

# **2026 Accommodations Tax Funds Request Application**

**Organization Name:** Hilton Head Dance Theatre

**Project/Event Name:** Hilton Head Dance Theatre Performance Season

## **Executive Summary**

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

# 2026

## Accommodations Tax Funds Request Application

Date Received: 09/05/2025

Time Received: 03:22 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:** Hilton Head Dance Theatre

**Project/Event Name:** Hilton Head Dance Theatre Performance Season

Contact Name: Lori Finger

Title: President

Address: PO Box 5761, Hilton Head Island, SC 29938

Email Address: hhdancetheatre@gmail.com

Contact Phone: 843-689-9686

Event Date(s): March 2026; November 2026

Event Location(s): Seahawk Cultural Center

**Total Budget:** \$217,775.00

**Grant Requested:** \$20,000.00

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

The Hilton Head Dance Theatre respectfully requests \$20,000 to support advertising costs for the two major productions planned for calendar year 2026.

Our thanks to the Accommodations Tax Advisory Committee for considering our request.

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)

A key component of the appeal of Hilton Head Island as a destination for visitors and tourists in addition to beaches and golf courses is a vibrant cultural scene. The Hilton Head Dance Theatre has been an integral part of that scene for 40 years. It is the only organization that ensures that dance productions of a very high caliber are presented annually.

The impact is being measured by tracking ticket sales through EventBrite - our online ticketing service. We are constantly looking for trends in the appeal of particular productions and where our ticket buyers hail from.

A. Total Number of Physical Tourists Served: 431

*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: 525

*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: 1765

*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): 2721

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

In November of 2024, our annual production of *The Nutcracker* took place on the stage of the Seahawk Cultural Center. We sold 2,250 tickets to this event. Of this total, 386 were tourists and 424 were visitors from Bluffton. We sold the tickets through EventBrite which allows us to record the home addresses of the ticket buyers. We also recorded the home zip codes of those individuals who purchased their tickets at the door.

In the spring of 2025, our production of *Terpsichore* was held at the Seahawk Cultural Center. We sold 471 tickets to this production. Of this total, 45 were tourists and 101 were visitors from Bluffton. Once again, we sold the tickets through EventBrite enabling us to record the home addresses of the ticket buyers. We recorded the zip codes of individuals who purchased their tickets at the door.

In reviewing the data, we learned that our ticket buyers hailed from 18 different states!

## B. DESCRIPTION OF OPERATIONS:

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

As we prepare to celebrate our 40th Anniversary Season, it is both gratifying and challenging to describe our organization!

The Hilton Head Dance Theatre was incorporated as a 501(c)(3) corporation in 1986, and has been under the artistic direction of former American Ballet Theatre Principal Dancer Karena Brock-Carlyle and her husband, John Carlyle, throughout its entire history. The mission of the Dance Theatre has always been to foster an interest in dance as an art form among Lowcountry residents and visitors alike. The Dance Theatre operates under the guidance of a volunteer board of directors that currently has twelve members. Board members shoulder a lot of responsibility as other than the two Artistic Directors, there are

no paid employees. The Hilton Head Dance School, which is the official school of the Hilton Head Dance Theatre, is an entirely separate entity. The Dance Theatre has presented the holiday classic, *The Nutcracker*, to tens of thousands of patrons over the course of its history. Also in its repertoire are such classics as *Swan Lake*, *Giselle*, *The Sleeping Beauty*, *Cinderella*, *Alice in Wonderland*, *Coppélia* and *Don Quixote*. Most recently, the Dance Theatre has presented *Terpsichore* each spring which is an eclectic program featuring classical ballet, contemporary ballet, and jazz. This program features original choreography by members of our artistic staff.

The Hilton Head Dance Theatre is proud of its unique ability to contribute to the performing arts calendar in our area.

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

For our 40th Anniversary Season, the Hilton Head Dance Theatre will present:

- *Terpsichore* - *Terpsichore* will feature the Hilton Head Dance Theatre Company Members alongside several professional guest artists. It will be held at the Seahawk Cultural Center in March of 2026.
- *The Nutcracker* - This holiday classic will include all Hilton Head Dance School students as well as several professional guest artists. This is scheduled for mid-November of 2026 at the Seahawk Cultural Center.

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

We would like to point out that our season will include many other events including *Terpsichore*, *Too and Eloise*, *Dance Showcase at the Lucas*, the *Crescendo* Kick Off Celebration, participation in the St. Patrick's Day Parade, the Nutcracker 5K, an appearance at the PEP Gala, and an outreach program in the schools. These events will be advertised by the sponsoring organizations, or, as in the case of *Terpsichore*, *Too and Eloise*, (featuring our younger dancers), advertising would not be appropriate.



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

As consumption of media and the ways in which people receive their information has changed so dramatically over recent years, our efforts to inform and attract tourists and visitors to our area have changed as well. In some ways, this has worked to our advantage as dance is a dynamic, visual medium and comes across better in the broadcast medium and on social media. Partial funding would limit our ability to pursue our mission of fostering an appreciation for the art of dance among Lowcountry residents, visitors and tourists.

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

Every year, the Dance Theatre welcomes hundreds of tourists and visitors to our annual production of *The Nutcracker*. For many visiting the island during the beginning of the holiday season, attending a performance of *The Nutcracker* is a cherished holiday tradition. We proudly provide a production of a very high caliber.

In the spring, it is our hope that our reputation for excellence along with an extensive advertising campaign will draw tourists and visitors to enjoy a dynamic program of dance.

Our productions contribute to Hilton Head Island's reputation as a community with a vibrant cultural scene enhancing any tourist's stay.

5. In order to comply with the State's Tourism Expenditure Review 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 attendance through the generation of publicity.*

0 %

2 - Tourism-Related Events

*Promotion of the arts and cultural events.*

100 %

3 - Tourism-Related Facilities

*Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.*

0 %

4 - Tourism-Related Public Services

*The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.*

0 %

|                                                                                               |              |
|-----------------------------------------------------------------------------------------------|--------------|
| 5 - Tourist Public Transportation<br><i>Tourist shuttle transportation.</i>                   | 0 %          |
| 6 - Waterfront Erosion/Control/Repair<br><i>Control and repair of waterfront erosion.</i>     | 0 %          |
| 7 - Operation of Visitor Information Centers<br><i>Operating visitor information centers.</i> | 0 %          |
| <b>Total:</b>                                                                                 | <b>100 %</b> |

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)

For many years, the Dance Theatre has been active in organizations such as the Arts and Cultural Council of Hilton Head which brings together representatives of the arts, culture and history organizations in our community. Two of Hilton Head Dance Theatre's board members currently serve on the town's Arts Council of Hilton Head Board of Directors. We have been there as *Crescendo*, the town's annual celebration of art, culture and history held each October has grown, and we always contribute a dance piece to the opening event held every year at Shelter Cove Community Park.

We have hosted classes for both Lifelong Learning of Hilton Head and Osher Lifelong Learning Institute and plan to do so again in 2026. These classes give participants a behind-the-scenes look at a ballet production. We will be performing at the PEP (Programs for Exceptional People) Gala. We added an additional, sensory-friendly performance of *The Nutcracker* for the Lowcountry Autism Foundation.

Since our very early days, we have performed with the Hilton Head Symphony Orchestra and in December of 2024, we enjoyed a truly memorable experience as we performed excerpts from *The Nutcracker* at their popular Holiday Pops Concert.

We collaborate with the Hilton Head Symphony Orchestra, the Arts Center of Coastal Carolina, and Hilton Head Christian Academy as we place complimentary ads for their productions in our performance programs. In return, they do the same for us. Patrons at the Arts Center, the symphony, and the ballet see that we support one another.

7. Additional comments. (250 words or less)

We have celebrated many significant milestones over the years, and look forward to celebrating our 40th Anniversary Season which kicks off with our 2025 production of *The Nutcracker*. Without the support of the town and the Accommodations Tax Advisory Committee, we would not have been able to reach the countless ticket buyers that have enabled us to remain financially stable for 40 years.

We thank you for your unwavering support as we look ahead to many more years of fulfilling our mission by contributing significant and unique events to the performing arts calendar in our area.

It is largely thanks to the support of the town that we are able to celebrate this milestone.

### C. FUNDING:

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

Based on the projected budget for the fiscal year 2025-2026, our operating budget is derived of the following:

Ticket Sales: 33%

Rental Income: 17%

Performance Fees: 12%

Fundraising: 12%

Membership/Program Ads/Sponsorships: 17%

Grants: 9%

Other Performances: 0%

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

|            |                                     |            |                                             |
|------------|-------------------------------------|------------|---------------------------------------------|
| <u>9%</u>  | Government Sources                  | <u>14%</u> | Private Contributions, Donations and Grants |
| 0          | Corporate Support, Sponsors         | <u>17%</u> | Membership, Dues, Subscriptions             |
| <u>42%</u> | Ticket Sales, or Sales and Services | <u>18%</u> | Other                                       |

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

Yes ☐ No ☒

If so, please list top 3 sources and amounts.

### D. FINANCIAL INFORMATION:

Fiscal Year Disclosure: Start Month: **August 1, 2024** End Month: **July 31, 2025**

### 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:

8.1.23 - 7.31.24- Previous FY 2

8.1.24 - 7.31.25- Previous FY 1

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

Current fiscal year Balance Sheet Provided: **Yes**

Previous fiscal year Balance Sheets Provided:

7.31.24 - Previous FY 2

7.31.25 - Previous FY 1

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

Current year IRS Form 990 or 990T Provided: **Yes**

Previous IRS Form 990 or 990T Years Provided:

2022 - Previous FY 2

### E. FINANCIAL GUARANTEES AND PROCEDURES:

---

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

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

2. Indicate whether your organization has procurement guidelines, which are utilized and followed in the expenditure of ATAX grant funds.

☒ Utilize and follow organization's own procurement guidelines

☐ Our organization does not have or follow procurement guidelines

## F. MEASURING EFFECTIVENESS:

---

If you received 2024 or 2025 HHI ATAX funds

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

|      |             |                                              |
|------|-------------|----------------------------------------------|
| 2023 | \$20,000.00 | Hilton Head Dance Theatre Performance Season |
| 2024 | \$20,000.00 | Hilton Head Dance Theatre Performance Season |
| 2025 | \$23,000.00 | Hilton Head Dance Theatre Performance Season |

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

For calendar year 2025, the Hilton Head Dance Theatre was awarded \$23,000 in ATAX funds. Thus far, we have submitted invoices for advertising dollars spent to promote our spring 2025 production of *Terpsichore*.

This fall we will incur costs for advertising the occasion of our 40th Anniversary Season as well as our fall 2025 production of *The Nutcracker*.

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

Reflecting on the fact that the Dance Theatre has thrived in our community for 40 years speaks to the success of our organization and also to the success of the events that we present and participate in. We are so fortunate to live and work in a community that recognizes and supports the importance of art, history and culture to the lives of our residents, our visitors and our tourists.

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

There are several factors that we can look at with the most effective being the tracking of ticket sales for each production. We can also look at the support that we receive through private donations, membership support, business sponsorships and program ads. Another factor for us to consider is the willingness of the large number of volunteers

that help with each production as well as year round in our costume shop. And perhaps most significantly, we can look at our track record of success that now spans 40 years!

## 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)*

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

Signature: Lori Finger

Title/Position: President

Mailing Address: PO Box 5761, Hilton Head Island, SC 29938

Email Address: hhdancetheatre@gmail.com

Office Phone Number: 843-689-9686

Home Phone Number:

**HILTON HEAD DANCE THEATRE  
ATAX EFFECTIVENESS MEASUREMENT  
Fiscal Year 2024.2025**

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

| TOPIC                                                      | THE PLAN  | BUDGET       | ACTUAL SPENT -<br>2024.2025 | RESULTS<br><i>When possible, provide planned results vs. actual results,<br/>and/or current year vs. prior year results .</i>                                                                                                                                                                                                                        |
|------------------------------------------------------------|-----------|--------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Advertising Efforts to Increase Tourist Attendance:</b> |           |              |                             |                                                                                                                                                                                                                                                                                                                                                      |
| Advertising -<br>Nutcracker, 2024                          |           |              |                             | <b>2024:</b> 2,250 Tickets were sold in 2024 of which 386 were Tourists and 424 were Visitors from Bluffton.<br><b>2023:</b> 2,560 Tickets were sold in 2023 of which 486 were Tourists and 458 were Visitors from Bluffton.<br><b>2022:</b> 2,523 Tickets were sold in 2022 of which 318 were Tourists and 549 Tickets were Visitors from Bluffton. |
|                                                            | Print     | \$ 9,000.00  | \$ 9,728.84                 |                                                                                                                                                                                                                                                                                                                                                      |
|                                                            | Broadcast | \$ 5,000.00  | \$ 5,091.10                 |                                                                                                                                                                                                                                                                                                                                                      |
| Total                                                      |           | \$ 14,000.00 | \$ 14,819.94                |                                                                                                                                                                                                                                                                                                                                                      |

|                                                            |           |             |             |                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------------------------------|-----------|-------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Advertising Efforts to Increase Tourist Attendance:</b> |           |             |             |                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Advertising - Spring,<br>2025                              |           |             |             | <b>2025:</b> 471 Tickets were sold in 2025 of which 45 were Tourists and 101 were Visitors from Bluffton.<br><b>2024:</b> 383 Tickets were sold in 2024 of which 67 were Tourists and 33 were Visitors from Bluffton.<br><b>2023:</b> 416 Tickets were sold in 2023 of which 44 were Tourists and 95 were Visitors from Bluffton.<br><b>2022:</b> 273 Tickets were sold in 2022 of which 20 were Tourists and 56 were Visitors from Bluffton. |
|                                                            | Print     | \$ 2,500.00 | \$ 3,148.86 |                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                            | Broadcast | \$ 3,500.00 | \$ 3,591.10 |                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Total                                                      |           | \$ 6,000.00 | \$ 6,739.96 |                                                                                                                                                                                                                                                                                                                                                                                                                                               |

|                                          |                     |                     |
|------------------------------------------|---------------------|---------------------|
| Total Advertising Costs Budget to Actual | \$ 20,000.00        | \$ 21,559.90        |
| Hilton Head Dance Theatre Budgeted       | \$ -                | \$ 182.40           |
| Total Advertising Costs Budget to Actual | <u>\$ 20,000.00</u> | <u>\$ 21,742.30</u> |



## VISITORS' SURVEY

Tickets to the Hilton Head Dance Theatre's productions of *The Nutcracker* and *Terpsichore* are sold online in the weeks leading up to the performances using EventBrite. Ticket buyer information such as name, street address, town, state and zip code are recorded and available to us as the account holder. We go through this information line by line to determine exactly how many of our ticket buyers are visitors from Bluffton, how many are from South Carolina but more than 50 miles from the town of Hilton Head Island, and how many are from states other than South Carolina.

We also request zip code information from those individuals that purchase their tickets at the door.

For our 2024 production of *The Nutcracker*, we welcomed a total of 2,250 ticket buyers.

Of those individuals that purchased their tickets online, 278 were from states other than South Carolina and 100 were from South Carolina but more than 50 miles from Hilton Head Island. 8 of the individuals that purchased their tickets at the door were from towns and cities more than 50 miles from Hilton Head Island. 418 of the online ticket buyers were from Bluffton while 6 of the walkups were from Bluffton.

We welcomed 97 tourists from the state of Georgia, 38 from Florida, 71 from North Carolina, 15 from Mississippi, 11 from Ohio, 4 from Kentucky, 9 from Texas, 5 from Indiana, 3 from Maryland, 3 from Minnesota, 6 from Alabama, 2 from Missouri, 2 from Connecticut, 1 from Virginia, 2 from Pennsylvania, 2 from South Dakota, 5 from Tennessee, and 2 from Colorado.

For our 2025 production of *Terpsichore*, we welcomed a total of 471 ticket buyers.

Online ticket buyers totaled 392 individuals of which 19 were from Georgia, 7 were from Ohio, 6 were from North Carolina and 4 were from Florida and 9 were from within South Carolina but more than 50 miles from Hilton Head Island. 90 of the online ticket



buyers were from Bluffton. A total of 79 individuals purchased their tickets at the door. When asked for their home zip codes, it was discovered that 11 were visitors from Bluffton.



# HILTON HEAD DANCE THEATRE

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

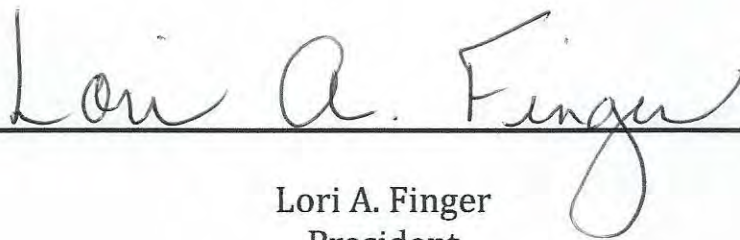
At a meeting of the Board of Directors of

THE HILTON HEAD DANCE THEATRE  
Hilton Head Island, SC

duly called and held on the 4<sup>th</sup> day of September, 2025, the following  
resolution was offered, seconded and adopted:

"Be it Resolved, that the President of the Hilton Head Dance Theatre board be and is hereby authorized, empowered, and directed to submit an application for a Town of Hilton Head Island Accommodations Tax Grant for financial funding in the amount of \$20,000 for calendar year 2026 on behalf of the Hilton Head Dance Theatre, Inc."

