . . . GULL

Smart Worksheets From 2022 Federal Exempt Tax Return

SMART WORKSHEET FOR: Schedule B: Contributors (Copy 1)

General Information Smart Worksheet

A Description for this copy of Schedule B, Part I . . . . . Copy 1

Additional Information From 2022 Federal Exempt Tax Return

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 8: Other Revenue (1)
Line 8, amount **Itemization Statement**

Description	Amount
Business/Individual/Donations	11419.
Other Special Donations	14060.
Cast Members' Donations	300.
Total	**25779.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 16: Other Expenses (1)
Line 16, Amount **Itemization Statement**

Description	Amount
Lodging	7736.
	0.
	0.
Total	**7736.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 16: Other Expenses (2)
Line 16, Amount **Itemization Statement**

Description	Amount
Meals	2332.
Total	**2332.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 16: Other Expenses (3)
Line 16, Amount **Itemization Statement**

Description	Amount
Transportation	7574.
Total	**7574.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 16: Other Expenses (4)
Line 16, Amount **Itemization Statement**

Description	Amount
Office/General Admin. Expense	4193.
Total	**4193.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 16: Other Expenses (5)
Line 16, Amount **Itemization Statement**

Description	Amount
Other Business Expense	171.
Total	**171.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 16: Other Expenses (6)
Line 16, Amount **Itemization Statement**

Description	Amount
Software-Lease Quickbooks	634.
Total	**634.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 16: Other Expenses (7)
Line 16, Amount **Itemization Statement**

Description	Amount
Bank Charges & Fees	284.
Total	**284.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 16: Other Expenses (8)
Line 16, Amount **Itemization Statement**

Description	Amount
BMerchant Bankco Fee	472.
Total	**472.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 16: Other Expenses (9)
Line 16, Amount **Itemization Statement**

Description	Amount
Office Supply & Software	1690.
Total	**1690.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 16: Other Expenses (:)
Line 16, Amount **Itemization Statement**

Description	Amount
Postage & Shipping	280.
Total	**280.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 16: Other Expenses (;)
Line 16, Amount **Itemization Statement**

Description	Amount
Supplies & Materials	1749.
Total	**1749.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 16: Other Expenses (<)
Line 16, Amount **Itemization Statement**

Description	Amount
Insurance	692.
Total	**692.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 16: Other Expenses (=)
Line 16, Amount **Itemization Statement**

Description	Amount
Events/Programs Expenses	2518.
Total	**2518.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 16: Other Expenses (>)
Line 16, Amount **Itemization Statement**

Description	Amount
Cast Members Meals	1897.
Total	**1897.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 16: Other Expenses (?)
Line 16, Amount **Itemization Statement**

Description	Amount
Misc Programs Expenses	5229.
Total	**5229.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 16: Other Expenses (@)
Line 16, Amount **Itemization Statement**

Description	Amount
Reimburseable Program Expense	1704.
Total	**1704.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 1 **Itemization Statement**

Description	Amount
Contributions	59,546.
Total	**59,546.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Ln 6b, Amts on Line 1a **Itemization Statement**

Description	Amount
Gross income from fund raising	95,159.
Total	**95,159.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 6b **Itemization Statement**

Description	Amount
Gross income from fund raising	95,159.
Total	**95,159.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 6c **Itemization Statement**

Description	Amount
Les direct Expense	500.
Total	**500.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 13 **Itemization Statement**

Description	Amount
Bookkeeper	14,653.
Cast Member	55,221.
Misc. Labor Pay	2,724.
Consulting	33,413.
Total	**106,011.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 14 **Itemization Statement**

Description	Amount
Fuel Rental Vehicle	2,596.
Repairs & Maintenance	694.
Insurance	11.
Equipment Rental	2,120.
Rent toOwn Bldg.	1,782.
Venues/Practice Facilities	11,230.
Total	**18,433.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 15 **Itemization Statement**

Description	Amount
Advertising & Marketing	7,131.
Audio/Visual Promotion	3,020.
Printing, Publication& Radio	1,770.
Total	**11,921.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 22, Column (A) **Itemization Statement**

Description	Amount
Cash in Bank	4,277.
Total	**4,277.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 22, Column (B) **Itemization Statement**

Description	Amount
Net asset at the end of the year	4,465.
	4,276.
Total	**8,741.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
ProgramSrvcAccomplishmentGrp (1)
Line 28, Grants & Alloc **Itemization Statement**

Description	Amount
Grants	44,122.
Total	**44,122.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
ProgramSrvcAccomplishmentGrp (1)
Line 28, Expenses **Itemization Statement**

Description	Amount
Community services	44,122.
Total	**44,122.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Part IV, List of Officers, Directors, Trustees and Key Employees (1)
Part IV, Compensation **Itemization Statement**

Description	Amount
	0.
Total	**0.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Part IV, List of Officers, Directors, Trustees and Key Employees (2)
Part IV, Compensation **Itemization Statement**

Description	Amount
	0.
Total	**0.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Part IV, List of Officers, Directors, Trustees and Key Employees (1)
Part IV, Column (D) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Part IV, List of Officers, Directors, Trustees and Key Employees (2)
Part IV, Column (D) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Part IV, List of Officers, Directors, Trustees and Key Employees (1)
Part IV, Column (E) **Itemization Statement**

Description	Amount
	0.
Total	**0.**

Schedule B: Contributors (Copy 1)
ContributorInformationGrp (A)
Contribution amount **Itemization Statement**

Description	Amount
Released Restricted Grants	16,501.
Unrestricted Grants	43,045.
Total	**59,546.**

Other Assets & Liabilities: Form 990-EZ
Form 990-EZ, Page 1, Part II, Line 26 (1)
Line 26 Beginning of Year **Itemization Statement**

Description	Amount
	0.
Total	**0.**

SOUTH CAROLINA SECRETARY OF STATE

PUBLIC CHARITIES DIVISION
ANNUAL FINANCIAL REPORT

Filing Instructions

- Organizations who file the IRS 990-N or are not required to file with the IRS should complete this form.
- **Please follow the instructions provided on pages 4 and 5 to complete this form.** You may contact our office with any questions at 803-734-1790 or email charities@sos.sc.gov.
- **We do not accept this filing by fax or email**; you may upload this report using our online filing system at sos.sc.gov or mail this form to: South Carolina Secretary of State, Attn: Division of Public Charities, 1205 Pendleton St., Suite 525, Columbia, SC 29201.

For the fiscal year ending 12/31/22 (mm/dd/yy) **EIN:** 46 - 1806147 **Charity ID:** C29238392

Organization's Name: Gullah Traveling Theater.Inc

Part I— Fundraising Events or Contracts

If your organization held any fundraising events, or used a commercial co-venturer (CCV) or professional fundraising company (PFR) during the previous fiscal year, you must report all revenue and expenses in the following table. Events include, but are not limited to, carnivals, dinners, galas, raffles, and bingo games. If you need additional space, you may list additional events on a separate sheet and include the amounts in the total revenue and expenses on this table.

(A) Name of Event, CCV or PFR	(B) Gross Receipts & Contributions	(C) Cash & Noncash Prize Expenses	(D) Other Expenses	(E) Total Expenses	(F) Net Revenue
1.				$ 0.00	$ 0.00
2.				$ 0.00	$ 0.00
3.				$ 0.00	$ 0.00
4.				$ 0.00	$ 0.00
5.				$ 0.00	$ 0.00
6.				$ 0.00	$ 0.00
7.				$ 0.00	$ 0.00
8.				$ 0.00	$ 0.00
9.				$ 0.00	$ 0.00
10.				$ 0.00	$ 0.00
11. Gross Revenue (add 1B through 10B) ⟹	$ 0.00	12. Total Expenses (add 1E through 10E) ⟹		$ 0.00	$ 0.00

Part II— Gross Revenue

Organizations must report their gross receipts from all sources of revenue.

1.	Fundraising events (from page 1, part I, box 11B)	$ 0.00
2.	Fundraising activity revenue not reported on line 1	
3.	Federated campaigns (such as United Way)	
4.	Membership dues	
5.	Related organizations (such as related parent or national organizations)	
6.	Government grants (from federal, state or local governments)	$16,501.00
7.	All other contributions, gifts, grants not listed above	$43,045.00
8.	Program service revenue	$ 94,659.10
9.	Other income	$25,778.75
10.	**Total revenue (add lines 1 through 9)**	$179,983.85

Part III— Program Service Expenses

Describe the organization's program accomplishments and the amount spent on each. If more space is needed you may attach an additional sheet if necessary.

11.	Bringing Gullah history alive in music, theater/stage,vedios,and musical production.	$ 44,121.68
12.		$
13.	**Total Program Service Expenses (add lines 11 and 12)**	$ 44,121.68

Part IV— Management, General and Fundraising Expenses

14.	Program expenses (from part III, line 13)	$ 44,121.68
15.	Direct expenses from fundraising events and contracts (box 12E)	
16.	Fundraising expenses (not included in the amount on line 15)	
17.	Payments to related organizations	
18.	Salaries and other compensation	
19.	Management and general expenses	$ 6,231.49
20.	Professional fees and other payments to independent contractors	$106,010.54
21.	Other expenses not listed above	$ 19,155.56
22.	**Total expenses (add lines 14 through 21)**	$179,519.27
23.	Excess or (deficit) for the year (subtract line 22 from line 10)	$ 4,464.58
24.	Fund balances/net worth at the beginning of the fiscal year	$ 4,277.00
25.	Changes in fund balances/net worth (attach explanation)	
26.	Fund balances/net worth at the end of the fiscal year (add lines 23 through 25)	$ 8,741.58

Part V— Balance Sheet

27.	Total assets	$ 8,741.58
28.	Total liabilities	
29.	**Net assets or fund balances at end of year (subtract line 28 from line 27)**	$ 8,741.58

Certification

As required by Section 33-56-60 of the Solicitation of Charitable Funds Act, this form shall be signed by the Chief Executive Officer and the Chief Financial Officer of the charitable organization. (If one person serves as both CEO and CFO, he or she should sign in both places below.)