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



---

Lori A. Finger  
President

# Hilton Head Dance Theatre

## Profit & Loss Budget Overview - 2026

|                               | Nutcracker        | Spring Gala      | Terp Too & Eloise | Summer Showcase | Outreach / HHSO / 5K | HHDT              | TOTAL             |
|-------------------------------|-------------------|------------------|-------------------|-----------------|----------------------|-------------------|-------------------|
| <b>Income</b>                 |                   |                  |                   |                 |                      |                   |                   |
| Ballet Christmas              |                   |                  |                   |                 |                      | 2,500.00          | 2,500.00          |
| Donations to HHDT             |                   |                  |                   |                 |                      | 50.00             | 50.00             |
| Fundraising                   | 19,000.00         | 1,500.00         |                   |                 |                      |                   | 20,500.00         |
| Grants                        | 10,000.00         | 10,000.00        |                   |                 |                      |                   | 20,000.00         |
| Mbrships/Advertise/Sponsors   | 7,500.00          |                  |                   |                 |                      | 29,000.00         | 36,500.00         |
| Performance Fees              | 11,500.00         | 4,000.00         | 6,500.00          | 3,100.00        |                      |                   | 25,100.00         |
| Rental income                 |                   |                  |                   |                 |                      | 36,000.00         | 36,000.00         |
| Scholarship Fund              |                   |                  |                   |                 |                      | 5,000.00          | 5,000.00          |
| Ticket Sales                  | 58,000.00         | 7,000.00         | 7,000.00          | 125.00          |                      |                   | 72,125.00         |
| <b>Total Income</b>           | <b>106,000.00</b> | <b>22,500.00</b> | <b>13,500.00</b>  | <b>3,225.00</b> | <b>0.00</b>          | <b>72,550.00</b>  | <b>217,775.00</b> |
| <b>Cost of Goods Sold</b>     |                   |                  |                   |                 |                      |                   |                   |
| Advertising                   | 10,000.00         | 10,000.00        |                   |                 |                      |                   | 20,000.00         |
| Artistic Fees                 |                   |                  | 1,250.00          |                 |                      | 48,000.00         | 49,250.00         |
| Ballet - Christmas            |                   |                  |                   |                 |                      | 2,500.00          | 2,500.00          |
| Boutique                      | 11,500.00         | 1,000.00         | 1,000.00          |                 |                      |                   | 13,500.00         |
| Concessions                   | 800.00            | 150.00           |                   |                 |                      |                   | 950.00            |
| Costume Expense               | 3,000.00          | 3,000.00         | 3,000.00          | 1,000.00        |                      |                   | 10,000.00         |
| Credit Card Fees              | 900.00            | 150.00           | 150.00            | 100.00          |                      | 50.00             | 1,350.00          |
| Guest Performers              | 11,000.00         | 7,000.00         |                   |                 |                      |                   | 18,000.00         |
| Other Expenses                | 3,000.00          | 1,000.00         |                   |                 |                      | 650.00            | 4,650.00          |
| Photography                   | 2,000.00          | 800.00           | 800.00            |                 |                      | 1,500.00          | 5,100.00          |
| Production Mgr's Compensation | 2,300.00          | 600.00           | 600.00            | 600.00          | 250.00               |                   | 4,350.00          |
| Programs/Rack Cards/Posters   | 7,000.00          | 1,500.00         | 1,500.00          | 400.00          |                      |                   | 10,400.00         |
| Prop Expenses                 |                   |                  |                   |                 |                      | 1,000.00          | 1,000.00          |
| Souvenir Videos               | 2,150.00          | 400.00           | 1,400.00          | 750.00          |                      |                   | 4,700.00          |
| Technical Crew                | 600.00            | 300.00           |                   |                 |                      |                   | 900.00            |
| Venue Rental                  | 5,800.00          | 2,000.00         | 2,000.00          | 1,300.00        |                      |                   | 11,100.00         |
| <b>Total COGS</b>             | <b>60,050.00</b>  | <b>27,900.00</b> | <b>11,700.00</b>  | <b>4,150.00</b> | <b>250.00</b>        | <b>53,700.00</b>  | <b>157,750.00</b> |
| <b>Gross Profit</b>           | <b>45,950.00</b>  | <b>-5,400.00</b> | <b>1,800.00</b>   | <b>-925.00</b>  | <b>-250.00</b>       | <b>18,850.00</b>  | <b>60,025.00</b>  |
| <b>Expense</b>                |                   |                  |                   |                 |                      |                   |                   |
| Dues and Memberships Expense  |                   |                  |                   |                 |                      | 1,800.00          | 1,800.00          |
| Insurance                     |                   |                  |                   |                 |                      | 16,000.00         | 16,000.00         |
| Marketing/Special Events      |                   |                  |                   |                 |                      | 2,000.00          | 2,000.00          |
| Membership Expense            |                   |                  |                   |                 |                      | 850.00            | 850.00            |
| Office Expense                |                   |                  |                   |                 |                      | 3,000.00          | 3,000.00          |
| Postage and Delivery Expense  |                   |                  |                   |                 |                      | 250.00            | 250.00            |
| Professional Fees             |                   |                  |                   |                 |                      | 5,000.00          | 5,000.00          |
| Receptions Expense            |                   |                  |                   |                 |                      | 2,500.00          | 2,500.00          |
| Rent Expense                  |                   |                  |                   |                 |                      | 9,000.00          | 9,000.00          |
| Repairs and Maintenance       |                   |                  |                   |                 |                      | 6,500.00          | 6,500.00          |
| Scholarships Expense          |                   |                  |                   |                 |                      | 5,000.00          | 5,000.00          |
| Tax and License Expense       |                   |                  |                   |                 |                      | 5,200.00          | 5,200.00          |
| Utilities Expense             |                   |                  |                   |                 |                      | 3,300.00          | 3,300.00          |
| <b>Total Expense</b>          | <b>0.00</b>       | <b>0.00</b>      | <b>0.00</b>       | <b>0.00</b>     | <b>0.00</b>          | <b>60,400.00</b>  | <b>60,400.00</b>  |
| <b>Net Income</b>             | <b>45,950.00</b>  | <b>-5,400.00</b> | <b>1,800.00</b>   | <b>-925.00</b>  | <b>-250.00</b>       | <b>-41,550.00</b> | <b>-375.00</b>    |

# Hilton Head Dance Theatre

## Profit and Loss by Class

August 1, 2024 - July 31, 2025

|                                     | Nutcracker        | Spring Gala      | Summer Showcase | Terp Too & Thumbelina | HHDT             | Total               |
|-------------------------------------|-------------------|------------------|-----------------|-----------------------|------------------|---------------------|
| <b>Income</b>                       |                   |                  |                 |                       |                  |                     |
| Ballet Christmas                    |                   |                  |                 |                       | 1,015.00         | 1,015.00            |
| Donations to HHDT                   |                   |                  |                 |                       | 46.00            | 46.00               |
| Fundraising                         | 19,183.51         | 567.00           | 0.00            | 750.00                | 0.00             | \$20,500.51         |
| Grants                              | 13,329.65         | 5,864.42         |                 |                       |                  | 19,194.07           |
| Mbrships/Advertise/Sponsors         | 7,385.00          |                  |                 |                       | 30,591.12        | 37,976.12           |
| Performance Fees                    | 11,605.00         | 3,700.00         | 3,050.00        | 6,730.00              |                  | 25,085.00           |
| Rental income                       |                   |                  |                 |                       | 36,000.00        | 36,000.00           |
| Ticket Sales                        | 60,374.58         | 6,820.92         | 125.00          | 7,360.00              |                  | 74,680.50           |
| <b>Total for Income</b>             | <b>111,877.74</b> | <b>16,952.34</b> | <b>3,175.00</b> | <b>14,840.00</b>      | <b>67,652.12</b> | <b>\$214,497.20</b> |
| <b>Cost of Goods Sold</b>           |                   |                  |                 |                       |                  |                     |
| Advertising                         | 14,819.94         | 6,739.96         |                 |                       | 182.40           | 21,742.30           |
| Artistic Fees                       |                   |                  |                 | 1,250.00              | 48,000.00        | 49,250.00           |
| Ballet - Christmas                  |                   |                  |                 |                       | 2,900.00         | 2,900.00            |
| Boutique                            | 12,024.96         | 575.50           | 0.00            | 664.50                | 0.00             | \$13,264.96         |
| Concessions                         | 738.82            | 71.30            |                 |                       |                  | 810.12              |
| Costume Expense                     | 2,895.34          | 2,600.66         | 26.49           | 3,038.08              |                  | 8,560.57            |
| Credit Card Fees                    | 885.41            | 119.45           | 58.15           | 160.50                | 160.37           | 1,383.88            |
| Guest Performers                    | 10,700.00         | 5,000.00         |                 |                       |                  | 15,700.00           |
| Other Expenses                      | 2,940.29          | 688.45           |                 |                       | 640.93           | 4,269.67            |
| Photography                         |                   |                  |                 | 800.00                | 1,500.00         | 2,300.00            |
| Production Mgr's Comp               | 2,300.00          | 600.00           |                 | 600.00                |                  | 3,500.00            |
| Programs/Rack Cards/Posters         | 7,098.16          | 1,627.74         | 399.18          | 1,833.06              |                  | 10,958.14           |
| Souvenir Videos                     | 2,120.00          | 400.00           | 752.00          | 1,363.00              |                  | 4,635.00            |
| Technical Crew                      | 600.00            |                  | 300.00          |                       |                  | 900.00              |
| Venue Rental                        | 5,782.97          | 1,986.38         |                 | 2,172.72              |                  | 9,942.07            |
| <b>Total for Cost of Goods Sold</b> | <b>62,905.89</b>  | <b>20,409.44</b> | <b>1,535.82</b> | <b>11,881.86</b>      | <b>53,383.70</b> | <b>\$150,116.71</b> |
| <b>Gross Profit</b>                 | <b>48,971.85</b>  | <b>-3,457.10</b> | <b>1,639.18</b> | <b>2,958.14</b>       | <b>14,268.42</b> | <b>\$64,380.49</b>  |
| <b>Expenses</b>                     |                   |                  |                 |                       |                  |                     |
| Depreciation Expense                |                   |                  |                 |                       | 16,984.00        | 16,984.00           |
| Dues and Memberships Exp            |                   |                  |                 |                       | 1,605.00         | 1,605.00            |
| Insurance                           |                   |                  |                 |                       | 15,982.59        | 15,982.59           |
| Marketing/Special Events            |                   |                  |                 |                       | 1,075.00         | 1,075.00            |
| Membership Expense                  |                   |                  |                 |                       | 866.63           | 866.63              |
| Office Expense                      | 0.00              | 0.00             | 0.00            | 0.00                  | 2,918.43         | \$2,918.43          |
| Postage and Delivery                |                   |                  |                 |                       | 210.00           | 210.00              |
| Professional Fees                   |                   |                  |                 |                       | 4,629.32         | 4,629.32            |
| Receptions Expense                  |                   |                  |                 |                       | 404.72           | 404.72              |
| Rent Expense                        |                   |                  |                 |                       | 9,000.00         | 9,000.00            |
| Repairs and Maintenance             | 0.00              | 0.00             | 0.00            | 0.00                  | 5,162.32         | \$5,162.32          |
| Scholarships Expense                |                   |                  |                 |                       | 5,000.00         | 5,000.00            |
| Tax and License Expense             |                   |                  |                 |                       | 5,241.53         | 5,241.53            |

|                          |           |           |          |          |            |             |
|--------------------------|-----------|-----------|----------|----------|------------|-------------|
| Telephone Expense        |           |           |          |          | 701.08     | 701.08      |
| Utilities Expense        | 0.00      | 0.00      | 0.00     | 0.00     | 3,263.24   | \$3,263.24  |
| Total for Expenses       | 0.00      | 0.00      | 0.00     | 0.00     | 73,043.86  | \$73,043.86 |
| Net Operating Income     | 48,971.85 | -3,457.10 | 1,639.18 | 2,958.14 | -58,775.44 | -\$8,663.37 |
| Other Income             |           |           |          |          |            |             |
| Investment Income        |           |           |          |          | 2,436.32   | 2,436.32    |
| Realized Gains (Losses)  |           |           |          |          | -651.96    | -651.96     |
| Total for Other Income   | 0.00      | 0.00      | 0.00     | 0.00     | 1,784.36   | \$1,784.36  |
| Other Expenses           |           |           |          |          |            |             |
| Investment Expenses      |           |           |          |          | 950.62     | 950.62      |
| Total for Other Expenses | 0.00      | 0.00      | 0.00     | 0.00     | 950.62     | \$950.62    |
| Net Other Income         | 0.00      | 0.00      | 0.00     | 0.00     | 833.74     | \$833.74    |
| Net Income               | 48,971.85 | -3,457.10 | 1,639.18 | 2,958.14 | -57,941.70 | -\$7,829.63 |

# Hilton Head Dance Theatre

## Balance Sheet

As of August 29, 2025

|                                         | Total               |
|-----------------------------------------|---------------------|
| <b>Assets</b>                           |                     |
| <b>Current Assets</b>                   |                     |
| <b>Bank Accounts</b>                    |                     |
| Cash in Drawer                          | 820.00              |
| CSB Checking                            | 21,278.15           |
| Merrill Lynch - Cash                    | 961.90              |
| Merrill Lynch - Mutual Funds            | 61,305.83           |
| <b>Total for Bank Accounts</b>          | <b>\$84,365.88</b>  |
| Accounts Receivable                     | 3,000.00            |
| <b>Total for Accounts Receivable</b>    | <b>\$3,000.00</b>   |
| <b>Other Current Assets</b>             |                     |
| Inventory Asset                         | 15,049.80           |
| <b>Total for Other Current Assets</b>   | <b>\$15,049.80</b>  |
| <b>Total for Current Assets</b>         | <b>\$102,415.68</b> |
| <b>Fixed Assets</b>                     |                     |
| Building                                | \$661,831.52        |
| Costumes                                | 66,489.73           |
| Equipment                               | 3,746.72            |
| Furniture & Fixtures                    | 2,006.04            |
| Props                                   | 14,594.09           |
| Sets                                    | 44,262.72           |
| Sprung Dance Floor                      | 22,166.58           |
| Stage Floor                             | 3,330.00            |
| Accumulated Depreciation                | -462,949.70         |
| <b>Total for Fixed Assets</b>           | <b>\$355,477.70</b> |
| <b>Other Assets</b>                     |                     |
| Security Deposit                        | 500.00              |
| <b>Total for Other Assets</b>           | <b>\$500.00</b>     |
| <b>Total for Assets</b>                 | <b>\$458,393.38</b> |
| <b>Liabilities and Equity</b>           |                     |
| <b>Liabilities</b>                      |                     |
| <b>Current Liabilities</b>              |                     |
| Accounts Payable                        | 5,000.00            |
| <b>Total for Accounts Payable</b>       | <b>\$5,000.00</b>   |
| <b>Total for Current Liabilities</b>    | <b>\$5,000.00</b>   |
| <b>Equity</b>                           |                     |
| Accum. Other Comprehensive Inc          | 3,889.52            |
| Retained Earnings                       | 459,109.43          |
| Net Income                              | -9,605.57           |
| <b>Total for Equity</b>                 | <b>\$453,393.38</b> |
| <b>Total for Liabilities and Equity</b> | <b>\$458,393.38</b> |

# Hilton Head Dance Theatre

## Profit and Loss by Class

### August 2023 - July 2024

|                                 | Nutcracker           | Spring Gala         | Terp Too &<br>Peter<br>Rabbit | Summer<br>Showcase | Outreach /<br>HHSO / 5K | HHDT                | TOTAL                |
|---------------------------------|----------------------|---------------------|-------------------------------|--------------------|-------------------------|---------------------|----------------------|
| <b>Income</b>                   |                      |                     |                               |                    |                         |                     |                      |
| Ballet Christmas                |                      |                     |                               |                    |                         | 1,880.00            | 1,880.00             |
| Donations to HHDT               |                      |                     |                               |                    |                         | 190.00              | 190.00               |
| Fundraising                     | 16,002.95            | 1,202.00            | 1,286.00                      |                    |                         |                     | 18,490.95            |
| Grants                          | 13,457.55            | 6,670.35            |                               |                    |                         |                     | 20,127.90            |
| Mbrships/Advertise/Sponsors     | 7,500.00             |                     |                               |                    |                         | 25,285.00           | 32,785.00            |
| Performance Fees                | 11,645.00            | 8,861.00            | 2,529.00                      | 3,750.00           |                         |                     | 26,785.00            |
| Rental income                   |                      |                     |                               |                    |                         | 36,000.00           | 36,000.00            |
| Ticket Sales                    | 60,492.05            | 4,132.84            | 7,234.04                      | 150.00             |                         |                     | 72,008.93            |
| <b>Total Income</b>             | <b>\$ 109,097.55</b> | <b>\$ 20,866.19</b> | <b>\$ 11,049.04</b>           | <b>\$ 3,900.00</b> | <b>\$ 0.00</b>          | <b>\$ 63,355.00</b> | <b>\$ 208,267.78</b> |
| <b>Cost of Goods Sold</b>       |                      |                     |                               |                    |                         |                     |                      |
| Advertising                     | 15,961.60            | 10,342.43           |                               |                    |                         | 1,000.00            | 27,304.03            |
| Artistic Fees                   |                      |                     | 750.00                        |                    |                         | 48,000.00           | 48,750.00            |
| Ballet - Christmas              |                      |                     |                               |                    |                         | 2,900.00            | 2,900.00             |
| Boutique                        | 9,538.18             | 1,452.50            |                               |                    |                         | 55.58               | 11,046.26            |
| Concessions                     | 925.07               | 340.49              |                               |                    |                         |                     | 1,265.56             |
| Costume Expense                 | 5,643.14             | 2,981.61            | 2,527.84                      | 919.98             |                         |                     | 12,072.57            |
| Credit Card Fees                | 933.19               | 227.52              | 90.78                         | 71.10              |                         | 45.71               | 1,368.30             |
| Flowers                         | 214.00               |                     |                               |                    |                         |                     | 214.00               |
| Guest Performers                | 10,950.00            | 6,700.00            |                               |                    |                         |                     | 17,650.00            |
| Other Expenses                  | 3,904.93             | 1,848.83            |                               |                    |                         | 723.41              | 6,477.17             |
| Photography                     | 1,200.00             | 1,400.00            |                               |                    |                         | 1,600.00            | 4,200.00             |
| Production Mgr's Comp           | 2,200.00             | 600.00              | 600.00                        | 300.00             | 250.00                  |                     | 3,950.00             |
| Programs/Rack Cards/Posters     | 6,664.55             | 1,490.06            | 1,462.16                      | 427.83             |                         |                     | 10,044.60            |
| Prop Expenses                   |                      |                     | 1,240.00                      |                    |                         |                     | 1,240.00             |
| Souvenir Videos                 | 1,129.50             | 215.00              | 163.00                        | 316.00             |                         |                     | 1,823.50             |
| Technical Crew                  | 300.00               | 600.00              |                               |                    |                         |                     | 900.00               |
| Venue Rental                    | 5,477.73             | 1,811.83            | 1,811.83                      | 1,308.00           |                         |                     | 10,409.39            |
| <b>Total Cost of Goods Sold</b> | <b>\$ 65,041.89</b>  | <b>\$ 30,010.27</b> | <b>\$ 8,645.61</b>            | <b>\$ 3,342.91</b> | <b>\$ 250.00</b>        | <b>\$ 54,324.70</b> | <b>\$ 161,615.38</b> |
| <b>Gross Profit</b>             | <b>\$ 44,055.66</b>  | <b>-\$ 9,144.08</b> | <b>\$ 2,403.43</b>            | <b>\$ 557.09</b>   | <b>-\$ 250.00</b>       | <b>\$ 9,030.30</b>  | <b>\$ 46,652.40</b>  |
| <b>Expenses</b>                 |                      |                     |                               |                    |                         |                     |                      |
| Depreciation Expense            |                      |                     |                               |                    |                         | 16,985.00           | 16,985.00            |
| Dues and Memberships Expense    |                      |                     |                               |                    |                         | 1,843.34            | 1,843.34             |
| Insurance                       |                      |                     |                               |                    |                         | 16,492.30           | 16,492.30            |
| Marketing/Special Events        |                      |                     |                               |                    |                         | 1,228.35            | 1,228.35             |
| Membership Expense              |                      |                     |                               |                    |                         | 641.28              | 641.28               |
| Office Expense/Website Exp      |                      |                     |                               |                    |                         | 4,004.08            | 4,004.08             |
| Postage and Delivery Expense    |                      |                     |                               |                    |                         | 267.63              | 267.63               |
| Professional Fees               |                      |                     |                               |                    |                         | 5,749.84            | 5,749.84             |
| Receptions Expense              |                      |                     |                               |                    |                         | 1,583.75            | 1,583.75             |
| Rent Expense                    |                      |                     |                               |                    |                         | 9,274.00            | 9,274.00             |
| Repairs and Maintenance         |                      |                     |                               |                    |                         | 4,523.18            | 4,523.18             |

|                         |    |           |     |          |    |          |          |           |
|-------------------------|----|-----------|-----|----------|----|----------|----------|-----------|
| Scholarship Expense     |    |           |     |          |    |          | 5,000.00 | 5,000.00  |
| Tax and License Expense |    |           |     |          |    |          | 4,748.96 | 4,748.96  |
| Telephone Expense       |    |           |     |          |    |          | 737.78   | 737.78    |
| Utilities Expense       |    |           |     |          |    |          | 3,712.29 | 3,712.29  |
| Total Expenses          | \$ | 0.00      | \$  | 0.00     | \$ | 0.00     | \$       | 76,791.78 |
| Net Operating Income    | \$ | 44,055.66 | -\$ | 9,144.08 | \$ | 2,403.43 | \$       | 557.09    |
| Other Income            |    |           |     |          |    |          |          |           |
| Investment Income       |    |           |     |          |    |          | 2,237.66 | 2,237.66  |
| Realized Gains (Losses) |    |           |     |          |    |          | -706.24  | -706.24   |
| Total Other Income      | \$ | 0.00      | \$  | 0.00     | \$ | 0.00     | \$       | 1,531.42  |
| Other Expenses          |    |           |     |          |    |          |          |           |
| Investment Expenses     |    |           |     |          |    |          | 1,077.03 | 1,077.03  |
| Total Other Expenses    | \$ | 0.00      | \$  | 0.00     | \$ | 0.00     | \$       | 1,077.03  |
| Net Other Income        | \$ | 0.00      | \$  | 0.00     | \$ | 0.00     | \$       | 454.39    |
| Net Income              | \$ | 44,055.66 | -\$ | 9,144.08 | \$ | 2,403.43 | \$       | 557.09    |