We certify that the information furnished in this statement is true and correct to the best of our knowledge and belief.

CEO/President

Name : _____

Signature: _____

Date: _____

CFO/Treasurer

Name : _____

Signature: _____

Date: _____

Mailing Address: _____

Email Address: _____ Phone Number: _____

Smalls Certified Public Accounting
2901 Silver Pine
Shreveport, Louisiana 71108
318-773-2665
3/22/2023

Anita Singleton-Prather
1010 Monson St.
Beaufort, SC 29902

Dear Ms.. Singleton-Prather

The "Statement of Activity" for the Gullah Traveling Theater, Inc. for Fiscal year ending 2022
9

Please note that restricted grants were assumed to have been used pursuant to relevant Covenants, Moreover, there were no net assets released from restrictions and there were no permanently restricted net assets not used in during 2022.

Synopsis of "Statement of Activity"

Increase in unrestricted net assets		$	179,983.85
Less:			
Program Services		$	44,121.68
Supporting Services		$	131,397.59
Net increase in Unrestricted Net Assets for>	2022	$	4,464.58
Add:			
Ending Net Assets from Prior Year.....>	2021	$	4,277.00
Total Ending Net Assets For.....>	2022	$	8,741.58

The "Statement of Activity" was prepared, classified and adjusted by Arthur C. Smalls, Jr. of Smalls Certified Public Accounting, from information provided by the bookkeeper of the Gullah Traveling Theater, Inc. The cash basis accounting method is used and this statement is unaudited.

Should you have questions please call me.

Sincerely,

Arthur C. Smalls, Jr., CPA

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning , 2021, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Gullah Traveling Theater, Inc

Number and street (or P.O. box if mail is not delivered to street address): 1010 Monson St. — Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Beaufort, SC 29902

D Employer identification number: 46-1806147

E Telephone number: 8462635229

F Group Exemption Number ►

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►

H Check ► ☐ if the organization is **not** required to attach Schedule B (Form 990).

I Website: ► N/A

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) ( ) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 83,640.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	39,508.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events:			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	40,076.	
	c	Less: direct expenses from gaming and fundraising events	6c	252.	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	39,824.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O) See Line 8 Stmt		8	4,056.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►		9	83,388.
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	32,659.
	14	Occupancy, rent, utilities, and maintenance		14	13,391.
	15	Printing, publications, postage, and shipping		15	11,114.
	16	Other expenses (describe in Schedule O) See Line 16 Stmt		16	20,312.
	17	**Total expenses.** Add lines 10 through 16 ►		17	77,476.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	5,912.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	-1,635.
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►		21	4,277.

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☒

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	2,313.	22	4,277.
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	2,313.	25	4,277.
26	**Total liabilities** (describe in Schedule O)	3,948.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	-1,635.	27	4,277.

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose? See Part III Stmt

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 Brought live Gullah history through music, video and Theater productions to the lowcountry.

(Grants $ 0.) If this amount includes foreign grants, check here . . . ▶ ☐ **28a** 25,798.

29

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **30a**

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ **32** 25,798.

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Anita Singlerton-Prather President	16.00	0.	0.	0.
Rosalind Singleton CFO/Treasure	8.00	0.	0.	0.

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		×
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		×
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		×
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed ▶ SC			
42a	The organization's books are in care of ▶ Tate Enterprise, LLC Telephone no. ▶ (843)524-8283 Located at ▶ 2407 Allison Road, Beaufort SC ZIP + 4 ▶ 29902			
b	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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		×
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c		×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		×
c	Did the organization receive any payments for indoor tanning services during the year?	44c		×
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		×

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	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	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☒ Yes ☐ No

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

▶ Signature of officer — 01/20/2023 Date

▶ Anita Singleton-Prather, President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Arthur C. Smalls, Jr.	Arthur C. Smalls, Jr.	03/15/2023		P02226548

Firm's name ▶ Smalls CPA Firm — Firm's EIN ▶ 32-0587531

Firm's address ▶ 2901 Silver Pine Ln, Shreveport, LA 71108 — Phone no. (318) 773-2665

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 8: Other Revenue **Continuation Statement**

Description	Amount
Business/Individual/Donations	4,056.
Total	4,056.

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 16: Other Expenses **Continuation Statement**

Description	Amount
Lodging	4,171.
Meals	921.
Transportation (Bus/Plane/Taxi/etc	626.
Office/General Admin. Expenes	94.
Other Business Expenses	162.
Fees & Penalities	0.
Taxes	218.
Software Lease-Quickbooks	239.
Bank Charges & Fees	270.
Merchant Bankco Fee	134.
Office Supply & Software	957.
Postage & Shipping	64.
Supplies & Materials	851.
Tax & Licenses	2,000.
Insurance	868.
Events/Programs Expenses	248.
Cast Members Meals	3,805.
Misc. Program Expenses	1,795.
Reimbursable Program Expenses	2,889.
Total	20,312.

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Part III: Purpose **Continuation Statement**

Organization's Primary Exempt Purpose
To bring Gullah history to the Lowcountry
through musical theather, video and
music productions.

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization	Employer identification number
Gullah Traveling Theater, Inc	46-1806147

Part I 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, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ 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 university:

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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **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.**

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.**

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.**

d ☐ **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.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

(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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(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 organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **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

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . 14 %

15 Public support percentage from 2020 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test—2021.** 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—2020.** 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 . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2021.** 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 organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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 . . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			68,867.	36,393.	83,388.	188,648.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5			68,867.	36,393.	83,388.	188,648.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						188,648.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6			68,867.	36,393.	83,388.	188,648.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)			68,867.	36,393.	83,388.	188,648.

14 **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

15	Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	100 %
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	100 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f))	17	0 %
18	Investment income percentage from **2020** Schedule A, Part III, line 17	18	0 %

19a **33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the 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 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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
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.*	4c		
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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
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).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
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.***	9c		
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.*	10a		
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.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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		
c	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		

Section 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		

Section 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		

Section 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 supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer lines 3a and 3b below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* ***Part VI***). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B—Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors *(explain in detail in* ***Part VI****)*:			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		

Section C—Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

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

Section D—Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	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 supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	5	
6	Other distributions (*describe in* ***Part VI***). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the 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	

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

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

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization	Employer identification number
Gullah Traveling Theater, Inc	46-1806147

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☒ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ 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 33⅓% 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.

☐ 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: Gullah Traveling Theater, Inc

Employer identification number: 46-1806147

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	Anita Singleton-Prarher-Donation 1010 Monson St Beaufort SC 29902	$ 39,825.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: Gullah Traveling Theater, Inc

Employer identification number: 46-1806147

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization	Employer identification number
Gullah Traveling Theater, Inc	46-1806147

Part III ***Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e)** and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

2021

Open to Public Inspection

Name of the organization

Gullah Traveling Theater, Inc

Employer identification number

46-1806147

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

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? ☐ **Yes** ☐ **No**

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.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total	. . . . . ►						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	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) ▶				

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility . . . . . 13a %

b An outside facility . . . . . 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ..... and the amount of gaming revenue retained by the third party ▶ $ .....

c If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

16 Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: Gullah Traveling Theater, Inc

Employer identification number: 46-1806147

Pt I, Line 8:

Description: Business/Individual/Donations $4,056

Pt I, Line 16:

Description: Lodging $4,171

Description: Meals $921

Description: Transportation (Bus/Plane/Taxi/etc $626

Description: Office/General Admin. Expenes $94

Description: Other Business Expenses $162

Description: Fees & Penalities $0

Description: Taxes $218

Description: Software Lease-Quickbooks $239

Description: Bank Charges & Fees $270

Description: Merchant Bankco Fee $134

Description: Office Supply & Software $957

Description: Postage & Shipping $64

Description: Supplies & Materials $851

Description: Tax & Licenses $2,000

Description: Insurance $868

Description: Events/Programs Expenses $248

Description: Cast Members Meals $3,805

Description: Misc. Program Expenses $1,795

Description: Reimbursable Program Expenses $2,889

Pt II, Line 26:

Description: Owed to President-Anita Singleton Prather Beginning of Year: $3,948 End of Year: $0

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20_____

► **Do not send to the IRS. Keep for your records.**

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

OMB No. 1545-0047

2021

Name of filer

Gullah Traveling Theater, Inc

EIN or SSN

46-1806147

Name and title of officer or person subject to tax

Anita Singleton-Prather, President

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here ► ☐	b	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	**Form 990-EZ** check here ► ☒	b	**Total revenue,** if any (Form 990-EZ, line 9)	2b	83,388.
3a	**Form 1120-POL** check here ► ☐	b	**Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here ► ☐	b	**Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here ► ☐	b	**Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here ► ☐	b	**Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here ► ☐	b	**Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here ► ☐	b	**FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here ► ☐	b	**Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here ► ☐	b	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☐ I am an officer of the above entity or ☒ I am a person subject to tax with respect to (name of entity) Gullah Traveling Theater, Inc, (EIN) 46-1806147 and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☐ I authorize _____ to enter my PIN ☐☐☐☐☐ as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☒ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ► _____ Date ► 01/20/2023

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 7 2 9 2 2 0 7 8 8 1 3

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ► _____ Date ► 03/15/2023

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

Form 990-EZ
Part II

Other Assets and Liabilities

2021

Name as Shown on Return	Employer Identification No.
Gullah Traveling Theater, Inc	46-1806147

Line 24 - Other Assets:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 24		

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Owed to President-Anita Singleton Prather	3,948.	0.
Totals to Form 990-EZ, Part II, line 26	3,948.	0.