# Hilton Head Dance Theatre

## Balance Sheet

As of July 31, 2024

|                                     | <u>Total</u>         |
|-------------------------------------|----------------------|
| <b>ASSETS</b>                       |                      |
| <b>Current Assets</b>               |                      |
| <b>Bank Accounts</b>                |                      |
| Cash in Drawer                      | 860.00               |
| CSB Checking                        | 18,453.98            |
| Merrill Lynch - Cash                | 830.12               |
| Merrill Lynch - Mutual Funds        | 57,280.49            |
| <b>Total Bank Accounts</b>          | <b>\$ 77,424.59</b>  |
| <b>Other Current Assets</b>         |                      |
| Accounts Receivable                 | 3,000.00             |
| Inventory Asset                     | 19,478.91            |
| <b>Total Other Current Assets</b>   | <b>\$ 22,478.91</b>  |
| <b>Total Current Assets</b>         | <b>\$ 99,903.50</b>  |
| <b>Fixed Assets</b>                 |                      |
| Building                            | \$ 661,831.52        |
| Costumes                            | 66,489.73            |
| Equipment                           | 3,746.72             |
| Furniture & Fixtures                | 2,006.04             |
| Props                               | 14,594.09            |
| Sets                                | 44,262.72            |
| Sprung Dance Floor                  | 22,166.58            |
| Stage Floor                         | 3,330.00             |
| Accumulated Depreciation            | -445,965.70          |
| <b>Total Fixed Assets</b>           | <b>\$ 372,461.70</b> |
| <b>Other Assets</b>                 |                      |
| Security Deposit                    | 500.00               |
| <b>Total Other Assets</b>           | <b>\$ 500.00</b>     |
| <b>TOTAL ASSETS</b>                 | <b>\$ 472,865.20</b> |
| <b>LIABILITIES AND EQUITY</b>       |                      |
| <b>Liabilities</b>                  |                      |
| <b>Current Liabilities</b>          |                      |
| Accounts Payable                    | 5,000.00             |
| Due to/from HHDS                    | 360.00               |
| <b>Total Current Liabilities</b>    | <b>\$ 5,360.00</b>   |
| <b>Total Liabilities</b>            | <b>\$ 5,360.00</b>   |
| <b>Equity</b>                       |                      |
| Accum. Other Comprehensive Inc      | 566.14               |
| Retained Earnings                   | 496,624.05           |
| Net Income                          | -29,684.99           |
| <b>Total Equity</b>                 | <b>\$ 467,505.20</b> |
| <b>TOTAL LIABILITIES AND EQUITY</b> | <b>\$ 472,865.20</b> |

# Hilton Head Dance Theatre

## Profit & Loss - Combined

### August 2022 through July 2023

|                                | Nutcracker       | Spring Gala      | Terp Too &<br>The Magic<br>Toy Shop | Summer<br>Showcase | Plie on May    | HHDT              | TOTAL             |
|--------------------------------|------------------|------------------|-------------------------------------|--------------------|----------------|-------------------|-------------------|
| <b>Ordinary Income/Expense</b> |                  |                  |                                     |                    |                |                   |                   |
| Income                         |                  |                  |                                     |                    |                |                   |                   |
| Ballet Christmas               | 0.00             | 0.00             | 0.00                                | 0.00               | 0.00           | 1,775.00          | 1,775.00          |
| Donations to HHDT              | 0.00             | 0.00             | 0.00                                | 0.00               | 0.00           | 684.16            | 684.16            |
| Fundraising                    | 16,032.00        | 1,314.00         | 460.00                              | 0.00               | 0.00           | 1,265.00          | 19,071.00         |
| Grants                         | 9,669.47         | 6,542.45         | 0.00                                | 0.00               | 0.00           | 0.00              | 16,211.92         |
| Mbrships/Advertise/Sponsors    | 5,450.00         | 0.00             | 0.00                                | 0.00               | 0.00           | 32,090.00         | 37,540.00         |
| Performance Fees               | 12,855.00        | 5,542.50         | 5,542.50                            | 2,470.00           | 0.00           | 0.00              | 26,410.00         |
| Rental income                  | 0.00             | 0.00             | 0.00                                | 0.00               | 0.00           | 36,000.00         | 36,000.00         |
| Scholarship Fund               | 0.00             | 0.00             | 0.00                                | 0.00               | 0.00           | 500.00            | 500.00            |
| Ticket Sales                   | 51,644.13        | 7,520.00         | 6,980.00                            | 660.00             | 0.00           | 0.00              | 66,804.13         |
| <b>Total Income</b>            | <b>95,650.60</b> | <b>20,918.95</b> | <b>12,982.50</b>                    | <b>3,130.00</b>    | <b>0.00</b>    | <b>72,314.16</b>  | <b>204,996.21</b> |
| Cost of Goods Sold             |                  |                  |                                     |                    |                |                   |                   |
| Advertising                    | 11,993.07        | 7,817.88         | 0.00                                | 0.00               | 0.00           | 577.15            | 20,388.10         |
| Artistic Fees                  | 0.00             | 450.00           | 750.00                              | 0.00               | 0.00           | 48,000.00         | 49,200.00         |
| Ballet - Christmas             | 0.00             | 0.00             | 0.00                                | 0.00               | 0.00           | 2,900.00          | 2,900.00          |
| Boutique                       | 8,451.29         | 478.50           | 0.00                                | 0.00               | 0.00           | 852.50            | 9,782.29          |
| Concessions                    | 698.86           | 140.96           | 0.00                                | 0.00               | 0.00           | 0.00              | 839.82            |
| Costume Expense                | 1,867.97         | 3,319.90         | 4,138.04                            | 755.96             | 0.00           | 0.00              | 10,081.87         |
| Credit Card Fees               | 725.68           | 199.11           | 48.62                               | 56.58              | 0.00           | 794.18            | 1,824.17          |
| Guest Performers               | 9,400.00         | 8,100.00         | 1,000.00                            | 0.00               | 0.00           | 0.00              | 18,500.00         |
| Other Expenses                 | 4,126.39         | 1,828.65         | 0.00                                | 0.00               | 0.00           | 198.09            | 6,153.13          |
| Photography                    | 754.00           | 0.00             | 0.00                                | 0.00               | 0.00           | 1,966.18          | 2,720.18          |
| Production Mgr's Compensation  | 2,000.00         | 600.00           | 600.00                              | 300.00             | 0.00           | 0.00              | 3,500.00          |
| Programs/Rack Cards/Posters    | 5,872.42         | 1,414.77         | 1,287.21                            | 163.14             | 368.52         | 0.00              | 9,106.06          |
| Souvenir Videos                | 1,710.00         | 350.00           | 350.00                              | 316.00             | 0.00           | 0.00              | 2,726.00          |
| Technical Crew                 | 550.00           | 200.00           | 200.00                              | 0.00               | 0.00           | 0.00              | 950.00            |
| Venue Rental                   | 4,816.57         | 1,969.61         | 1,969.61                            | 1,500.00           | 0.00           | 0.00              | 10,255.79         |
| <b>Total COGS</b>              | <b>52,966.25</b> | <b>26,869.38</b> | <b>10,343.48</b>                    | <b>3,091.68</b>    | <b>368.52</b>  | <b>55,288.10</b>  | <b>148,927.41</b> |
| <b>Gross Profit</b>            | <b>42,684.35</b> | <b>-5,950.43</b> | <b>2,639.02</b>                     | <b>38.32</b>       | <b>-368.52</b> | <b>17,026.06</b>  | <b>56,068.80</b>  |
| Expense                        |                  |                  |                                     |                    |                |                   |                   |
| Depreciation Expense           | 0.00             | 0.00             | 0.00                                | 0.00               | 0.00           | 16,810.00         | 16,810.00         |
| Dues and Memberships Expense   | 0.00             | 0.00             | 0.00                                | 0.00               | 0.00           | 1,760.13          | 1,760.13          |
| Insurance                      | 0.00             | 0.00             | 0.00                                | 0.00               | 0.00           | 12,047.33         | 12,047.33         |
| Marketing/Special Events       | 0.00             | 0.00             | 0.00                                | 0.00               | 0.00           | 832.50            | 832.50            |
| Membership Expense             | 0.00             | 0.00             | 0.00                                | 0.00               | 0.00           | 641.28            | 641.28            |
| Office Expense/Website Expense | 0.00             | 0.00             | 0.00                                | 0.00               | 0.00           | 1,685.57          | 1,685.57          |
| Postage and Delivery Expense   | 0.00             | 0.00             | 0.00                                | 0.00               | 0.00           | 314.00            | 314.00            |
| Professional Fees              | 0.00             | 0.00             | 0.00                                | 0.00               | 0.00           | 7,393.01          | 7,393.01          |
| Receptions Expense             | 0.00             | 472.25           | 0.00                                | 0.00               | 0.00           | 2,425.39          | 2,897.64          |
| Rent Expense                   | 0.00             | 0.00             | 0.00                                | 0.00               | 0.00           | 7,935.00          | 7,935.00          |
| Repairs and Maintenance        | 0.00             | 0.00             | 0.00                                | 0.00               | 0.00           | 2,279.20          | 2,279.20          |
| Scholarships Expense           | 0.00             | 0.00             | 0.00                                | 0.00               | 0.00           | 8,126.00          | 8,126.00          |
| Tax and License Expense        | 0.00             | 0.00             | 0.00                                | 0.00               | 0.00           | 4,523.24          | 4,523.24          |
| Telephone Expense              | 0.00             | 0.00             | 0.00                                | 0.00               | 0.00           | 730.20            | 730.20            |
| Utilities Expense              | 0.00             | 0.00             | 0.00                                | 0.00               | 0.00           | 3,200.04          | 3,200.04          |
| <b>Total Expense</b>           | <b>0.00</b>      | <b>472.25</b>    | <b>0.00</b>                         | <b>0.00</b>        | <b>0.00</b>    | <b>70,702.89</b>  | <b>71,175.14</b>  |
| <b>Net Ordinary Income</b>     | <b>42,684.35</b> | <b>-6,422.68</b> | <b>2,639.02</b>                     | <b>38.32</b>       | <b>-368.52</b> | <b>-53,676.83</b> | <b>-15,106.34</b> |
| <b>Other Income/Expense</b>    |                  |                  |                                     |                    |                |                   |                   |

# Hilton Head Dance Theatre

## Profit & Loss - Combined

### August 2022 through July 2023

|                            | Nutcracker       | Spring Gala      | Terp Too &<br>The Magic<br>Toy Shop | Summer<br>Showcase | Plie on May    | HHDT              | TOTAL             |
|----------------------------|------------------|------------------|-------------------------------------|--------------------|----------------|-------------------|-------------------|
| <b>Other Income</b>        |                  |                  |                                     |                    |                |                   |                   |
| Investment Income          | 0.00             | 0.00             | 0.00                                | 0.00               | 0.00           | 2,213.22          | 2,213.22          |
| Realized Gains (Losses)    | 0.00             | 0.00             | 0.00                                | 0.00               | 0.00           | -2,459.63         | -2,459.63         |
| <b>Total Other Income</b>  | 0.00             | 0.00             | 0.00                                | 0.00               | 0.00           | -246.41           | -246.41           |
| <b>Other Expense</b>       |                  |                  |                                     |                    |                |                   |                   |
| Investment Expenses        | 0.00             | 0.00             | 0.00                                | 0.00               | 0.00           | 990.25            | 990.25            |
| <b>Total Other Expense</b> | 0.00             | 0.00             | 0.00                                | 0.00               | 0.00           | 990.25            | 990.25            |
| <b>Net Other Income</b>    | 0.00             | 0.00             | 0.00                                | 0.00               | 0.00           | -1,236.66         | -1,236.66         |
| <b>Net Income</b>          | <b>42,684.35</b> | <b>-6,422.68</b> | <b>2,639.02</b>                     | <b>38.32</b>       | <b>-368.52</b> | <b>-54,913.49</b> | <b>-16,343.00</b> |

# Hilton Head Dance Theatre

## Balance Sheet

As of July 31, 2023

|                                        | <u>Jul 31, 23</u>        |
|----------------------------------------|--------------------------|
| <b>ASSETS</b>                          |                          |
| <b>Current Assets</b>                  |                          |
| <b>Checking/Savings</b>                |                          |
| Cash in Drawer                         | 925.00                   |
| CSB Checking                           | 14,823.82                |
| Merrill Lynch - Cash                   | 829.39                   |
| Merrill Lynch - Mutual Funds           | 65,548.95                |
| <b>Total Checking/Savings</b>          | <u>82,127.16</u>         |
| <b>Other Current Assets</b>            |                          |
| Inventory Asset                        | 19,148.45                |
| <b>Total Other Current Assets</b>      | <u>19,148.45</u>         |
| <b>Total Current Assets</b>            | 101,275.61               |
| <b>Fixed Assets</b>                    |                          |
| Building                               | 661,831.52               |
| Costumes                               | 66,489.73                |
| Equipment                              | 3,746.72                 |
| Furniture & Fixtures                   | 2,006.04                 |
| Props                                  | 14,594.09                |
| Sets                                   | 44,262.72                |
| Sprung Dance Floor                     | 22,166.58                |
| Stage Floor                            | 3,330.00                 |
| Accumulated Depreciation               | -428,813.70              |
| <b>Total Fixed Assets</b>              | <u>389,613.70</u>        |
| <b>Other Assets</b>                    |                          |
| Security Deposit                       | 500.00                   |
| <b>Total Other Assets</b>              | <u>500.00</u>            |
| <b>TOTAL ASSETS</b>                    | <u><u>491,389.31</u></u> |
| <b>LIABILITIES &amp; EQUITY</b>        |                          |
| <b>Liabilities</b>                     |                          |
| <b>Current Liabilities</b>             |                          |
| <b>Other Current Liabilities</b>       |                          |
| Due to/from HHDS                       | 310.00                   |
| <b>Total Other Current Liabilities</b> | <u>310.00</u>            |
| <b>Total Current Liabilities</b>       | <u>310.00</u>            |
| <b>Total Liabilities</b>               | 310.00                   |
| <b>Equity</b>                          |                          |
| Accum. Other Comprehensive Inc         | -5,691.65                |
| Retained Earnings                      | 513,113.96               |
| Net Income                             | -16,343.00               |
| <b>Total Equity</b>                    | <u>491,079.31</u>        |
| <b>TOTAL LIABILITIES &amp; EQUITY</b>  | <u><u>491,389.31</u></u> |

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

DEPARTMENT OF THE TREASURY

Date:

JUN 16 1992

HILTON HEAD DANCE THEATRE  
PO DRAWER 7049 18 POPE AVENUE  
HILTON HEAD ISLAND, SC 29928

Employer Identification Number:  
57-0823063

Contact Person:  
LORETTA HAMILTON

Contact Telephone Number:  
(404) 381-0170

Our Letter Dated:  
November 2, 1987

Addendum Applies:  
Yes

--Dear Applicant:

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

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

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

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

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

Letter 1050 (00/CB)

**Part VII Investments – Other Securities**

N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)               | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1) Financial derivatives.....                                                     |                |                                                           |
| (2) Closely held equity interests.....                                             |                |                                                           |
| (3) Other -----                                                                    |                |                                                           |
| (A) -----                                                                          |                |                                                           |
| (B) -----                                                                          |                |                                                           |
| (C) -----                                                                          |                |                                                           |
| (D) -----                                                                          |                |                                                           |
| (E) -----                                                                          |                |                                                           |
| (F) -----                                                                          |                |                                                           |
| (G) -----                                                                          |                |                                                           |
| (H) -----                                                                          |                |                                                           |
| (I) -----                                                                          |                |                                                           |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, column (B)). . . . |                |                                                           |

**Part VIII Investments – Program Related**

N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment                                                      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1) .....                                                                          |                |                                                           |
| (2) .....                                                                          |                |                                                           |
| (3) .....                                                                          |                |                                                           |
| (4) .....                                                                          |                |                                                           |
| (5) .....                                                                          |                |                                                           |
| (6) .....                                                                          |                |                                                           |
| (7) .....                                                                          |                |                                                           |
| (8) .....                                                                          |                |                                                           |
| (9) .....                                                                          |                |                                                           |
| (10) .....                                                                         |                |                                                           |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, column (B)). . . . |                |                                                           |

**Part IX Other Assets**

N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description                                                                      | (b) Book value |
|--------------------------------------------------------------------------------------|----------------|
| (1) .....                                                                            |                |
| (2) .....                                                                            |                |
| (3) .....                                                                            |                |
| (4) .....                                                                            |                |
| (5) .....                                                                            |                |
| (6) .....                                                                            |                |
| (7) .....                                                                            |                |
| (8) .....                                                                            |                |
| (9) .....                                                                            |                |
| (10) .....                                                                           |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, column (B)). . . . . |                |

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability                                                      | (b) Book value |
|--------------------------------------------------------------------------------------|----------------|
| (1) Federal income taxes .....                                                       |                |
| (2) .....                                                                            | 360 .          |
| (3) Rounding .....                                                                   | 1 .            |
| (4) .....                                                                            |                |
| (5) .....                                                                            |                |
| (6) .....                                                                            |                |
| (7) .....                                                                            |                |
| (8) .....                                                                            |                |
| (9) .....                                                                            |                |
| (10) .....                                                                           |                |
| (11) .....                                                                           |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, column (B)). . . . . | 361 .          |

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |                                                                                                     |           |  |
|----------|-----------------------------------------------------------------------------------------------------|-----------|--|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements.....                       | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                 |           |  |
| <b>a</b> | Net unrealized gains (losses) on investments.....                                                   | <b>2a</b> |  |
| <b>b</b> | Donated services and use of facilities.....                                                         | <b>2b</b> |  |
| <b>c</b> | Recoveries of prior year grants.....                                                                | <b>2c</b> |  |
| <b>d</b> | Other (Describe in Part XIII.).....                                                                 | <b>2d</b> |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> .....                                                         | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> .....                                                    | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b.....                               | <b>4a</b> |  |
| <b>b</b> | Other (Describe in Part XIII.).....                                                                 | <b>4b</b> |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> .....                                                             | <b>4c</b> |  |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)..... | <b>5</b>  |  |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return** N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |                                                                                                      |           |  |
|----------|------------------------------------------------------------------------------------------------------|-----------|--|
| <b>1</b> | Total expenses and losses per audited financial statements.....                                      | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                    |           |  |
| <b>a</b> | Donated services and use of facilities.....                                                          | <b>2a</b> |  |
| <b>b</b> | Prior year adjustments.....                                                                          | <b>2b</b> |  |
| <b>c</b> | Other losses.....                                                                                    | <b>2c</b> |  |
| <b>d</b> | Other (Describe in Part XIII.).....                                                                  | <b>2d</b> |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> .....                                                          | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> .....                                                     | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                   |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b.....                                | <b>4a</b> |  |
| <b>b</b> | Other (Describe in Part XIII.).....                                                                  | <b>4b</b> |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> .....                                                              | <b>4c</b> |  |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)..... | <b>5</b>  |  |

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

Hilton Head Dance Theatre

Employer identification number

57-0823063

**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.

- |                                                                    |                                                                         |
|--------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |                                                                         |

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ..... ☐ 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? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in column (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|---------------------------------------------------------------------|---------------------------------------------------|
|                                                           |               | Yes                                                            | No |                                   |                                                                     |                                                   |
| 1                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 2                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 3                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 4                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 5                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 6                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 7                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 8                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 9                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 10                                                        |               |                                                                |    |                                   |                                                                     |                                                   |
| <b>Total</b> .....                                        |               |                                                                |    |                                   |                                                                     | 0.                                                |

**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                       | (b) Event #2                                | (c) Other events              | (d) Total events                    |
|-----------------|----------------------------------------------------------------------|------------------------------------|---------------------------------------------|-------------------------------|-------------------------------------|
|                 |                                                                      | <u>Fundraising</u><br>(event type) | <u>                    </u><br>(event type) | <u>None</u><br>(total number) | (add column (a) through column (c)) |
| Revenue         | 1 Gross receipts.....                                                | 18,491.                            |                                             |                               | 18,491.                             |
|                 | 2 Less: Contributions.....                                           |                                    |                                             |                               |                                     |
|                 | 3 Gross income (line 1 minus line 2).....                            | 18,491.                            |                                             |                               | 18,491.                             |
| Direct Expenses | 4 Cash prizes.....                                                   |                                    |                                             |                               |                                     |
|                 | 5 Noncash prizes.....                                                |                                    |                                             |                               |                                     |
|                 | 6 Rent/facility costs.....                                           |                                    |                                             |                               |                                     |
|                 | 7 Food and beverages.....                                            |                                    |                                             |                               |                                     |
|                 | 8 Entertainment.....                                                 |                                    |                                             |                               |                                     |
|                 | 9 Other direct expenses.....                                         | 12,312.                            |                                             |                               | 12,312.                             |
|                 | 10 Direct expense summary. Add lines 4 through 9 in column (d).....  |                                    |                                             |                               | 12,312.                             |
|                 | 11 Net income summary. Subtract line 10 from line 3, column (d)..... |                                    |                                             |                               | 6,179.                              |

**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<br>bingo/progressive<br>bingo                             | (c) Other gaming                                                                | (d) Total gaming                    |
|-----------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------|
|                 |                                                                           | <u>                    </u>                                                     | <u>                    </u>                                                     | <u>                    </u>                                                     | (add column (a) through column (c)) |
| Revenue         | 1 Gross revenue.....                                                      |                                                                                 |                                                                                 |                                                                                 |                                     |
|                 |                                                                           |                                                                                 |                                                                                 |                                                                                 |                                     |
| Direct Expenses | 2 Cash prizes.....                                                        |                                                                                 |                                                                                 |                                                                                 |                                     |
|                 | 3 Noncash prizes.....                                                     |                                                                                 |                                                                                 |                                                                                 |                                     |
|                 | 4 Rent/facility costs.....                                                |                                                                                 |                                                                                 |                                                                                 |                                     |
|                 | 5 Other direct expenses.....                                              |                                                                                 |                                                                                 |                                                                                 |                                     |
|                 |                                                                           |                                                                                 |                                                                                 |                                                                                 |                                     |
|                 | 6 Volunteer labor.....                                                    | <input type="checkbox"/> Yes <u>          </u> %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes <u>          </u> %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes <u>          </u> %<br><input type="checkbox"/> 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: \_\_\_\_\_

10 a 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

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023****Open to Public  
Inspection**

Hilton Head Dance Theatre

Employer identification number

57-0823063

**Form 990, Part VI, Line 11b - Form 990 Review Process**

ORGANIZATION'S PROCESS TO REVIEW FORM 990 BEFORE FORM 990 IS FILED. A PDF OF THIS TAX FORM IS SENT OUT BY EMAIL TO ALL DIRECTORS FOR REVIEW. ALL DIRECTORS MUST SEND BACK AN EMAIL INDICATION THAT THEY HAVE REVIEWED THE RETURN AND AGREE WITH IT'S CONTENTS OR THAT THEY DO NOT WISH TO REVIEW THE RETURN AND AGREE TO HAVE IT SENT WITHOUT REVIEW.

**Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts**

ENFORCEMENT OF CONFLICT POLICY. THE POLICY FOR CONFLICTS IS CONTAINED IN THE BYLAWS AND IS ANNUALLY REVIEWED DURING THE ELECTION PROCESS. IN ADDITION, ANY TIME SOMEONE EXITS THE BOARD, THE POLICY IS REVIEWED.

**Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management**

COMPENSATION PROCESS FOR TOP OFFICIALS. THE ENTITY HAS NEVER NEEDED TO USE THIS POLICY, BUT SUCH A POLICY WAS WRITTEN FOR US BY OUR ATTORNEY AND IS CONTAINED IN THE BYLAWS. EVERY BOARD MEMBER HAS A COPY.

**Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees**

THE PROCESS FOR OFFICERS. THE POLICY REGARDING CEO/OTHER OFFICERS CONTAINED IN THE BYLAWS IS THE SAME AS THE TOP OFFICIAL POLICY.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

GOVERNING DOCUMENTS DISCLOSURE EXPLANATION. ALL REQUIRED DOCUMENTS ARE AVAILABLE TO THE PUBLIC IN THE ENTITY'S OFFICE DURING REGULAR BUSINESS HOURS SHOULD ANYONE WISH TO SEE THEM.

**Form 990, Part XI, Line 9  
Other Changes In Net Assets Or Fund Balances**

|                             |    |               |
|-----------------------------|----|---------------|
| CHANGE IN MARKET VALUE..... | \$ | 6,277.        |
| Total                       | \$ | <u>6,277.</u> |

Form 4562

Department of the Treasury  
Internal Revenue ServiceDepreciation and Amortization  
(Including Information on Listed Property)

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

2023

Attachment  
Sequence No. 179

Name(s) shown on return

Hilton Head Dance Theatre

Identifying number

57-0823063

Business or activity to which this form relates

Form 990/990-PF

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

|    |                                                                                                                                              |                              |                  |
|----|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|
| 1  | Maximum amount (see instructions).....                                                                                                       | 1                            |                  |
| 2  | Total cost of section 179 property placed in service (see instructions).....                                                                 | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions).....                                                | 3                            |                  |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....                                                        | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions..... | 5                            |                  |
| 6  | (a) Description of property                                                                                                                  | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29.....                                                                                          | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.....                                                    | 8                            |                  |
| 9  | Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....                                                                       | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2022 Form 4562.....                                                                   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs..                                | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11.....                                                    | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12.....                                                             | 13                           |                  |

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

|    |                                                                                                                                                 |    |  |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions..... | 14 |  |
| 15 | Property subject to section 168(f)(1) election.....                                                                                             | 15 |  |
| 16 | Other depreciation (including ACRS).....                                                                                                        | 16 |  |

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

|    |                                                                                                                                                                 |    |         |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2023.....                                                                           | 17 | 16,985. |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here..... <input type="checkbox"/> |    |         |

**Section B — Assets Placed in Service During 2023 Tax Year Using the General Depreciation System**

| (a)<br>Classification of property   | (b)<br>Month and year placed in service | (c)<br>Basis for depreciation (business/investment use only — see instructions) | (d)<br>Recovery period | (e)<br>Convention | (f)<br>Method | (g)<br>Depreciation deduction |
|-------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------|------------------------|-------------------|---------------|-------------------------------|
| 19 a 3-year property.....           |                                         |                                                                                 |                        |                   |               |                               |
| b 5-year property.....              |                                         |                                                                                 |                        |                   |               |                               |
| c 7-year property.....              |                                         |                                                                                 |                        |                   |               |                               |
| d 10-year property.....             |                                         |                                                                                 |                        |                   |               |                               |
| e 15-year property.....             |                                         |                                                                                 |                        |                   |               |                               |
| f 20-year property.....             |                                         |                                                                                 |                        |                   |               |                               |
| g 25-year property.....             |                                         |                                                                                 | 25 yrs                 |                   | S/L           |                               |
| h Residential rental property.....  |                                         |                                                                                 | 27.5 yrs               | MM                | S/L           |                               |
| i Nonresidential real property..... |                                         |                                                                                 | 39 yrs                 | MM                | S/L           |                               |

**Section C — Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System**

|                      |  |  |        |    |     |  |
|----------------------|--|--|--------|----|-----|--|
| 20 a Class life..... |  |  |        |    | S/L |  |
| b 12-year.....       |  |  | 12 yrs |    | S/L |  |
| c 30-year.....       |  |  | 30 yrs | MM | S/L |  |
| d 40-year.....       |  |  | 40 yrs | MM | S/L |  |

**Part IV Summary (See instructions.)**

|    |                                                                                                                                                                                                                          |    |         |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 21 | Listed property. Enter amount from line 28.....                                                                                                                                                                          | 21 |         |
| 22 | <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions..... | 22 | 16,985. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.....                                                                             | 23 |         |

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812L 06/22/23

Form 4562 (2023)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI. ☒ X

|           |                                                                                                                     |           |          |
|-----------|---------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12).....                                                      | <b>1</b>  | 197,488. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25).....                                                       | <b>2</b>  | 227,172. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1.....                                                             | <b>3</b>  | -29,684. |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).....                      | <b>4</b>  | 490,912. |
| <b>5</b>  | Net unrealized gains (losses) on investments.....                                                                   | <b>5</b>  |          |
| <b>6</b>  | Donated services and use of facilities.....                                                                         | <b>6</b>  |          |
| <b>7</b>  | Investment expenses.....                                                                                            | <b>7</b>  |          |
| <b>8</b>  | Prior period adjustments.....                                                                                       | <b>8</b>  |          |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)..... See Schedule O                            | <b>9</b>  | 6,277.   |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))..... | <b>10</b> | 467,505. |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☐

|                                                                                                                                                                                                                                                                                                                        | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.                           |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....                                                                                                                                                                                                        |     | X  |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     |    |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? .....                                                                                                                                                                                                                      |     | X  |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis              |     |    |
| <b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....                                                                                |     |    |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.                                                                                                                                                                                              |     |    |
| <b>3a</b> 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? .....                                                                                                                                        |     | X  |
| <b>b</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 .....                                                                                    |     |    |

BAA

TEEA0112L 08/23/23

Form 990 (2023)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

Hilton Head Dance Theatre

Employer identification number

57-0823063

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

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

Schedule A (Form 990) 2023

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                   | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                                                   | 99,152.  | 63,343.  | 113,687. | 99,917.  | 98,379.  | 474,478.  |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.                                                                                                     |          |          |          |          |          | 0.        |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge.                                                                                             |          |          |          |          |          | 0.        |
| <b>4 Total.</b> Add lines 1 through 3.                                                                                                                                                                        | 99,152.  | 63,343.  | 113,687. | 99,917.  | 98,379.  | 474,478.  |
| <b>5</b> 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). |          |          |          |          |          | 0.        |
| <b>6 Public support.</b> Subtract line 5 from line 4.                                                                                                                                                         |          |          |          |          |          | 474,478.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                   | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023  | (f) Total                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4.                                                                                                                                                                 | 99,152.  | 63,343.  | 113,687. | 99,917.  | 98,379.   | 474,478.                 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.                                                     | 4,153.   | 3,865.   | 2,502.   | 2,213.   | 2,238.    | 14,971.                  |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on.                                                                                  |          |          |          |          |           | 0.                       |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                                                                     |          |          |          |          |           | 0.                       |
| <b>11 Total support.</b> Add lines 7 through 10.                                                                                                                                              |          |          |          |          |           | 489,449.                 |
| <b>12</b> Gross receipts from related activities, etc. (see instructions).                                                                                                                    |          |          |          |          | <b>12</b> | 0.                       |
| <b>13 First 5 years.</b> 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 <b>stop here</b> . |          |          |          |          |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                         |           |                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)).                                                                                                                                                                                                                                                                                                      | <b>14</b> | 96.94 %                             |
| <b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14.                                                                                                                                                                                                                                                                                                                             | <b>15</b> | 98.00 %                             |
| <b>16a 33-1/3% support test—2023.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.                                                                                                                                                                       |           | <input checked="" type="checkbox"/> |
| <b>b 33-1/3% support test—2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization.                                                                                                                                                                    |           | <input type="checkbox"/>            |
| <b>17a 10%-facts-and-circumstances test—2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.    |           | <input type="checkbox"/>            |
| <b>b 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.                                                                                                                                                                                                                                                           |           | <input type="checkbox"/>            |

**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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                       |          |          |          |          |          |           |
| <b>2</b> 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. .... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. ....                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. ....                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. ....                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5. ....                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. ....                                                                                                |          |          |          |          |          |           |
| <b>b</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. ....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. ....                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) .....                                                                                                                          |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                                 | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. ....                                                                                                                                                                                          |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. ....                                                                            |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. ....                                                                                                      |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b. ....                                                                                                                                                                                        |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. ....                                                                                 |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                                                                                             |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....                                                                                                                                                              |          |          |          |          |          |           |
| <b>14 First 5 years.</b> 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 <b>stop here</b> . .... <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                         |           |   |
|---------------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)). .... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15. ....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                     |           |   |
|---------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)). .... | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17. ....                         | <b>18</b> | % |

**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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.                                                                                                                                                                                                                     |     |    |
| <b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).                                                                                                                                                                                                                                                  |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.                                                                                                                                                                                                                                                                                                                                                                                               |     |    |
| <b>b</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 <b>Part VI</b> when and how the organization made the determination.                                                                                                                                                                                                                                                                |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.                                                                                                                                                                                                                                                                                                         |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.                                                                                                                                                                                                                                                                                                                                             |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.                                                                                                                                                                                                             |     |    |
| <b>c</b> 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 <b>Part VI</b> 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.                                                                                                                                                                                |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |    |
| <b>6</b> 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 <b>Part VI</b> .                                                              |     |    |
| <b>7</b> 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).                                                                                                                                                                                                          |     |    |
| <b>8</b> 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).                                                                                                                                                                                                                                                                                                                                                                    |     |    |
| <b>9a</b> 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 <b>Part VI</b> .                                                                                                                                                                                                                                         |     |    |
| <b>b</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 <b>Part VI</b> .                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>c</b> 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 <b>Part VI</b> .                                                                                                                                                                                                                                                                                                   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.                                                                                                                                                                                                                                                          |     |    |
| <b>b</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.)                                                                                                                                                                                                                                                                                                                                                               |     |    |

**Part IV Supporting Organizations** (continued)

|                                                                                                                                                                                    | Yes        | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?                                                                                  |            |    |
| <b>a</b> 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? | <b>11a</b> |    |
| <b>b</b> A family member of a person described on line 11a above?                                                                                                                  | <b>11b</b> |    |
| <b>c</b> 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 <b>Part VI</b> .                             | <b>11c</b> |    |

**Section B. Type I Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes      | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|
| <b>1</b> 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 <b>Part VI</b> 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. | <b>1</b> |    |
| <b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.                                                                                                                                                                                                                                                                                                                                                                         | <b>2</b> |    |

**Section C. Type II Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                      | Yes      | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|
| <b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | <b>1</b> |    |

**Section D. All Type III Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes      | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|
| <b>1</b> 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? | <b>1</b> |    |
| <b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                      | <b>2</b> |    |
| <b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.                                                                                | <b>3</b> |    |

**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).

**2** Activities Test. Answer lines 2a and 2b below.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes       | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>a</b> 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 <b>Part VI</b> 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. | <b>2a</b> |    |
| <b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.                                                                                                                  | <b>2b</b> |    |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |    |
| <b>a</b> 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 <b>Part VI</b> .                                                                                                                                                                                                                                                                                                             | <b>3a</b> |    |
| <b>b</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 <b>Part VI</b> the role played by the organization in this regard.                                                                                                                                                                                                                                                                                   | <b>3b</b> |    |

**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 | <b>Adjusted Net Income</b> (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 | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                         | 1d             |                             |
| e | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 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 | <b>Minimum Asset Amount</b> (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 | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).                                             | 6 |              |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

BAA

Schedule A (Form 990) 2023

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

| Section D — Distributions |                                                                                                                                                    | Current Year |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>1</b>                  | Amounts paid to supported organizations to accomplish exempt purposes                                                                              | <b>1</b>     |
| <b>2</b>                  | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              | <b>2</b>     |
| <b>3</b>                  | Administrative expenses paid to accomplish exempt purposes of supported organizations                                                              | <b>3</b>     |
| <b>4</b>                  | Amounts paid to acquire exempt-use assets                                                                                                          | <b>4</b>     |
| <b>5</b>                  | Qualified set-aside amounts (prior IRS approval required — <i>provide details in Part VI</i> )                                                     | <b>5</b>     |
| <b>6</b>                  | Other distributions (describe in <b>Part VI</b> ). See instructions.                                                                               | <b>6</b>     |
| <b>7</b>                  | <b>Total annual distributions.</b> Add lines 1 through 6.                                                                                          | <b>7</b>     |
| <b>8</b>                  | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. | <b>8</b>     |
| <b>9</b>                  | Distributable amount for 2023 from Section C, line 6                                                                                               | <b>9</b>     |
| <b>10</b>                 | Line 8 amount divided by line 9 amount                                                                                                             | <b>10</b>    |

| Section E — Distribution Allocations (see instructions)                                                                                                                                  | (i)<br>Excess<br>Distributions | (ii)<br>Underdistributions<br>Pre-2023 | (iii)<br>Distributable<br>Amount for 2023 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------|-------------------------------------------|
| <b>1</b> Distributable amount for 2023 from Section C, line 6                                                                                                                            |                                |                                        |                                           |
| <b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.                                                 |                                |                                        |                                           |
| <b>3</b> Excess distributions carryover, if any, to 2023                                                                                                                                 |                                |                                        |                                           |
| <b>a</b> From 2018 .....                                                                                                                                                                 |                                |                                        |                                           |
| <b>b</b> From 2019 .....                                                                                                                                                                 |                                |                                        |                                           |
| <b>c</b> From 2020 .....                                                                                                                                                                 |                                |                                        |                                           |
| <b>d</b> From 2021 .....                                                                                                                                                                 |                                |                                        |                                           |
| <b>e</b> From 2022 .....                                                                                                                                                                 |                                |                                        |                                           |
| <b>f</b> Total of lines 3a through 3e                                                                                                                                                    |                                |                                        |                                           |
| <b>g</b> Applied to underdistributions of prior years                                                                                                                                    |                                |                                        |                                           |
| <b>h</b> Applied to 2023 distributable amount                                                                                                                                            |                                |                                        |                                           |
| <b>i</b> Carryover from 2018 not applied (see instructions)                                                                                                                              |                                |                                        |                                           |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                                                                                                          |                                |                                        |                                           |
| <b>4</b> Distributions for 2023 from Section D, line 7: \$                                                                                                                               |                                |                                        |                                           |
| <b>a</b> Applied to underdistributions of prior years                                                                                                                                    |                                |                                        |                                           |
| <b>b</b> Applied to 2023 distributable amount                                                                                                                                            |                                |                                        |                                           |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.                                                                                                                                |                                |                                        |                                           |
| <b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                                |                                        |                                           |
| <b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                                |                                        |                                           |
| <b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.                                                                                                             |                                |                                        |                                           |
| <b>8</b> Breakdown of line 7:                                                                                                                                                            |                                |                                        |                                           |
| <b>a</b> Excess from 2019 .....                                                                                                                                                          |                                |                                        |                                           |
| <b>b</b> Excess from 2020 .....                                                                                                                                                          |                                |                                        |                                           |
| <b>c</b> Excess from 2021 .....                                                                                                                                                          |                                |                                        |                                           |
| <b>d</b> Excess from 2022 .....                                                                                                                                                          |                                |                                        |                                           |
| <b>e</b> Excess from 2023 .....                                                                                                                                                          |                                |                                        |                                           |