990-EZ, 990, 990-T and 990-PF
Information Worksheet 2021

Part I – Identifying Information

Employer Identification Number . 46-1806147

Name . . . . . Gullah Traveling Theater, Inc

Doing Business As . . . . . .

Address . . . . . 1010 Monson St. Room/Suite .

City. . . . . Beaufort State . . . SC ZIP Code. . 29902

Province/State . . . . . Foreign Postal Code. .

Foreign Code . . . . . Foreign Country

Telephone Number (846)263-5229 Extension. Foreign Phone No.
Fax. . . . . E-Mail Address . . auntpearliesue@yahoo.com

☐ **Eligible for hurricane tax relief legislation benefits, check here**

Part II – Type of Return

IMPORTANT

For tax years beginning on or after July 2, 2019, section 3101 of P.L. 116-25 requires that returns by exempt organizations be filed electronically. The appropriate electronic filing box(es) must be checked in Part VII - Electronic Filing Information.

☒	Form 990-EZ **only**	☐	Form 990-EZ **and** Form 990-T
☐	Form 990 **only**	☐	Form 990 **and** Form 990-T
☐	Form 990-PF **only**	☐	Form 990-PF **and** Form 990-T
☐	Form 990-T **only**	☐	Form 990-N (gross receipts $50,000 or less)

☐ **QuickBooks Import Users & 990 to 990-EZ Data Transfer Option:** Check if you're filing the EZ & want 990 imported data copied to the EZ **OR** for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

IMPORTANT

Before transferring data from Form 990 to Form 990-EZ, refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

Part III – Type of Organization

☒	501(c) Corporation/Association	3 (subsection number)		☐	220(e) Trust
☐	501(c) Trust	(subsection number)		☐	408A Trust
☐	4947(a)(1) Trust			☐	529(a) Corporation
☐	408(e) Trust			☐	529(a) Trust
☐	401(a) Trust			☐	530(a) Trust
☐	Public College or University	Corporation/Association	☐	☐	527 Organization
☐	Other (describe)	Or Trust	☐	☐	501(c) Association

Part IV – Tax Year and Filing Information

☒	Calendar year		
☐	Fiscal year –	Ending month . . .	
☐	Short year –	Beginning date . .	Ending date . . .

☐ Change of Accounting Period

☒ Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

Part V – 2021 Estimated Taxes Paid

☐ Check this box if the organization is a private foundation

	Form 990-T	Form 990-PF
Amount of 2020 overpayment credited to 2021 estimated tax		

		Form 990-T		Form 990-PF	
Payment Quarters	Due Date	Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	04/15/21				
2nd Quarter Payment	06/15/21				
3rd Quarter Payment	09/15/21				
4th Quarter Payment	12/15/21				
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

Part VI - Taxpayer Signature Information

Officer's Name . . . . . Anita Singleton-Prather
Officer's SSN . . . . . 253-98-9045 Officer's Title . . . . President

Part VII – Electronic Filing Information

IMPORTANT: Do **not** use the Miscellaneous Statement **or** Additional Information if filing Form 990 or Form 990-EZ. These statements will **not** be transmitted with the return. Use Schedule O or the applicable Supplemental Information for the appropriate Schedule.

QuickZoom to the Electronic Filing Information Worksheet . . . . . ►

Electronic Filing:

☒ File the federal 990, 990-EZ, 990-PF, or 990-N **return** electronically
☐ File the federal 990-T **return** electronically
☐ File the state(s) electronically

* Select the state or states to file electronically. (Multiple states can be entered)

State(s) *

☐ File Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

Practitioner PIN program:

☒ Sign this return electronically using the Practitioner PIN
☐ ERO entered PIN

Officer's PIN (enter any 5 numbers) . . 16147
Date PIN entered 01/20/2023

Electronic Filing of Extensions:

☐ Check this box to file **Form 8868** (application for extension of time to file return) electronically
☐ Check this box to file **Form 8868** for **990-T** electronically
QuickZoom to the Form 8868 Electronic Filing Information Worksheet. . . . . ►

Electronic Filing of Amended Return:

☐ File the federal 990, 990-EZ or 990-PF **amended return** electronically
☐ File the federal 990-T **amended return** electronically
☐ File the state(s) **amended return** electronically

* Select the state(s) amended return to file electronically.