BAA

Schedule A (Form 990) 2023

**Part VI**

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

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://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

Hilton Head Dance Theatre

57-0823063

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|                                                                                                                                                                                                                                                                            | (a) Donor advised funds      | (b) Funds and other accounts |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|
| 1 Total number at end of year.....                                                                                                                                                                                                                                         |                              |                              |
| 2 Aggregate value of contributions to (during year).....                                                                                                                                                                                                                   |                              |                              |
| 3 Aggregate value of grants from (during year).....                                                                                                                                                                                                                        |                              |                              |
| 4 Aggregate value at end of year.....                                                                                                                                                                                                                                      |                              |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?.....                                                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |

**Part II Conservation Easements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

|                                                                                                     |                                                                             |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                              | <input type="checkbox"/> Preservation of a certified historic structure     |
| <input type="checkbox"/> Preservation of open space                                                 |                                                                             |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|                                                                                                                                                           | Held at the End of the Tax Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements.....                                                                                                             | 2a                              |
| b Total acreage restricted by conservation easements.....                                                                                                 | 2b                              |
| c Number of conservation easements on a certified historic structure included on line 2a.....                                                             | 2c                              |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?..... ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1..... \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X..... \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1..... \$ \_\_\_\_\_

b Assets included in Form 990, Part X..... \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a ☐ Public exhibition  
b ☐ Scholarly research  
c ☐ Preservation for future generations  
d ☐ Loan or exchange program  
e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

|                                      | Amount |
|--------------------------------------|--------|
| c Beginning balance.....             | 1c     |
| d Additions during the year.....     | 1d     |
| e Distributions during the year..... | 1e     |
| f Ending balance.....                | 1f     |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. ☐

**Part V Endowment Funds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|                                                       | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|-------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance.....                     |                  |                |                    |                      |                     |
| b Contributions.....                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses.....     |                  |                |                    |                      |                     |
| d Grants or scholarships.....                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs..... |                  |                |                    |                      |                     |
| f Administrative expenses.....                        |                  |                |                    |                      |                     |
| g End of year balance.....                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment \_\_\_\_\_ %  
b Permanent endowment \_\_\_\_\_ %  
c Term endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

|                                                                                                 | Yes    | No |
|-------------------------------------------------------------------------------------------------|--------|----|
| (i) Unrelated organizations?.....                                                               | 3a(i)  |    |
| (ii) Related organizations?.....                                                                | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?..... | 3b     |    |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property                                                                                | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land.....                                                                                           |                                      | 500.                            |                              | 500.           |
| b Buildings.....                                                                                       |                                      | 635,472.                        | 268,080.                     | 367,392.       |
| c Leasehold improvements.....                                                                          |                                      | 23,429.                         | 18,856.                      | 4,573.         |
| d Equipment.....                                                                                       |                                      | 159,029.                        | 159,029.                     | 0.             |
| e Other.....                                                                                           |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). |                                      |                                 |                              | 372,465.       |

BAA

Schedule D (Form 990) 2023

Form **8879-TE****IRS E-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form8879TE) for the latest information.****2023**

Name of filer

Hilton Head Dance Theatre

EIN or SSN

57-0823063

Name and title of officer or person subject to tax

Lori Finger 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.

|                                              |                                     |                                                                                         |            |                 |
|----------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------|------------|-----------------|
| <b>1a Form 990</b> check here . . . . .      | <input checked="" type="checkbox"/> | <b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .    | <b>1b</b>  | <u>197,488.</u> |
| <b>2a Form 990-EZ</b> check here . . . . .   | <input type="checkbox"/>            | <b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .                         | <b>2b</b>  |                 |
| <b>3a Form 1120-POL</b> check here . . . . . | <input type="checkbox"/>            | <b>b Total tax</b> (Form 1120-POL, line 22) . . . . .                                   | <b>3b</b>  |                 |
| <b>4a Form 990-PF</b> check here . . . . .   | <input type="checkbox"/>            | <b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5) . . . . .         | <b>4b</b>  |                 |
| <b>5a Form 8868</b> check here . . . . .     | <input type="checkbox"/>            | <b>b Balance due</b> (Form 8868, line 3c) . . . . .                                     | <b>5b</b>  |                 |
| <b>6a Form 990-T</b> check here . . . . .    | <input type="checkbox"/>            | <b>b Total tax</b> (Form 990-T, Part III, line 4) . . . . .                             | <b>6b</b>  |                 |
| <b>7a Form 4720</b> check here . . . . .     | <input type="checkbox"/>            | <b>b Total tax</b> (Form 4720, Part III, line 1) . . . . .                              | <b>7b</b>  |                 |
| <b>8a Form 5227</b> check here . . . . .     | <input type="checkbox"/>            | <b>b FMV of assets at end of tax year</b> (Form 5227, Item D) . . . . .                 | <b>8b</b>  |                 |
| <b>9a Form 5330</b> check here . . . . .     | <input type="checkbox"/>            | <b>b Tax due</b> (Form 5330, Part II, line 19) . . . . .                                | <b>9b</b>  |                 |
| <b>10a Form 8038-CP</b> check here . . . . . | <input type="checkbox"/>            | <b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22) . . . . . | <b>10b</b> |                 |

**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 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 Vital Business & Accounting Solutions P to enter my PIN 80413 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

Lori Finger

Date

12/13/2024**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.

57923812016

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

Tina Clark

Date

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



## 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](http://www.irs.gov/Form990) for instructions and the latest information.

2023

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 8/01, 2023, and ending 7/31, 2024

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                         |                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Employer identification number<br>57-0823063                                                                                                                                                                                                                                   |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>E</b> Telephone number<br>843 842-3262                                                                                                                                                                                                                                               |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>G</b> Gross receipts \$ 228,713.                                                                                                                                                                                                                                                     |                                    |
|                                                                                                                                                                                                                                                                                                            | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "No," attach a list. See instructions. |                                    |
| <b>F</b> Name and address of principal officer: Lori Finger<br>Same As C Above                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                         | <b>H(c)</b> Group exemption number |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                                             |                                                                                                                                                                                                                                                                                         |                                    |
| <b>J</b> Website: <a href="http://www.hiltonheadaddance.com">www.hiltonheadaddance.com</a>                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                         |                                    |
| <b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other <b>L</b> Year of formation: <b>M</b> State of legal domicile: SC                                                         |                                                                                                                                                                                                                                                                                         |                                    |

## Part I Summary

|                                    |                                                                                                                                                    |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Activities &amp; Governance</b> | <b>1</b> Briefly describe the organization's mission or most significant activities: PROMOTE THE APPRECIATION FOR THE BALLET TO THE GENERAL PUBLIC |
|                                    | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |
|                                    | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> 12                                                             |
|                                    | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> 12                                                 |
| <b>Revenue</b>                     | <b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a) <b>5</b> 0                                                   |
|                                    | <b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> 0                                                                             |
|                                    | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> 0.                                                        |
|                                    | <b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>7b</b> 0.                                                      |
| <b>Expenses</b>                    | <b>8</b> Contributions and grants (Part VIII, line 1h) <b>Prior Year</b> 17,396. <b>Current Year</b> 53,103.                                       |
|                                    | <b>9</b> Program service revenue (Part VIII, line 2g) 132,529. 100,674.                                                                            |
|                                    | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) -226. 1,532.                                                               |
|                                    | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 44,449. 42,179.                                                 |
|                                    | <b>12</b> Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 194,148. 197,488.                                     |
|                                    | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                         |
|                                    | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                                                                            |
|                                    | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                        |
| <b>Net Assets or Fund Balances</b> | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                                                                           |
|                                    | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)                                                                                 |
|                                    | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 210,638. 227,172.                                                           |
|                                    | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 210,638. 227,172.                                              |
| <b>Net Assets or Fund Balances</b> | <b>19</b> Revenue less expenses. Subtract line 18 from line 12 -16,490. -29,684.                                                                   |
|                                    | <b>20</b> Total assets (Part X, line 16) <b>Beginning of Current Year</b> 491,222. <b>End of Year</b> 472,866.                                     |
|                                    | <b>21</b> Total liabilities (Part X, line 26) 310. 5,361.                                                                                          |
|                                    | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20. 490,912. 467,505.                                                            |

## 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.

|                               |                                                                  |                                    |      |                                                                                            |
|-------------------------------|------------------------------------------------------------------|------------------------------------|------|--------------------------------------------------------------------------------------------|
| <b>Sign Here</b>              | Signature of officer<br>Lori Finger                              | Date<br>President                  |      |                                                                                            |
|                               | Type or print name and title                                     |                                    |      |                                                                                            |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>Tina Clark                         | Preparer's signature<br>Tina Clark | Date | Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN<br>P01067780 |
|                               | Firm's name<br>Vital Business & Accounting Solutions PC          |                                    |      |                                                                                            |
|                               | Firm's address<br>P.O. Box 23403<br>Hilton Head Island, SC 29925 | Firm's EIN<br>27-4426175           |      |                                                                                            |
|                               | Phone no.<br>843-548-0052                                        |                                    |      |                                                                                            |

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

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101L 08/23/23

Form 990 (2023)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:PROMOTE THE APPRECIATION FOR THE BALLET TO THE GENERAL PUBLIC**2** Did the organization undertake any significant program services during the year which were not listed on the priorForm 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 \$ 149,304. including grants of \$ ) (Revenue \$ 138,206.)PRODUCTION OF DANCE PROGRAMS TO CREATE APPRECIATION OF THE BALLET BY THE GENERAL PUBLIC**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 149,304.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

|                                                                                                                                                                                                                                                                                                                                                                                             | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>22</b> 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.                                                                                                                                                                                        |     | X  |
| <b>23</b> 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.                                                                                                                            |     | X  |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.                                                                                                  |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                                                                                                                                                  |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?                                                                                                                                                                                                                                         |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                                                                                                                                                                            |     |    |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.                                                                                                                                                               |     | X  |
| <b>b</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.                                                                                                               |     | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.                                                       |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. |     | X  |
| <b>28</b> 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).                                                                                                                                                                               |     |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.                                                                                                                                                                                                                              |     | X  |
| <b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.                                                                                                                                                                                                                                                                                   |     | X  |
| <b>c</b> 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.                                                                                                                                                                                                                                      |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.                                                                                                                                                                                                                                                                          |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.                                                                                                                                                                                                         |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.                                                                                                                                                                                                                                                               |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.                                                                                                                                                                                                                                             |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.                                                                                                                                                                                             |     | X  |
| <b>34</b> 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.                                                                                                                                                                                                                                         |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                          |     | X  |
| <b>b</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.                                                                                                                                                                 |     |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.                                                                                                                                                                                                  |     | X  |
| <b>37</b> 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.                                                                                                                                                    |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?<br><b>Note:</b> All Form 990 filers are required to complete Schedule O.                                                                                                                                                                                           | X   |    |

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

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

|                                                                                                                                                                                                                                                                     | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return..... <b>2a</b> 0                                                            |     |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... <b>2b</b>                                                                                                                              |     |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?..... <b>3a</b>                                                                                                                                              |     | X  |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. .... <b>3b</b>                                                                                                                                |     |    |
| <b>4a</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)?..... <b>4a</b> |     | X  |
| <b>b</b> If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                                     |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ..... <b>5a</b>                                                                                                                                     |     | X  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... <b>5b</b>                                                                                                                            |     | X  |
| <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? ..... <b>5c</b>                                                                                                                                                                         |     |    |
| <b>6a</b> 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?..... <b>6a</b>                                    |     | X  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?..... <b>6b</b>                                                                                               |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                              |     |    |
| <b>a</b> 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?..... <b>7a</b>                                                                                             |     | X  |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?..... <b>7b</b>                                                                                                                                             |     |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ..... <b>7c</b>                                                                                                       |     | X  |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year..... <b>7d</b>                                                                                                                                                                           |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... <b>7e</b>                                                                                                                             |     | X  |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... <b>7f</b>                                                                                                                                |     | X  |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?..... <b>7g</b>                                                                                                            |     |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?..... <b>7h</b>                                                                                                          |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?..... <b>8</b>                                                      |     |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                  |     |    |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? ..... <b>9a</b>                                                                                                                                                         |     |    |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... <b>9b</b>                                                                                                                                           |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                                   |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12..... <b>10a</b>                                                                                                                                                                   |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. .... <b>10b</b>                                                                                                                                               |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                                  |     |    |
| <b>a</b> Gross income from members or shareholders. .... <b>11a</b>                                                                                                                                                                                                 |     |    |
| <b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)..... <b>11b</b>                                                                                                              |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?..... <b>12a</b>                                                                                                                               |     |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year..... <b>12b</b>                                                                                                                                                      |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                          |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state? ..... <b>13a</b>                                                                                                                                                      |     |    |
| <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.                                                                                                                                                            |     |    |
| <b>b</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. .... <b>13b</b>                                                                                 |     |    |
| <b>c</b> Enter the amount of reserves on hand ..... <b>13c</b>                                                                                                                                                                                                      |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?..... <b>14a</b>                                                                                                                                               |     | X  |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. .... <b>14b</b>                                                                                                                                 |     |    |
| <b>15</b> 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?..... <b>15</b>                                                                                 |     | X  |
| If "Yes," see the instructions and file Form 4720, Schedule N.                                                                                                                                                                                                      |     |    |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?..... <b>16</b>                                                                                                                            |     | X  |
| If "Yes," complete Form 4720, Schedule O.                                                                                                                                                                                                                           |     |    |
| <b>17 Section 501(c)(21) organizations.</b> 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? ..... <b>17</b>                                    |     |    |
| If "Yes," complete Form 6069.                                                                                                                                                                                                                                       |     |    |

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

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

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                                                                                                                                       | Yes       | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. .... <b>1a</b> 12<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |           |    |
| <b>b</b> Enter the number of voting members included on line 1a, above, who are independent. .... <b>1b</b> 12                                                                                                                                                                                                                        |           |    |
| <b>2</b> 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? .....                                                                                                                                                  | <b>2</b>  | X  |
| <b>3</b> 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? .....                                                                                                      | <b>3</b>  | X  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....                                                                                                                                                                                                       | <b>4</b>  | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....                                                                                                                                                                                                             | <b>5</b>  | X  |
| <b>6</b> Did the organization have members or stockholders? .....                                                                                                                                                                                                                                                                     | <b>6</b>  | X  |
| <b>7a</b> 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? .....                                                                                                                                                                    | <b>7a</b> | X  |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....                                                                                                                                                              | <b>7b</b> | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                                                                                                            |           |    |
| <b>a</b> The governing body? .....                                                                                                                                                                                                                                                                                                    | <b>8a</b> | X  |
| <b>b</b> Each committee with authority to act on behalf of the governing body? .....                                                                                                                                                                                                                                                  | <b>8b</b> | X  |
| <b>9</b> 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. ....                                                                                                           | <b>9</b>  | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|                                                                                                                                                                                                                                                                                                             | Yes        | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates? .....                                                                                                                                                                                                                         | <b>10a</b> | X  |
| <b>b</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? .....                                                                   | <b>10b</b> |    |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....                                                                                                                                                                | <b>11a</b> | X  |
| <b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O                                                                                                                                                                                       |            |    |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13. ....                                                                                                                                                                                                    | <b>12a</b> | X  |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....                                                                                                                                                          | <b>12b</b> | X  |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. See Schedule O                                                                                                                                 | <b>12c</b> | X  |
| <b>13</b> Did the organization have a written whistleblower policy? .....                                                                                                                                                                                                                                   | <b>13</b>  | X  |
| <b>14</b> Did the organization have a written document retention and destruction policy? .....                                                                                                                                                                                                              | <b>14</b>  | X  |
| <b>15</b> 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?                                                                              |            |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official. See Schedule O                                                                                                                                                                                                             | <b>15a</b> | X  |
| <b>b</b> Other officers or key employees of the organization. See Schedule O                                                                                                                                                                                                                                | <b>15b</b> | X  |
| If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.                                                                                                                                                                                                                          |            |    |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....                                                                                                                                      | <b>16a</b> | X  |
| <b>b</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? ..... | <b>16b</b> |    |

**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. See Schedule O

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

Hilton Head Dance Theatre P.O. Box 5761 Hilton Head SC 29938 843 842-3262

**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)<br>Name and title                      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) Lori Finger<br>President               | 10<br>0                                                                                    | X                                                                                                         |                       | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (2) Karena Brock-Carlyle<br>Vice President | 5<br>0                                                                                     | X                                                                                                         |                       | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (3) Kelly Luckasevic<br>Secretary          | 5<br>0                                                                                     | X                                                                                                         |                       | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (4) John Carlyle<br>Director               | 5<br>0                                                                                     | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (5) Wendy Lysinger<br>Director             | 5<br>0                                                                                     | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (6) Cynthia Cullen<br>Director             | 5<br>0                                                                                     | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (7) Caitlin Hoffman<br>Director            | 5<br>0                                                                                     | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (8) Emily Cook<br>Director                 | 5<br>0                                                                                     | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (9) Becky Adelman<br>Director              | 5<br>0                                                                                     | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (10) Mary Ellison<br>Director              | 5<br>0                                                                                     | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (11) Eugenia Orage<br>Director             | 5<br>0                                                                                     | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (12) Jacki Wiegel<br>Director              | 5<br>0                                                                                     | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (13)                                       |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (14)                                       |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |

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

| (A)<br>Name and title                                                | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) -----                                                           | -----                                                                                      |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| <b>1b Subtotal</b> .....                                             |                                                                                            |                                                                                                           |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |                                                                                            |                                                                                                           |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| <b>d Total (add lines 1b and 1c)</b> .....                           |                                                                                            |                                                                                                           |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |

**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 0

**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 .....

|          | Yes | No |
|----------|-----|----|
| <b>3</b> |     | X  |
| <b>4</b> |     | X  |
| <b>5</b> |     | X  |