State(s) *

☐ File Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

Part VIII – Electronic Funds Withdrawal Information *(Form 990-PF and Form 990-T filers only)*

Yes	No	
☐	☐	Use electronic funds withdrawal of **Form 990-PF Return** balance due (EF Only)?
☐	☐	Use electronic funds withdrawal of **Form 990-PF Extension** Form 8868 balance due (EF Only)?
☐	☐	Use electronic funds withdrawal of **Form 990-PF Amended** balance due (EF Only)?
☐	☐	Use electronic funds withdrawal of **Form 990-T Return** balance due? (EF Only)
☐	☐	Use electronic funds withdrawal of **Form 990-T Extension** Form 8868 balance due? (EF Only)
☐	☐	Use electronic funds withdrawal of **Form 990-T Amended** balancee due? (EF Only)

Bank Information

Check to confirm transferred account information (which appears in green) is correct . . . . ☐
Name of Financial Institution (optional) . . . _____
Check the appropriate box . . . . . ☐ Checking ☐ Savings
Routing number . . . . . _____
Account number . . . . . _____

Form 990-PF Payment Information

Enter the Form 990-PF payment date . . . . . _____
Balance due amount from this Form 990-PF return . . . . . _____
Enter an amount to withdraw tax payment . . . . . _____
If partial payment is made, the remaining balance due . . . . _____
Enter the Form 990-PF Extension payment date . . . . . _____
Balance-due amount from this 990-PF Extension . . . . . _____
Payment date for amended Form 990-PF returns . . . . . _____
Balance due amount for amended Form 990-PF return . . . . _____

Form 990-T Payment Information

Enter the Form 990-T payment date . . . . . _____
Balance-due amount from this 990-T return . . . . . _____
Enter the Form 990-T Extension payment date . . . . . _____
Balance-due amount from this 990-T Extension . . . . . _____
Enter the amended Form 990-T payment date . . . . . _____
Balance-due amount from Form 990-T amended . . . . . _____

Date 990-T Exempt Organization Return was EFiled . . . . . _____
Date 990-T Exempt Organization Return was accepted . . . . . _____
Date 990-T Exempt Organization Extension was EFiled . . . . . _____
Date 990-T Exempt Organization Extension was accepted . . . . . _____
Date 990-T Exempt Organization Amended Return was EFiled . . . . _____
Date 990-T Exempt Organization Amended Return was accepted . . . _____

Part IX – Information for Client Letter

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date			

Letter Salutation . . _____

Part X – Return Preparer

Enter preparer code from Firm/Preparer Info (See Help) . . . ACS
QuickZoom to Firm/Preparer Info . . . . . ▶ _____

QuickZoom to Form 990-EZ, Pages 1 through 4 . . . . . ▶ _____
QuickZoom to Form 990, Page 1 . . . . . ▶ _____

QuickZoom to Form 990-PF, Page 1 . . . . . ►_____
QuickZoom to Form 990-T, Page 1 . . . . . ►_____
QuickZoom to Form 990-N, e-PostCard . . . . . ►_____

QuickZoom to Client Status . . . . . ►_____

teew0101.SCR 05/16/22

IRS *e-file* Authentication Statement 2021

► Keep for your records

Name(s) Shown on Return	Employer ID No.
Gullah Traveling Theater, Inc	46-1806147

A – Practitioner PIN Authorization

QuickZoom to the Federal Information Worksheet to enter PIN information . . . . . ►

Please indicate how the taxpayer(s) PIN(s) are entered into the program.

Officer entered PIN . . . . . ► X

ERO entered Officer's PIN . . . . . ►

B – Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the Corporation. If the Exempt Organization furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the Exempt Organization. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) . . . . . EFIN 729220 Self-Select PIN 78813

C – Signature of Officer

Perjury Statement:

Under penalties of perjury, I declare that I am an officer of the above Exempt Organization and that I have examined a copy of the Exempt Organization's 2021 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the Exempt Organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Electronic Funds Withdrawal Consent (if applicable):

I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the Exempt Organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

Officer's PIN 16147

Date 01/20/2023

Electronic Filing Information Worksheet

► Keep for your records

2021

Name(s) shown on return: Gullah Traveling Theater, Inc

Identifying number: 46-1806147

Part I – State Electronic Filing:

Check this box to force state only filing for all states selected to be filed electronically ☐

Part II – Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the return.

For returns that are prepared as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter the EFIN for the ERO that is responsible for this return . . . . . ► 729220

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return . . . . . ►

ERO Name: Smalls CPA Firm

ERO Electronic Filers Identification Number (EFIN): 729220

ERO Address: 2901 Silver Pine Ln

ERO Employer Identification Number: 32-0587531

City: Shreveport | State: LA | ZIP Code: 71108

ERO Social Security Number or PTIN: P02226548

Country:

Part III – Paid Preparer Information

Firm Name: Smalls CPA Firm

Preparer Social Security Number or PTIN: P02226548

Preparer Name: Arthur C. Smalls, Jr.

Employer Identification Number: 32-0587531

Address: 2901 Silver Pine Ln

Phone Number: (318)773-2665

Fax Number:

City: Shreveport | State: LA | ZIP Code: 71108

Country:

Preparer E-mail Address: 2carlsmalls@gmail.com

Part IV – Selection of Additional Amended Returns

Enter the payment date to withdraw tax payment . . . . . ►

Amount you are paying with the amended return . . . . . ►

☐ Check this box to file another **federal** amended return electronically

☐ Check this box to file another **990-T** amended return electronically

☐ File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

☐ Check this box to file another **state and/or city** amended return electronically

* Select the state and/or city amended return(s) to file electronically.

State/City *
☐ California State Exempt
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

Part V – Name Control

Name Control, enter here to override default . . . . . GULL

Smart Worksheets from your 2021 Federal Exempt Tax Return

SMART WORKSHEET FOR: Schedule B: Contributors (Copy 1)

General Information Smart Worksheet

A Description for this copy of Schedule B, Part I . . . . . Copy 1

Additional information from your 2021 Federal Exempt Tax Return

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 8: Other Revenue (1)
Line 8, amount **Itemization Statement**

Description	Amount
Business/Individual/Donations	600.
Donations-Special	3350.
Cast Members Donations	106.
Total	**4056.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 16: Other Expenses (1)
Line 16, Amount **Itemization Statement**

Description	Amount
Lodging	4171.
Total	**4171.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 1 **Itemization Statement**

Description	Amount
Restricted Grants	5,000.
Foundation Restricted	1,383.
Gov't (Federal/State/County)-Restricted	10,000.
Untistricted Grants	14,750.
Foundation-Unrestricted	5,000.
Gov't (Federal/Sate/County)-Unrestricted	3,375.
Total	**39,508.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 6b **Itemization Statement**

Description	Amount
Fundraising Events	40,076.
Total	**40,076.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 6c **Itemization Statement**

Description	Amount
Less:Direct Expenses from Fund Raising	252.
Total	**252.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 13 **Itemization Statement**

Description	Amount
SC Withholdings	3.
Bookkeeper	4,068.
Cast Member	18,187.
Founder's Salary	1,700.
Misc. Labor Pay	1,430.
Consulting	5,321.
Wages Administrative	1,950.
Total	**32,659.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 14 **Itemization Statement**

Description	Amount
Fuel	764.
Repair & Maintenamce	337.
Insurance	950.
Equipment Rental	150.
Rent to own Bldg.	1,063.
Venues/Practice Facilities	10,127.
Total	**13,391.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 15 **Itemization Statement**

Description	Amount
Advertising & Marketing	70.
Audio/Visual Promotion	10,194.
Printing, Publications & Radio	850.
Total	**11,114.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 19 **Itemization Statement**

Description	Amount
prior Year 2020	-1,635.
Total	**-1,635.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 22, Column (A) **Itemization Statement**

Description	Amount
President private Funds	2,313.
Total	**2,313.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
Line 22, Column (B) **Itemization Statement**

Description	Amount
Cash in Bank	4,277.
Total	**4,277.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
ProgramSrvcAccomplishmentGrp (1)
Line 28, Grants & Alloc **Itemization Statement**

Description	Amount
	0.
Total	**0.**

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax
ProgramSrvcAccomplishmentGrp (1)
Line 28, Expenses **Itemization Statement**

Description	Amount
Program Expenses	25,798.
Total	**25,798.**

Schedule B: Contributors (Copy 1)
ContributorInformationGrp (A)
Contribution amount **Itemization Statement**

Description	Amount
Anita Singleton-Prarther	39,825.
Total	**39,825.**

Other Assets & Liabilities: Form 990-EZ
Form 990-EZ, Page 1, Part II, Line 26 (1)
Line 26 End of Year **Itemization Statement**

Description	Amount
	0.
Total	**0.**

SOUTH CAROLINA SECRETARY OF STATE

PUBLIC CHARITIES DIVISION

ANNUAL FINANCIAL REPORT

Filing Instructions

- Organizations who file the IRS 990-N or are not required to file with the IRS should complete this form.
- **Please follow the instructions provided on pages 4 and 5 to complete this form.** You may contact our office with any questions at 803-734-1790 or email charities@sos.sc.gov.
- **We do not accept this filing by fax or email**; you may upload this report using our online filing system at sos.sc.gov or mail this form to: South Carolina Secretary of State, Attn: Division of Public Charities, 1205 Pendleton St., Suite 525, Columbia, SC 29201.

For the fiscal year ending 12/31/21 (mm/dd/yy) **EIN:** 46 - 1806147 **Charity ID:** C29238392

Organization's Name: Gullah Traveling Theater, Inc.

Part I— Fundraising Events or Contracts

If your organization held any fundraising events, or used a commercial co-venturer (CCV) or professional fundraising company (PFR) during the previous fiscal year, you must report all revenue and expenses in the following table. Events include, but are not limited to, carnivals, dinners, galas, raffles, and bingo games. If you need additional space, you may list additional events on a separate sheet and include the amounts in the total revenue and expenses on this table.