**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 .....

**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 .....

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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 RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

|                                                                        |                                                                                                                                          |                                                   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|------------------------------------------------------------------|
| <b>Contributions, Gifts, Grants,<br/>and Other Similar Amounts</b>     | 1a Federated campaigns.....                                                                                                              | 1a                                                |                      |                                                    |                                         |                                                                  |
|                                                                        | b Membership dues.....                                                                                                                   | 1b                                                | 32,785.              |                                                    |                                         |                                                                  |
|                                                                        | c Fundraising events.....                                                                                                                | 1c                                                |                      |                                                    |                                         |                                                                  |
|                                                                        | d Related organizations.....                                                                                                             | 1d                                                |                      |                                                    |                                         |                                                                  |
|                                                                        | e Government grants (contributions)....                                                                                                  | 1e                                                |                      |                                                    |                                         |                                                                  |
|                                                                        | f All other contributions, gifts, grants, and<br>similar amounts not included above....                                                  | 1f                                                | 20,318.              |                                                    |                                         |                                                                  |
|                                                                        | g Noncash contributions included in<br>lines 1a-1f.....                                                                                  | 1g                                                |                      |                                                    |                                         |                                                                  |
|                                                                        | <b>h Total.</b> Add lines 1a-1f.....                                                                                                     |                                                   | 53,103.              |                                                    |                                         |                                                                  |
| <b>Program Service Revenue</b>                                         | 2a <u>Dance Productions</u> .....                                                                                                        |                                                   | Business Code        |                                                    |                                         |                                                                  |
|                                                                        |                                                                                                                                          |                                                   |                      | 72,009.                                            | 72,009.                                 |                                                                  |
|                                                                        | b <u>Performance Fees</u> .....                                                                                                          |                                                   |                      | 26,785.                                            | 26,785.                                 |                                                                  |
|                                                                        | c <u>Ballet Christmas</u> .....                                                                                                          |                                                   |                      | 1,880.                                             | 1,880.                                  |                                                                  |
|                                                                        | d .....                                                                                                                                  |                                                   |                      |                                                    |                                         |                                                                  |
|                                                                        | e .....                                                                                                                                  |                                                   |                      |                                                    |                                         |                                                                  |
|                                                                        | f All other program service revenue....                                                                                                  |                                                   |                      |                                                    |                                         |                                                                  |
|                                                                        | <b>g Total.</b> Add lines 2a-2f.....                                                                                                     |                                                   | 100,674.             |                                                    |                                         |                                                                  |
| <b>Other Revenue</b>                                                   | 3 Investment income (including dividends, interest, and<br>other similar amounts).....                                                   |                                                   |                      | 2,238.                                             | 2,238.                                  |                                                                  |
|                                                                        | 4 Income from investment of tax-exempt bond proceeds                                                                                     |                                                   |                      | -5.                                                | -5.                                     |                                                                  |
|                                                                        | 5 Royalties.....                                                                                                                         |                                                   |                      |                                                    |                                         |                                                                  |
|                                                                        | 6a Gross rents.....                                                                                                                      | (i) Real                                          | (ii) Personal        |                                                    |                                         |                                                                  |
|                                                                        |                                                                                                                                          | 6a                                                | 36,000.              |                                                    |                                         |                                                                  |
|                                                                        |                                                                                                                                          | b Less: rental expenses                           | 6b                   |                                                    |                                         |                                                                  |
|                                                                        | c Rental income or (loss)                                                                                                                | 6c                                                | 36,000.              |                                                    |                                         |                                                                  |
|                                                                        | d Net rental income or (loss).....                                                                                                       |                                                   | 36,000.              | 36,000.                                            |                                         |                                                                  |
|                                                                        | 7a Gross amount from<br>sales of assets<br>other than inventory                                                                          | (i) Securities                                    | (ii) Other           |                                                    |                                         |                                                                  |
|                                                                        |                                                                                                                                          | 7a                                                | 18,212.              |                                                    |                                         |                                                                  |
|                                                                        |                                                                                                                                          | b Less: cost or other basis<br>and sales expenses | 7b                   | 18,913.                                            |                                         |                                                                  |
|                                                                        |                                                                                                                                          | c Gain or (loss).....                             | 7c                   | -701.                                              |                                         |                                                                  |
|                                                                        | d Net gain or (loss).....                                                                                                                |                                                   | -701.                | -701.                                              |                                         |                                                                  |
|                                                                        | 8a Gross income from fundraising events<br>(not including \$.....<br>of contributions reported on line 1c).<br>See Part IV, line 18..... | 8a                                                | 18,491.              |                                                    |                                         |                                                                  |
|                                                                        |                                                                                                                                          | b Less: direct expenses.....                      | 8b                   | 12,312.                                            |                                         |                                                                  |
|                                                                        | c Net income or (loss) from fundraising events.....                                                                                      |                                                   | 6,179.               |                                                    |                                         |                                                                  |
|                                                                        | 9a Gross income from gaming activities.<br>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.....<br>returns and allowances..... | 10a                                                                                                                                      |                                                   |                      |                                                    |                                         |                                                                  |
|                                                                        | b Less: cost of goods sold....                                                                                                           | 10b                                               |                      |                                                    |                                         |                                                                  |
| c Net income or (loss) from sales of inventory.....                    |                                                                                                                                          |                                                   |                      |                                                    |                                         |                                                                  |
| <b>Miscellaneous<br/>Revenue</b>                                       | Business Code                                                                                                                            |                                                   |                      |                                                    |                                         |                                                                  |
|                                                                        | 11a .....                                                                                                                                |                                                   |                      |                                                    |                                         |                                                                  |
|                                                                        | b .....                                                                                                                                  |                                                   |                      |                                                    |                                         |                                                                  |
|                                                                        | c .....                                                                                                                                  |                                                   |                      |                                                    |                                         |                                                                  |
|                                                                        | d All other revenue.....                                                                                                                 |                                                   |                      |                                                    |                                         |                                                                  |
|                                                                        | <b>e Total.</b> Add lines 11a-11d.....                                                                                                   |                                                   |                      |                                                    |                                         |                                                                  |
| <b>12 Total revenue.</b> See instructions.....                         |                                                                                                                                          |                                                   | 197,488.             | 138,206.                                           | 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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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                                                                                                                                                                 | 0.                    | 0.                              | 0.                                     | 0.                          |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                                                             | 0.                    | 0.                              | 0.                                     | 0.                          |
| 7 Other salaries and wages                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                                                       |                       |                                 |                                        |                             |
| 9 Other employee benefits                                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| 10 Payroll taxes                                                                                                                                                                                                                           |                       |                                 |                                        |                             |
| 11 Fees for services (nonemployees):                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| a Management                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| b Legal                                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| c Accounting                                                                                                                                                                                                                               | 3,415.                |                                 | 3,415.                                 |                             |
| 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.)                                                                                                                            | 1,077.                |                                 | 1,077.                                 |                             |
| 12 Advertising and promotion                                                                                                                                                                                                               | 1,228.                |                                 | 1,228.                                 |                             |
| 13 Office expenses                                                                                                                                                                                                                         | 4,272.                |                                 | 4,272.                                 |                             |
| 14 Information technology                                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| 15 Royalties                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| 16 Occupancy                                                                                                                                                                                                                               | 22,996.               |                                 | 22,996.                                |                             |
| 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                                                                                                                                                                                               | 16,985.               |                                 | 16,985.                                |                             |
| 23 Insurance                                                                                                                                                                                                                               | 16,492.               |                                 | 16,492.                                |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)                                     |                       |                                 |                                        |                             |
| a Program Production Expense                                                                                                                                                                                                               | 149,304.              | 149,304.                        |                                        |                             |
| b Other Expenses                                                                                                                                                                                                                           | 5,762.                |                                 | 5,762.                                 |                             |
| c Scholarship Expense                                                                                                                                                                                                                      | 5,000.                |                                 | 5,000.                                 |                             |
| d Membership and Dues                                                                                                                                                                                                                      | 641.                  |                                 | 641.                                   |                             |
| e All other expenses                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| 25 Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                     | 227,172.              | 149,304.                        | 77,868.                                | 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 <input type="checkbox"/> 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)<br>Beginning of year |          | (B)<br>End of year |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------|--------------------|
| <b>Assets</b>                                                            | 1 Cash — non-interest-bearing.....                                                                                                                                                                                     | 16,578.                  | 1        | 20,142.            |
|                                                                          | 2 Savings and temporary cash investments.....                                                                                                                                                                          |                          | 2        |                    |
|                                                                          | 3 Pledges and grants receivable, net.....                                                                                                                                                                              |                          | 3        |                    |
|                                                                          | 4 Accounts receivable, net.....                                                                                                                                                                                        |                          | 4        | 3,000.             |
|                                                                          | 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        |                    |
|                                                                          | 8 Inventories for sale or use.....                                                                                                                                                                                     | 19,145.                  | 8        | 19,479.            |
|                                                                          | 9 Prepaid expenses and deferred charges.....                                                                                                                                                                           |                          | 9        |                    |
|                                                                          | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....                                                                                                                           | 10a 818,430.             |          |                    |
|                                                                          | b Less: accumulated depreciation.....                                                                                                                                                                                  | 10b 445,965.             | 389,450. | 10c 372,465.       |
|                                                                          | 11 Investments — publicly traded securities.....                                                                                                                                                                       | 65,549.                  | 11       | 57,280.            |
|                                                                          | 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.....                                                                                                                                                                             | 500.                     | 15       | 500.               |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)..... | 491,222.                                                                                                                                                                                                               | 16                       | 472,866. |                    |
| <b>Liabilities</b>                                                       | 17 Accounts payable and accrued expenses.....                                                                                                                                                                          |                          | 17       | 5,000.             |
|                                                                          | 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.                                              | 310.                     | 25       | 361.               |
|                                                                          | 26 <b>Total liabilities.</b> Add lines 17 through 25.....                                                                                                                                                              | 310.                     | 26       | 5,361.             |
| <b>Net Assets or Fund Balances</b>                                       | <b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>                                                                                   |                          |          |                    |
|                                                                          | 27 Net assets without donor restrictions.....                                                                                                                                                                          | 490,912.                 | 27       | 467,505.           |
|                                                                          | 28 Net assets with donor restrictions.....                                                                                                                                                                             |                          | 28       |                    |
|                                                                          | <b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>                                                                                            |                          |          |                    |
|                                                                          | 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.....                                                                                                                                                                              | 490,912.                 | 32       | 467,505.           |
| 33 Total liabilities and net assets/fund balances.....                   | 491,222.                                                                                                                                                                                                               | 33                       | 472,866. |                    |

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

2022

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> For the 2022 calendar year, or tax year beginning 8/1/2022, and ending 7/31/2023                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                       |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization HILTON HEAD DANCE THEATRE<br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>PO BOX 5761<br>City or town State ZIP code<br>HILTON HEAD SC 29938<br>Foreign country name Foreign province/state/county Foreign postal code |
| <b>D</b> Employer identification number 57-0823063                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                       |
| <b>E</b> Telephone number (843) 842-3262                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                       |
| <b>G</b> Gross receipts \$ 218,201                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                       |
| <b>F</b> Name and address of principal officer:<br>Lori Finger PO BOX 5761, HILTON HEAD, SC 29938                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                       |
| <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions                                |                                                                                                                                                                                                                                                                                                                       |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                                             |                                                                                                                                                                                                                                                                                                                       |
| <b>J</b> Website: WWW.HILTONHEADDANCE.COM                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                       |
| <b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other                                                                                                                          |                                                                                                                                                                                                                                                                                                                       |
| <b>L</b> Year of formation: 1995                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                       |
| <b>M</b> State of legal domicile: SC                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                       |

## Part I Summary

|                             |     |                                                                                                                                         |                                                                |              |
|-----------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------|
| Activities & Governance     | 1   | Briefly describe the organization's mission or most significant activities:                                                             | PROMOTE THE APPRECIATION FOR THE BALLET TO THE GENERAL PUBLIC. |              |
|                             | 2   | Check this box <input type="checkbox"/> 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                                                              | 12           |
|                             | 4   | Number of independent voting members of the governing body (Part VI, line 1b)                                                           | 4                                                              | 12           |
| Revenue                     | 5   | Total number of individuals employed in calendar year 2022 (Part V, line 2a)                                                            | 5                                                              | 0            |
|                             | 6   | Total number of volunteers (estimate if necessary)                                                                                      | 6                                                              |              |
|                             | 7a  | Total unrelated business revenue from Part VIII, column (C), line 12                                                                    | 7a                                                             | 0            |
|                             | 7b  | Net unrelated business taxable income from Form 990-T, Part I, line 11                                                                  | 7b                                                             |              |
| Expenses                    | 8   | Contributions and grants (Part VIII, line 1h)                                                                                           | Prior Year                                                     | Current Year |
|                             | 9   | Program service revenue (Part VIII, line 2g)                                                                                            | 36,968                                                         | 17,396       |
|                             | 10  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                           | 127,014                                                        | 132,529      |
|                             | 11  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                | 22,433                                                         | -226         |
|                             | 12  | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                        | 45,999                                                         | 44,449       |
|                             | 13  | Grants and similar amounts paid (Part IX, column (A), lines 1–3)                                                                        | 232,414                                                        | 194,148      |
|                             | 14  | Benefits paid to or for members (Part IX, column (A), line 4)                                                                           | 0                                                              | 0            |
|                             | 15  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                                                       | 0                                                              | 0            |
|                             | 16a | Professional fundraising fees (Part IX, column (A), line 11e)                                                                           | 0                                                              | 0            |
|                             | 16b | Total fundraising expenses (Part IX, column (D), line 25)                                                                               | 0                                                              | 0            |
| Net Assets or Fund Balances | 17  | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                                                                            | 219,132                                                        | 210,638      |
|                             | 18  | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)                                                               | 219,132                                                        | 210,638      |
|                             | 19  | Revenue less expenses. Subtract line 18 from line 12                                                                                    | 13,282                                                         | -16,490      |
|                             | 20  | Total assets (Part X, line 16)                                                                                                          | Beginning of Current Year                                      | End of Year  |
|                             | 21  | Total liabilities (Part X, line 26)                                                                                                     | 503,152                                                        | 491,222      |
|                             | 22  | Net assets or fund balances. Subtract line 21 from line 20                                                                              | 0                                                              | 310          |

## 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<br>Lori Finger |                                                   | Date<br>President |                                                 |
|                        | Type or print name and title        |                                                   |                   |                                                 |
| Paid Preparer Use Only | Print/Type preparer's name          | Preparer's signature                              | Date              | Check <input type="checkbox"/> if self-employed |
|                        | Tina M Clark                        | Tina M Clark                                      | 12/6/2023         | PTIN P01067780                                  |
|                        | Firm's name                         | Vital Business & Accounting Solutions, PC         | Firm's EIN        | 27-4426175                                      |
|                        | Firm's address                      | P.O. Box 23403, Hilton Head Island, SC 29925-3403 | Phone no.         | 843-548-0052                                    |

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:  
PROMOTE THE APPRECIATION FOR THE BALLET TO TO THE GENERAL PUBLIC.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 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 \$ 138,305 including grants of \$ ) (Revenue \$ 132,529 )  
PRODUCTION OF DANCE PROGRAMS TO CREATE APPRECIATION OF THE BALLET BY THE GENERAL PUBLIC.

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

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

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

**4e** Total program service expenses 138,305

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                              | Yes          | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .                                                                                                                                                                         | <b>1</b> X   |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .                                                                                                                                                                                                           | <b>2</b>     | X  |
| <b>3</b> 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 . . . . .                                                                                                                      | <b>3</b>     | X  |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> 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 . . . . .                                                                                                       | <b>4</b>     | X  |
| <b>5</b> 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 . . . . .                                                                                      | <b>5</b>     | X  |
| <b>6</b> 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 . . . . .                                                    | <b>6</b>     | X  |
| <b>7</b> 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 . . . . .                                                                                            | <b>7</b>     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .                                                                                                                                                         | <b>8</b>     | X  |
| <b>9</b> 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 . . . . .            | <b>9</b>     | X  |
| <b>10</b> 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 . . . . .                                                                                                                               | <b>10</b>    | X  |
| <b>11</b> 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.                                                                                                                                                                   |              |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .                                                                                                                                                                       | <b>11a</b> X |    |
| <b>b</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 . . . . .                                                                                                    | <b>11b</b>   | X  |
| <b>c</b> 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 . . . . .                                                                                                    | <b>11c</b>   | X  |
| <b>d</b> 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 . . . . .                                                                                                                     | <b>11d</b>   | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .                                                                                                                                                                                     | <b>11e</b> X |    |
| <b>f</b> 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 . . . . .                                                            | <b>11f</b>   | X  |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .                                                                                                                                                        | <b>12a</b>   | X  |
| <b>b</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 . . . . .                                                                           | <b>12b</b>   | X  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .                                                                                                                                                                                                        | <b>13</b>    | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .                                                                                                                                                                                                             | <b>14a</b>   | X  |
| <b>b</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 . . . . . | <b>14b</b>   | X  |
| <b>15</b> 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 . . . . .                                                                                                           | <b>15</b>    | X  |
| <b>16</b> 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 . . . . .                                                                                                     | <b>16</b>    | X  |
| <b>17</b> 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. . . . .                                                                                              | <b>17</b>    | X  |
| <b>18</b> 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 . . . . .                                                                                                                           | <b>18</b> X  |    |
| <b>19</b> 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 . . . . .                                                                                                                                                     | <b>19</b>    | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .                                                                                                                                                                                                             | <b>20a</b>   | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .                                                                                                                                                                                              | <b>20b</b>   |    |
| <b>21</b> 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 . . . . .                                                                                            | <b>21</b>    | X  |

**Part IV Checklist of Required Schedules (continued)**

|                                                                                                                                                                                                                                                                                                                                                                                                    | Yes        | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III.</i>                                                                                                                                                                                        | <b>22</b>  | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>                                                                                                                            | <b>23</b>  | X  |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>                                                                                                  | <b>24a</b> | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                                                                                                                                                         | <b>24b</b> |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?                                                                                                                                                                                                                                                | <b>24c</b> |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                                                                                                                                                                                   | <b>24d</b> |    |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>                                                                                                                                                               | <b>25a</b> | X  |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I.</i>                                                                                                               | <b>25b</b> | X  |
| <b>26</b> 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? <i>If "Yes," complete Schedule L, Part II.</i>                                                       | <b>26</b>  | X  |
| <b>27</b> 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? <i>If "Yes," complete Schedule L, Part III.</i> | <b>27</b>  | X  |
| <b>28</b> 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):                                                                                                                                                                                       |            |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>                                                                                                                                                                                                                              | <b>28a</b> | X  |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>                                                                                                                                                                                                                                                                                   | <b>28b</b> | X  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>                                                                                                                                                                                                                                      | <b>28c</b> | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>                                                                                                                                                                                                                                                                         | <b>29</b>  | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>                                                                                                                                                                                                         | <b>30</b>  | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>                                                                                                                                                                                                                                                               | <b>31</b>  | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>                                                                                                                                                                                                                                             | <b>32</b>  | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>                                                                                                                                                                                             | <b>33</b>  | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>                                                                                                                                                                                                                                         | <b>34</b>  | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                 | <b>35a</b> |    |
| <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>                                                                                                                                                                 | <b>35b</b> |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>                                                                                                                                                                                                  | <b>36</b>  | X  |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI.</i>                                                                                                                                                    | <b>37</b>  | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.                                                                                                                                                                                                     | <b>38</b>  | X  |

**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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.                                                                           | <b>1a</b> | 11 |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.                                                                         | <b>1b</b> | 0  |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | <b>1c</b> |    |

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

|            |                                                                                                                                                                                                                                                      | Yes        | No |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .                                                              | <b>2a</b>  | 0  |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .                                                                                                                             | <b>2b</b>  |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                              | <b>3a</b>  | X  |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O.</i> . . . . .                                                                                                                        | <b>3b</b>  |    |
| <b>4a</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)? . . . . . | <b>4a</b>  | X  |
| <b>b</b>   | If "Yes," enter the name of the foreign country _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                         |            |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .                                                                                                                                      | <b>5a</b>  | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .                                                                                                                           | <b>5b</b>  | X  |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .                                                                                                                                                                          | <b>5c</b>  |    |
| <b>6a</b>  | 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? . . . . .                                    | <b>6a</b>  | X  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .                                                                                              | <b>6b</b>  |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                 |            |    |
| <b>a</b>   | 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? . . . . .                                                                                            | <b>7a</b>  | X  |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .                                                                                                                                            | <b>7b</b>  |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .                                                                                                       | <b>7c</b>  | X  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year . . . . .                                                                                                                                                                          | <b>7d</b>  |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .                                                                                                                            | <b>7e</b>  | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .                                                                                                                               | <b>7f</b>  | X  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .                                                                                                           | <b>7g</b>  |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .                                                                                                         | <b>7h</b>  |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .                                             | <b>8</b>   |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                     |            |    |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966? . . . . .                                                                                                                                                         | <b>9a</b>  |    |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .                                                                                                                                          | <b>9b</b>  |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                       |            |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12 . . . . .                                                                                                                                                                   | <b>10a</b> |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .                                                                                                                                                | <b>10b</b> |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                      |            |    |
| <b>a</b>   | Gross income from members or shareholders . . . . .                                                                                                                                                                                                  | <b>11a</b> |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .                                                                                                               | <b>11b</b> |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .                                                                                                                          | <b>12a</b> |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .                                                                                                                                                      | <b>12b</b> |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                              |            |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state? . . . . .<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.                                           | <b>13a</b> |    |
| <b>b</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 . . . . .                                                                                  | <b>13b</b> |    |
| <b>c</b>   | Enter the amount of reserves on hand . . . . .                                                                                                                                                                                                       | <b>13c</b> |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year? . . . . .                                                                                                                                                 | <b>14a</b> | X  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i> . . . . .                                                                                                                          | <b>14b</b> |    |
| <b>15</b>  | 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? . . . . .<br>If "Yes," see the instructions and file Form 4720, Schedule N.               | <b>15</b>  | X  |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . .<br>If "Yes," complete Form 4720, Schedule O.                                                                               | <b>16</b>  | X  |
| <b>17</b>  | <b>Section 501(c)(21) organizations.</b> 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?<br>If "Yes," complete Form 6069.        | <b>17</b>  | X  |



**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. ☒ [X]

### Section A. Governing Body and Management

|           |                                                                                                                                                                                                                                                                                                                   | Yes | No |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year. . . . .<br>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. | 12  |    |
| <b>b</b>  | Enter the number of voting members included on line 1a, above, who are independent. . . . .                                                                                                                                                                                                                       | 12  |    |
| <b>2</b>  | 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? . . . . .                                                                                                                                   |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .                                                                                       |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                                                                                                        |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                                                                                                              |     | X  |
| <b>6</b>  | Did the organization have members or stockholders? . . . . .                                                                                                                                                                                                                                                      |     | X  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .                                                                                                                                                      |     | X  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .                                                                                                                                               |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                                                                                                 |     |    |
| <b>a</b>  | The governing body? . . . . .                                                                                                                                                                                                                                                                                     | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                                                                                                                   | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. . . . .                                                                                             |     | X  |

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |                                                                                                                                                                                                                                                                                                        | Yes | No |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                                                                                           |     | X  |
| <b>b</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? . . . . .                                                                   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .                                                                                                                                                                  | X   |    |
| <b>b</b>   | Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .                                                                                                                                                                                                  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13. . . . .                                                                                                                                                                                                       | X   |    |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .                                                                                                                                                          | X   |    |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. . . . .                                                                                                                                            | X   |    |
| <b>13</b>  | Did the organization have a written whistleblower policy? . . . . .                                                                                                                                                                                                                                    |     | X  |
| <b>14</b>  | Did the organization have a written document retention and destruction policy? . . . . .                                                                                                                                                                                                               |     | X  |
| <b>15</b>  | 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?                                                                                   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official. . . . .                                                                                                                                                                                                                        | X   |    |
| <b>b</b>   | Other officers or key employees of the organization. . . . .                                                                                                                                                                                                                                           | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. . . . .                                                                                                                                                                                                             |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .                                                                                                                                        |     | X  |
| <b>b</b>   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . |     |    |

### Section C. Disclosure

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

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ 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  
HILTON HEAD DANCE THEATRE (843) 842-3262  
PO BOX 5761, HILTON HEAD, SC 29938

**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)<br>Name and title                      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) LORI FINGER<br>PRESIDENT               | 10.00<br>0.00                                                                              | X                                                                                                         |                       | X       |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (2) KARENA BROCK-CARLYLE<br>VICE PRESIDENT | 5.00<br>0.00                                                                               | X                                                                                                         |                       | X       |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (3) KELLY LUCKASEVIC<br>SECRETARY          | 5.00<br>0.00                                                                               | X                                                                                                         |                       | X       |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (4) JOHN CARLYLE<br>DIRECTOR               | 5.00<br>0.00                                                                               | X                                                                                                         |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (5) WENDY LYSINGER<br>DIRECTOR             | 5.00<br>0.00                                                                               | X                                                                                                         |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (6) CYNTHIA CULLEN<br>DIRECTOR             | 5.00<br>0.00                                                                               | X                                                                                                         |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (7) CAITLIN HOFFMAN<br>DIRECTOR            | 5.00<br>0.00                                                                               | X                                                                                                         |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (8) EMILY COOK<br>DIRECTOR                 | 5.00<br>0.00                                                                               | X                                                                                                         |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (9) BECKY ADELMAN<br>DIRECTOR              | 5.00<br>0.00                                                                               | X                                                                                                         |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (10) MARY ELLISON<br>DIRECTOR              | 5.00<br>0.00                                                                               | X                                                                                                         |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (11) EUGENIA ORAGE<br>DIRECTOR             | 5.00<br>0.00                                                                               | X                                                                                                         |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (12) JACKI WIEGEL<br>DIRECTOR              | 5.00<br>0.00                                                                               | X                                                                                                         |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (13)                                       |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (14)                                       |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |

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

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| <b>1b Subtotal</b>                                             |                                                                                            |                                                                                                              |                       |         |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                              |                       |         |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                              |                       |         |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |

**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 0

|                                                                                                                                                                                                                                               | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>                                          |     | X  |
| <b>4</b> 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? <i>If "Yes," complete Schedule J for such individual.</i> |     | X  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>                       |     | X  |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                | 0                   |
|                                  |                                | 0                   |
|                                  |                                | 0                   |
|                                  |                                | 0                   |
|                                  |                                | 0                   |

**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)<br>Total revenue                                      | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |
|-------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------|----------------------------------------------|--------------------------------------|---------------------------------------------------------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | <b>1a</b>                                                          | Federated campaigns . . . . .                                                                                                                | <b>1a</b>                          | 0                                                         |                                              |                                      |                                                               |
|                                                                   | <b>b</b>                                                           | Membership dues . . . . .                                                                                                                    | <b>1b</b>                          | 0                                                         |                                              |                                      |                                                               |
|                                                                   | <b>c</b>                                                           | Fundraising events . . . . .                                                                                                                 | <b>1c</b>                          | 0                                                         |                                              |                                      |                                                               |
|                                                                   | <b>d</b>                                                           | Related organizations . . . . .                                                                                                              | <b>1d</b>                          | 0                                                         |                                              |                                      |                                                               |
|                                                                   | <b>e</b>                                                           | Government grants (contributions) . . . . .                                                                                                  | <b>1e</b>                          | 0                                                         |                                              |                                      |                                                               |
|                                                                   | <b>f</b>                                                           | All other contributions, gifts, grants, and<br>similar amounts not included above . . . . .                                                  | <b>1f</b>                          | 17,396                                                    |                                              |                                      |                                                               |
|                                                                   | <b>g</b>                                                           | Noncash contributions included in<br>lines 1a-1f . . . . .                                                                                   | <b>1g</b>                          | \$ 0                                                      |                                              |                                      |                                                               |
|                                                                   | <b>h</b>                                                           | <b>Total.</b> Add lines 1a-1f . . . . .                                                                                                      |                                    | 17,396                                                    |                                              |                                      |                                                               |
| <b>Program Service<br/>Revenue</b>                                |                                                                    |                                                                                                                                              |                                    | Business Code                                             |                                              |                                      |                                                               |
|                                                                   | <b>2a</b>                                                          | DANCE PRODUCTIONS . . . . .                                                                                                                  |                                    | 66,804                                                    | 66,804                                       |                                      |                                                               |
|                                                                   | <b>b</b>                                                           | BALLET CHRISTMAS . . . . .                                                                                                                   |                                    | 1,775                                                     | 1,775                                        |                                      |                                                               |
|                                                                   | <b>c</b>                                                           | MEMBERSHIP DUES/ADVERTISEMENTS . . . . .                                                                                                     |                                    | 37,540                                                    | 37,540                                       |                                      |                                                               |
|                                                                   | <b>d</b>                                                           | OTHER STUDENT PERFORMANCES . . . . .                                                                                                         |                                    | 0                                                         |                                              |                                      |                                                               |
|                                                                   | <b>e</b>                                                           | PERFORMANCE FEES . . . . .                                                                                                                   |                                    | 26,410                                                    | 26,410                                       |                                      |                                                               |
|                                                                   | <b>f</b>                                                           | All other program service revenue . . . . .                                                                                                  |                                    | 0                                                         |                                              |                                      |                                                               |
|                                                                   | <b>g</b>                                                           | <b>Total.</b> Add lines 2a-2f . . . . .                                                                                                      |                                    | 132,529                                                   |                                              |                                      |                                                               |
| <b>Other Revenue</b>                                              | <b>3</b>                                                           | Investment income (including dividends, interest, and<br>other similar amounts) . . . . .                                                    |                                    | 2,213                                                     |                                              |                                      |                                                               |
|                                                                   | <b>4</b>                                                           | Income from investment of tax-exempt bond proceeds . . . . .                                                                                 |                                    | 0                                                         |                                              |                                      |                                                               |
|                                                                   | <b>5</b>                                                           | Royalties . . . . .                                                                                                                          |                                    | 0                                                         |                                              |                                      |                                                               |
|                                                                   | <b>6a</b>                                                          | Gross rents . . . . .                                                                                                                        | (i) Real                           | (ii) Personal                                             |                                              |                                      |                                                               |
|                                                                   |                                                                    |                                                                                                                                              | 36,000                             |                                                           |                                              |                                      |                                                               |
|                                                                   |                                                                    |                                                                                                                                              | <b>6b</b>                          | Less: rental expenses . . . . .                           |                                              |                                      |                                                               |
|                                                                   | <b>6c</b>                                                          | Rental income or (loss) . . . . .                                                                                                            | 36,000                             | 0                                                         |                                              |                                      |                                                               |
|                                                                   | <b>d</b>                                                           | Net rental income or (loss) . . . . .                                                                                                        |                                    | 36,000                                                    |                                              |                                      |                                                               |
|                                                                   | <b>7a</b>                                                          | Gross amount from<br>sales of assets<br>other than inventory . . . . .                                                                       | (i) Securities                     | (ii) Other                                                |                                              |                                      |                                                               |
|                                                                   |                                                                    |                                                                                                                                              | 10,992                             | 0                                                         |                                              |                                      |                                                               |
|                                                                   |                                                                    |                                                                                                                                              | <b>7b</b>                          | Less: cost or other basis<br>and sales expenses . . . . . | 13,431                                       | 0                                    |                                                               |
|                                                                   | <b>7c</b>                                                          | Gain or (loss) . . . . .                                                                                                                     | -2,439                             | 0                                                         |                                              |                                      |                                                               |
|                                                                   | <b>d</b>                                                           | Net gain or (loss) . . . . .                                                                                                                 |                                    | -2,439                                                    |                                              |                                      |                                                               |
|                                                                   | <b>8a</b>                                                          | Gross income from fundraising<br>events (not including \$ 19,071<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . |                                    |                                                           |                                              |                                      |                                                               |
|                                                                   |                                                                    |                                                                                                                                              | 19,071                             |                                                           |                                              |                                      |                                                               |
|                                                                   |                                                                    |                                                                                                                                              | <b>8b</b>                          | Less: direct expenses . . . . .                           | 10,622                                       |                                      |                                                               |
|                                                                   | <b>c</b>                                                           | Net income or (loss) from fundraising events . . . . .                                                                                       |                                    | 8,449                                                     |                                              |                                      |                                                               |
|                                                                   | <b>9a</b>                                                          | Gross income from gaming activities.<br>See Part IV, line 19 . . . . .                                                                       |                                    |                                                           |                                              |                                      |                                                               |
| 0                                                                 |                                                                    |                                                                                                                                              |                                    |                                                           |                                              |                                      |                                                               |
| <b>9b</b>                                                         |                                                                    |                                                                                                                                              | Less: direct expenses . . . . .    | 0                                                         |                                              |                                      |                                                               |
| <b>c</b>                                                          | Net income or (loss) from gaming activities . . . . .              |                                                                                                                                              | 0                                  |                                                           |                                              |                                      |                                                               |
| <b>10a</b>                                                        | Gross sales of inventory, less<br>returns and allowances . . . . . |                                                                                                                                              |                                    |                                                           |                                              |                                      |                                                               |
|                                                                   |                                                                    | 0                                                                                                                                            |                                    |                                                           |                                              |                                      |                                                               |
|                                                                   |                                                                    | <b>10b</b>                                                                                                                                   | Less: cost of goods sold . . . . . | 0                                                         |                                              |                                      |                                                               |
| <b>c</b>                                                          | Net income or (loss) from sales of inventory . . . . .             |                                                                                                                                              | 0                                  |                                                           |                                              |                                      |                                                               |
| <b>Miscellaneous<br/>Revenue</b>                                  |                                                                    |                                                                                                                                              |                                    | Business Code                                             |                                              |                                      |                                                               |
|                                                                   | <b>11a</b>                                                         |                                                                                                                                              |                                    | 0                                                         |                                              |                                      |                                                               |
|                                                                   | <b>b</b>                                                           |                                                                                                                                              |                                    | 0                                                         |                                              |                                      |                                                               |
|                                                                   | <b>c</b>                                                           |                                                                                                                                              |                                    | 0                                                         |                                              |                                      |                                                               |
|                                                                   | <b>d</b>                                                           | All other revenue . . . . .                                                                                                                  |                                    | 0                                                         |                                              |                                      |                                                               |
|                                                                   | <b>e</b>                                                           | <b>Total.</b> Add lines 11a-11d . . . . .                                                                                                    |                                    | 0                                                         |                                              |                                      |                                                               |
| <b>12</b>                                                         | <b>Total revenue.</b> See instructions. . . . .                    |                                                                                                                                              |                                    | 194,148                                                   | 132,529                                      | 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. ☐