(A) Name of Event, CCV or PFR	(B) Gross Receipts & Contributions	(C) Cash & Noncash Prize Expenses	(D) Other Expenses	(E) Total Expenses	(F) Net Revenue
1.				$ 0.00	$ 0.00
2.				$ 0.00	$ 0.00
3.				$ 0.00	$ 0.00
4.				$ 0.00	$ 0.00
5.				$ 0.00	$ 0.00
6.				$ 0.00	$ 0.00
7.				$ 0.00	$ 0.00
8.				$ 0.00	$ 0.00
9.				$ 0.00	$ 0.00
10.				$ 0.00	$ 0.00
11. Gross Revenue (add 1B through 10B) ⟹	$ 0.00	12. Total Expenses (add 1E through 10E) ⟹		$ 0.00	$ 0.00

Part II— Gross Revenue

Organizations must report their gross receipts from all sources of revenue.

1.	Fundraising events (from page 1, part I, box 11B)	$ 0.00
2.	Fundraising activity revenue not reported on line 1	
3.	Federated campaigns (such as United Way)	
4.	Membership dues	
5.	Related organizations (such as related parent or national organizations)	
6.	Government grants (from federal, state or local governments)	$ 16,383
7.	All other contributions, gifts, grants not listed above	$ 23,125
8.	Program service revenue	$ 39,825
9.	Other income	$ 4,056
10.	**Total revenue (add lines 1 through 9)**	$ 83,388

Part III— Program Service Expenses

Describe the organization's program accomplishments and the amount spent on each. If more space is needed you may attach an additional sheet if necessary.

11.	Bringing Gullah history alive in music, theater/stage, vedios, and musical production. $	$ 25,798
12.	$	
13.	**Total Program Service Expenses (add lines 11 and 12)** $	$ 25,798

Part IV— Management, General and Fundraising Expenses

14.	Program expenses (from part III, line 13)	$ 25,798
15.	Direct expenses from fundraising events and contracts (box 12E)	
16.	Fundraising expenses (not included in the amount on line 15)	
17.	Payments to related organizations	
18.	Salaries and other compensation	
19.	Management and general expenses	$ 24,504
20.	Professional fees and other payments to independent contractors	$ 6,860
21.	Other expenses not listed above	$ 20,314
22.	**Total expenses (add lines 14 through 21)**	$ 77,476
23.	Excess or (deficit) for the year (subtract line 22 from line 10)	$ 5,912
24.	Fund balances/net worth at the beginning of the fiscal year	$ - 1,635
25.	Changes in fund balances/net worth (attach explanation)	
26.	Fund balances/net worth at the end of the fiscal year (add lines 23 through 25)	$ 4,277

Part V— Balance Sheet

27.	Total assets	$ 4, 277
28.	Total liabilities	
29.	**Net assets or fund balances at end of year (subtract line 28 from line 27)**	$ 4,277

Certification

As required by Section 33-56-60 of the Solicitation of Charitable Funds Act, this form shall be signed by the Chief Executive Officer and the Chief Financial Officer of the charitable organization. (If one person serves as both CEO and CFO, he or she should sign in both places below.)

We certify that the information furnished in this statement is true and correct to the best of our knowledge and belief.

CEO/President

Name : _____

Signature: _____

Date: 2/16/2023

CFO/Treasurer

Name : _____

Signature: Rosalind Singleton

Date: 02/16/23

Mailing Address: _____

Email Address: _____ Phone Number: _____

Smalls Certified Public Accounting
2901 Silver Pine
Shreveport, Louisiana 71108
318-773-2665
11/16/2022

COPY

Anita Singleton-Prather
1010 Monson St.
Beaufort, SC 29902

Dear Ms. Singleton-Prather:

The "Statement of Activity" for the Gullah Traveling Theater,Inc. for fiscal year ending 2021, is enclosed for review and dissemination.

Please note that all restricted grants were assumed to have been used pursuant to relevant covenants. Moreover, there were no net assets released from restrictions and there were no permanently restricted net assets that were not used in the 2021 fiscal year.

Synopsis of "Statement of Activity"

Increase in unrestricted net assets	$ 83,388
Less:	
Program Services	$ (25,797.97)
Supporting Services	$ (51,678.24)
Net Increase in Unrestricted Net assets for- 2021	$ 5,911
Add:	
Ending Net Assets from PriorYear- 2020	$ 160
Total Ending Net Assets for 2021	$ 6,071

The "Statement of Activity was prepared, classified and adjusted by Atrhur C. Smalls, Jr. of Smalls Certified Public Accounting, from information provided by the bookkeeper of the GullahTraveling Theater, Inc. The cash basis accounting method is used and the statement is unaudited.

Should you have question please call me.

Sincerely,

Arthur C. Smalls, Jr. CPA