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b> |                                                                                                                                                                                                                                                         | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                                     | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .                                                                                                                                          | 0                     |                                 |                                        |                             |
| 2                                                                                     | Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .                                                                                                                                                                     | 0                     |                                 |                                        |                             |
| 3                                                                                     | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .                                                                                                              | 0                     |                                 |                                        |                             |
| 4                                                                                     | Benefits paid to or for members . . . . .                                                                                                                                                                                                               | 0                     |                                 |                                        |                             |
| 5                                                                                     | Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                                      | 0                     |                                 | 0                                      |                             |
| 6                                                                                     | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .                                                                                                  | 0                     |                                 |                                        |                             |
| 7                                                                                     | Other salaries and wages . . . . .                                                                                                                                                                                                                      | 0                     |                                 |                                        |                             |
| 8                                                                                     | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .                                                                                                                                            | 0                     |                                 |                                        |                             |
| 9                                                                                     | Other employee benefits . . . . .                                                                                                                                                                                                                       | 0                     |                                 |                                        |                             |
| 10                                                                                    | Payroll taxes . . . . .                                                                                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| 11                                                                                    | Fees for services (nonemployees):                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| a                                                                                     | Management . . . . .                                                                                                                                                                                                                                    | 0                     |                                 |                                        |                             |
| b                                                                                     | Legal . . . . .                                                                                                                                                                                                                                         | 0                     |                                 |                                        |                             |
| c                                                                                     | Accounting . . . . .                                                                                                                                                                                                                                    | 3,050                 |                                 | 3,050                                  |                             |
| d                                                                                     | Lobbying . . . . .                                                                                                                                                                                                                                      | 0                     |                                 |                                        |                             |
| e                                                                                     | Professional fundraising services. See Part IV, line 17 . . . . .                                                                                                                                                                                       | 0                     |                                 |                                        |                             |
| f                                                                                     | Investment management fees . . . . .                                                                                                                                                                                                                    | 0                     |                                 |                                        |                             |
| g                                                                                     | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .                                                                                                                                 | 990                   |                                 | 990                                    |                             |
| 12                                                                                    | Advertising and promotion . . . . .                                                                                                                                                                                                                     | 833                   |                                 | 833                                    |                             |
| 13                                                                                    | Office expenses . . . . .                                                                                                                                                                                                                               | 2,000                 |                                 | 2,000                                  |                             |
| 14                                                                                    | Information technology . . . . .                                                                                                                                                                                                                        | 0                     |                                 |                                        |                             |
| 15                                                                                    | Royalties . . . . .                                                                                                                                                                                                                                     | 0                     |                                 |                                        |                             |
| 16                                                                                    | Occupancy . . . . .                                                                                                                                                                                                                                     | 18,668                |                                 | 18,668                                 |                             |
| 17                                                                                    | Travel . . . . .                                                                                                                                                                                                                                        | 0                     |                                 |                                        |                             |
| 18                                                                                    | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                                                | 0                     |                                 |                                        |                             |
| 19                                                                                    | Conferences, conventions, and meetings . . . . .                                                                                                                                                                                                        | 0                     |                                 |                                        |                             |
| 20                                                                                    | Interest . . . . .                                                                                                                                                                                                                                      | 0                     |                                 |                                        |                             |
| 21                                                                                    | Payments to affiliates . . . . .                                                                                                                                                                                                                        | 0                     |                                 |                                        |                             |
| 22                                                                                    | Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                                     | 16,977                | 0                               | 16,977                                 | 0                           |
| 23                                                                                    | Insurance . . . . .                                                                                                                                                                                                                                     | 12,047                |                                 | 12,047                                 |                             |
| 24                                                                                    | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)                                                     |                       |                                 |                                        |                             |
| a                                                                                     | SCHOLARSHIP EXPENSE                                                                                                                                                                                                                                     | 8,126                 |                                 | 8,126                                  |                             |
| b                                                                                     | PROGRAM PRODUCTION EXPENSE                                                                                                                                                                                                                              | 138,305               | 138,305                         |                                        |                             |
| c                                                                                     | MEMBERSHIP AND DUES                                                                                                                                                                                                                                     | 641                   |                                 | 641                                    |                             |
| d                                                                                     | OTHER EXPENSES                                                                                                                                                                                                                                          | 9,001                 |                                 | 9,001                                  |                             |
| e                                                                                     | All other expenses                                                                                                                                                                                                                                      | 0                     |                                 |                                        |                             |
| 25                                                                                    | <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .                                                                                                                                                                                     | 210,638               | 138,305                         | 72,333                                 | 0                           |
| 26                                                                                    | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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)<br>Beginning of year |           | (B)<br>End of year |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------|--------------------|
| <b>Assets</b>                                                                        | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                                                                                                       | 14,413                   | <b>1</b>  | 16,578             |
|                                                                                      | <b>2</b> Savings and temporary cash investments . . . . .                                                                                                                                                                          | 0                        | <b>2</b>  |                    |
|                                                                                      | <b>3</b> Pledges and grants receivable, net . . . . .                                                                                                                                                                              | 0                        | <b>3</b>  | 0                  |
|                                                                                      | <b>4</b> Accounts receivable, net . . . . .                                                                                                                                                                                        | 9,326                    | <b>4</b>  | 0                  |
|                                                                                      | <b>5</b> 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 . . . . . | 0                        | <b>5</b>  |                    |
|                                                                                      | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .                                                               | 0                        | <b>6</b>  |                    |
|                                                                                      | <b>7</b> Notes and loans receivable, net . . . . .                                                                                                                                                                                 | 0                        | <b>7</b>  | 0                  |
|                                                                                      | <b>8</b> Inventories for sale or use . . . . .                                                                                                                                                                                     | 18,728                   | <b>8</b>  | 19,145             |
|                                                                                      | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                                                                                                           | 0                        | <b>9</b>  |                    |
|                                                                                      | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D                                                                                                                                     | <b>10a</b> 818,430       |           |                    |
|                                                                                      | <b>b</b> Less: accumulated depreciation . . . . .                                                                                                                                                                                  | <b>10b</b> 428,980       | 399,623   | <b>10c</b> 389,450 |
|                                                                                      | <b>11</b> Investments—publicly traded securities . . . . .                                                                                                                                                                         | 60,562                   | <b>11</b> | 65,549             |
|                                                                                      | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                             | 0                        | <b>12</b> | 0                  |
|                                                                                      | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                              | 0                        | <b>13</b> | 0                  |
|                                                                                      | <b>14</b> Intangible assets . . . . .                                                                                                                                                                                              | 0                        | <b>14</b> | 0                  |
|                                                                                      | <b>15</b> Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                             | 500                      | <b>15</b> | 500                |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . . | 503,152                                                                                                                                                                                                                            | <b>16</b>                | 491,222   |                    |
| <b>Liabilities</b>                                                                   | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                                                                                                          | 0                        | <b>17</b> |                    |
|                                                                                      | <b>18</b> Grants payable . . . . .                                                                                                                                                                                                 | 0                        | <b>18</b> |                    |
|                                                                                      | <b>19</b> Deferred revenue . . . . .                                                                                                                                                                                               | 0                        | <b>19</b> |                    |
|                                                                                      | <b>20</b> Tax-exempt bond liabilities . . . . .                                                                                                                                                                                    | 0                        | <b>20</b> |                    |
|                                                                                      | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .                                                                                                                                          | 0                        | <b>21</b> |                    |
|                                                                                      | <b>22</b> 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 . . . . .     | 0                        | <b>22</b> |                    |
|                                                                                      | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                 | 0                        | <b>23</b> | 0                  |
|                                                                                      | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                   | 0                        | <b>24</b> | 0                  |
|                                                                                      | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .                                          | 0                        | <b>25</b> | 310                |
|                                                                                      | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                                                              | 0                        | <b>26</b> | 310                |
| <b>Net Assets or Fund Balances</b>                                                   | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>                                                                                        |                          |           |                    |
|                                                                                      | <b>27</b> Net assets without donor restrictions . . . . .                                                                                                                                                                          | 503,152                  | <b>27</b> | 490,912            |
|                                                                                      | <b>28</b> Net assets with donor restrictions . . . . .                                                                                                                                                                             | 0                        | <b>28</b> |                    |
|                                                                                      | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>                                                                                                 |                          |           |                    |
|                                                                                      | <b>29</b> Capital stock or trust principal, or current funds . . . . .                                                                                                                                                             | 0                        | <b>29</b> |                    |
|                                                                                      | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .                                                                                                                                               | 0                        | <b>30</b> |                    |
|                                                                                      | <b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                                                               | 0                        | <b>31</b> |                    |
|                                                                                      | <b>32</b> <b>Total net assets or fund balances</b> . . . . .                                                                                                                                                                       | 503,152                  | <b>32</b> | 490,912            |
| <b>33</b> <b>Total liabilities and net assets/fund balances</b> . . . . .            | 503,152                                                                                                                                                                                                                            | <b>33</b>                | 491,222   |                    |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

|           |                                                                                                                          |           |         |
|-----------|--------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .                                                      | <b>1</b>  | 194,148 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25) . . . . .                                                       | <b>2</b>  | 210,638 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1 . . . . .                                                             | <b>3</b>  | -16,490 |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .                      | <b>4</b>  | 503,152 |
| <b>5</b>  | Net unrealized gains (losses) on investments . . . . .                                                                   | <b>5</b>  |         |
| <b>6</b>  | Donated services and use of facilities . . . . .                                                                         | <b>6</b>  |         |
| <b>7</b>  | Investment expenses . . . . .                                                                                            | <b>7</b>  |         |
| <b>8</b>  | Prior period adjustments . . . . .                                                                                       | <b>8</b>  |         |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O) . . . . .                                           | <b>9</b>  | 4,250   |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . . | <b>10</b> | 490,912 |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes       | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.                                                                                                                                                  |           |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | <b>2a</b> | X  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                            | <b>2b</b> | X  |
| <b>c</b> 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? . . . . .<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.                                                                      | <b>2c</b> |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .                                                                                                                                                                                                                                                           | <b>3a</b> |    |
| <b>b</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 . . . . .                                                                                                                                                                                                       | <b>3b</b> |    |

# Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2022

Attachment

Sequence No. 179

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.  
Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return  
HILTON HEAD DANCE THEATREBusiness or activity to which this form relates  
990Identifying number  
57-0823063**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

|    |                                                                                                                                         |                              |                  |
|----|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|
| 1  | Maximum amount (see instructions)                                                                                                       | 1                            |                  |
| 2  | Total cost of section 179 property placed in service (see instructions)                                                                 | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)                                                | 3                            |                  |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-                                                        | 4                            | 0                |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            | 0                |
| 6  | (a) Description of property                                                                                                             | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29                                                                                          | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7                                                    | 8                            | 0                |
| 9  | Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8                                                                       | 9                            | 0                |
| 10 | Carryover of disallowed deduction from line 13 of your 2021 Form 4562.                                                                  | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions                       | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11                                                    | 12                           | 0                |
| 13 | Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12                                                             | 13                           | 0                |

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

|    |                                                                                                                                            |    |  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 |  |
| 15 | Property subject to section 168(f)(1) election                                                                                             | 15 |  |
| 16 | Other depreciation (including ACRS)                                                                                                        | 16 |  |

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

|    |                                                                                                                                                            |    |        |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2022                                                                           | 17 | 16,810 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |    |        |

**Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|----------------------------------------------------------------------------|---------------------|----------------|------------|----------------------------|
| 19 a 3-year property           |                                      |                                                                            |                     |                |            |                            |
| b 5-year property              |                                      |                                                                            |                     |                |            |                            |
| c 7-year property              |                                      |                                                                            |                     |                |            |                            |
| d 10-year property             |                                      |                                                                            |                     |                |            |                            |
| e 15-year property             |                                      |                                                                            |                     |                |            |                            |
| f 20-year property             |                                      |                                                                            |                     |                |            |                            |
| g 25-year property             |                                      |                                                                            | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  |                                      |                                                                            | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property | 8/9/2022                             | 6,804                                                                      | 39 yrs.             | MM             | S/L        | 167                        |
|                                |                                      |                                                                            |                     | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System**

|                 |  |  |         |    |     |  |
|-----------------|--|--|---------|----|-----|--|
| 20 a Class life |  |  |         |    | S/L |  |
| b 12-year       |  |  | 12 yrs. |    | S/L |  |
| c 30-year       |  |  | 30 yrs. | MM | S/L |  |
| d 40-year       |  |  | 40 yrs. | MM | S/L |  |

**Part IV Summary (See instructions.)**

|    |                                                                                                                                                                                                            |    |        |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 21 | Listed property. Enter amount from line 28                                                                                                                                                                 | 21 |        |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 16,977 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs                                                                    | 23 |        |

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2022)



**SCHEDULE A**  
**(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
**990 or Form 990-EZ.**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

HILTON HEAD DANCE THEATRE

Employer identification number

57-0823063

**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 . . . . . 0
- 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? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|-------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                    |          |                                                                               | Yes                                                         | No |                                                   |                                                 |
| (A)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (B)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (C)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (D)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (E)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| <b>Total</b>                       |          |                                                                               |                                                             |    | 0                                                 | 0                                               |

**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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .                                                                                                  | 103,552  | 99,152   | 63,343   | 113,687  | 99,917   | 479,651   |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                                                     |          |          |          |          |          | 0         |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                                             |          |          |          |          |          | 0         |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .                                                                                                                                                                        | 103,552  | 99,152   | 63,343   | 113,687  | 99,917   | 479,651   |
| <b>5</b> 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) . . . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4 . . . . .                                                                                                                                                         |          |          |          |          |          | 479,651   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                           | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .                                                                                                                                                                | 103,552  | 99,152   | 63,343   | 113,687  | 99,917   | 479,651                  |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .                                                    | 5,648    | 4,153    | 3,865    | 2,502    | 2,213    | 18,381                   |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                                                                                 |          |          |          |          |          | 0                        |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                                                                   |          |          |          |          |          | 0                        |
| <b>11 Total support.</b> Add lines 7 through 10 . . . . .                                                                                                                                             |          |          |          |          |          | 498,032                  |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                                   |          |          |          |          | 12       |                          |
| <b>13 First 5 years.</b> 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 <b>stop here</b> . . . . . |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                      | <b>14</b> | 96.31%                              |
| <b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                             | <b>15</b> | 96.20%                              |
| <b>16a 33 1/3% support test—2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .                                                                                                                                                                       |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test—2021.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .                                                                                                                                                                    |           | <input type="checkbox"/>            |
| <b>17a 10%-facts-and-circumstances test—2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .    |           | <input type="checkbox"/>            |
| <b>b 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .                                                                                                                                                                                                                                                           |           | <input type="checkbox"/>            |

**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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                                 |          |          |          |          |          | 0         |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |          |          |          |          |          | 0         |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .                                                                             |          |          |          |          |          | 0         |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                          |          |          |          |          |          | 0         |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                  |          |          |          |          |          | 0         |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .                                                                                                                                             | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .                                                                                                |          |          |          |          |          | 0         |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .           |          |          |          |          |          | 0         |
| <b>c</b> Add lines 7a and 7b . . . . .                                                                                                                                                      | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .                                                                                                                           |          |          |          |          |          | 0         |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                                    | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .                                                                                                                                                                                         | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .                                                                           |          |          |          |          |          | 0         |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                                                                                                     |          |          |          |          |          | 0         |
| <b>c</b> Add lines 10a and 10b . . . . .                                                                                                                                                                                       | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .                                                                                |          |          |          |          |          | 0         |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                                                                                            |          |          |          |          |          | 0         |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .                                                                                                                                                             | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                             |           |       |
|-------------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . . | <b>15</b> | 0.00% |
| <b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .                       | <b>16</b> | 0.00% |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                         |           |       |
|-------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) . . . . . | <b>17</b> | 0.00% |
| <b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .                         | <b>18</b> | 0.00% |

- 19a 33 1/3% support tests—2022.** 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—2021.** 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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>                                                                                                                                                                                                                    |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>                                                                                                                                                                                                                                                 |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>                                                                                                                                                                                                                                                               |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>                                                                                                                                                                                                                                                                                                        |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>                                                                                                                                                                                                                                                                                                                                           |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>                                                                                                                                                                                                            |     |    |
| <b>c</b> 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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>                                                                                                                                                                               |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i> |     |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                              |     |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>                                                                                                                                                                                                         |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>                                                                                                                                                                                                                                                                                                                                                                   |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                         |     |    |
| <b>b</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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>c</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                                   |     |    |
| <b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>                                                                                                                                                                                                                                                         |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>                                                                                                                                                                                                                                                                                                                                                              |     |    |

**Part IV Supporting Organizations (continued)**

|                                                                                                                                                                                    | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?                                                                                  |     |    |
| <b>a</b> 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? |     |    |
| <b>b</b> A family member of a person described on line 11a above?                                                                                                                  |     |    |
| <b>c</b> 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 <b>Part VI</b> .                             |     |    |
| <b>11a</b>                                                                                                                                                                         |     |    |
| <b>11b</b>                                                                                                                                                                         |     |    |
| <b>11c</b>                                                                                                                                                                         |     |    |

**Section B. Type I Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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 <b>Part VI</b> 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. |     |    |
| <b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |

**Section C. Type II Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                             |     |    |

**Section D. All Type III Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                       |     |    |
| <b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.                                                                                |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| <b>a</b> 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 <b>Part VI</b> 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. |  |  |  |
| <b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.                                                                                                                  |  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| <b>a</b> 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 <b>Part VI</b> .                                                                                                                                                                                                                                                                                                             |  |  |  |
| <b>b</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 <b>Part VI</b> the role played by the organization in this regard.                                                                                                                                                                                                                                                                                   |  |  |  |
| <b>2a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| <b>2b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| <b>3a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| <b>3b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |

**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 | 0              | 0                           |
| 5 Depreciation and depletion                                                                                                                                                                               | 5 |                |                             |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 |                |                             |
| 7 Other expenses (see instructions)                                                                                                                                                                        | 7 |                |                             |
| 8 <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)                                                                                                                                      | 8 | 0              | 0                           |

| Section B - Minimum Asset Amount                                                                                                  |    | (A) Prior Year | (B) Current Year (optional) |
|-----------------------------------------------------------------------------------------------------------------------------------|----|----------------|-----------------------------|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |    |                |                             |
| a Average monthly value of securities                                                                                             | 1a |                |                             |
| b Average monthly cash balances                                                                                                   | 1b |                |                             |
| c Fair market value of other non-exempt-use assets                                                                                | 1c |                |                             |
| d <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                         | 1d | 0              | 0                           |
| e <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                  |    |                |                             |
| 2 Acquisition indebtedness applicable to non-exempt-use assets                                                                    | 2  |                |                             |
| 3 Subtract line 2 from line 1d.                                                                                                   | 3  | 0              | 0                           |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4  | 0              | 0                           |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                | 5  | 0              | 0                           |
| 6 Multiply line 5 by 0.035.                                                                                                       | 6  | 0              | 0                           |
| 7 Recoveries of prior-year distributions                                                                                          | 7  | 0              | 0                           |
| 8 <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                              | 8  | 0              | 0                           |

| Section C - Distributable Amount                                                                                                |   |  | Current Year |
|---------------------------------------------------------------------------------------------------------------------------------|---|--|--------------|
| 1 Adjusted net income for prior year (from Section A, line 8, column A)                                                         | 1 |  | 0            |
| 2 Enter 0.85 of line 1.                                                                                                         | 2 |  | 0            |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A)                                                        | 3 |  | 0            |
| 4 Enter greater of line 2 or line 3.                                                                                            | 4 |  | 0            |
| 5 Income tax imposed in prior year                                                                                              | 5 |  |              |
| 6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 |  | 0            |

7 ☐ Check here if the current year is the organization's first as a non-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 <b>Part VI</b> )                                                       | 5            |
| 6                         | Other distributions (describe in <b>Part VI</b> ). See instructions.                                                                               | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.                                                                                          | 0            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. | 8            |
| 9                         | Distributable amount for 2022 from Section C, line 6                                                                                               | 0            |
| 10                        | Line 8 amount divided by line 9 amount                                                                                                             | 0.000        |

| Section E - Distribution Allocations (see instructions)                                                                                                                           | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2022 | (iii)<br>Distributable<br>Amount for 2022 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1 Distributable amount for 2022 from Section C, line 6                                                                                                                            |                             |                                        | 0                                         |
| 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.                                                   |                             |                                        |                                           |
| 3 Excess distributions carryover, if any, to 2022                                                                                                                                 |                             |                                        |                                           |
| a From 2017 . . . . .                                                                                                                                                             | 0                           |                                        |                                           |
| b From 2018 . . . . .                                                                                                                                                             | 0                           |                                        |                                           |
| c From 2019 . . . . .                                                                                                                                                             | 0                           |                                        |                                           |
| d From 2020 . . . . .                                                                                                                                                             | 0                           |                                        |                                           |
| e From 2021 . . . . .                                                                                                                                                             | 0                           |                                        |                                           |
| f <b>Total</b> of lines 3a through 3e                                                                                                                                             | 0                           |                                        |                                           |
| g Applied to underdistributions of prior years                                                                                                                                    |                             | 0                                      |                                           |
| h Applied to 2022 distributable amount                                                                                                                                            |                             |                                        | 0                                         |
| i Carryover from 2017 not applied (see instructions)                                                                                                                              |                             |                                        |                                           |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                                                                                                          | 0                           |                                        |                                           |
| 4 Distributions for 2022 from Section D, line 7: \$                                                                                                                               | 0                           |                                        |                                           |
| a Applied to underdistributions of prior years                                                                                                                                    |                             | 0                                      |                                           |
| b Applied to 2022 distributable amount                                                                                                                                            |                             |                                        | 0                                         |
| c Remainder. Subtract lines 4a and 4b from line 4.                                                                                                                                | 0                           |                                        |                                           |
| 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 <b>Part VI</b> . See instructions. |                             | 0                                      |                                           |
| 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |                                        | 0                                         |
| 7 <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.                                                                                                             | 0                           |                                        |                                           |
| 8 Breakdown of line 7:                                                                                                                                                            |                             |                                        |                                           |
| a Excess from 2018 . . . . .                                                                                                                                                      | 0                           |                                        |                                           |
| b Excess from 2019 . . . . .                                                                                                                                                      | 0                           |                                        |                                           |
| c Excess from 2020 . . . . .                                                                                                                                                      | 0                           |                                        |                                           |
| d Excess from 2021 . . . . .                                                                                                                                                      | 0                           |                                        |                                           |
| e Excess from 2022 . . . . .                                                                                                                                                      | 0                           |                                        |                                           |

**Part VI**

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

Electronic Filing Only



**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

HILTON HEAD DANCE THEATRE

Employer identification number

57-0823063

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|                                                                                                                                                                                                                                                                                 | (a) Donor advised funds | (b) Funds and other accounts                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------|
| 1 Total number at end of year . . . . .                                                                                                                                                                                                                                         |                         |                                                          |
| 2 Aggregate value of contributions to (during year) . . . . .                                                                                                                                                                                                                   |                         |                                                          |
| 3 Aggregate value of grants from (during year) . . . . .                                                                                                                                                                                                                        |                         |                                                          |
| 4 Aggregate value at end of year . . . . .                                                                                                                                                                                                                                      |                         |                                                          |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .                                                            |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1 Purpose(s) of conservation easements held by the organization (check all that apply).<br><input type="checkbox"/> Preservation of land for public use (for example, recreation or education)<br><input type="checkbox"/> Protection of natural habitat<br><input type="checkbox"/> Preservation of open space<br><input type="checkbox"/> Preservation of a historically important land area<br><input type="checkbox"/> Preservation of a certified historic structure |                                                          |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.                                                                                                                                                                                                                                                                                                     |                                                          |
| a Total number of conservation easements . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                        | 2a                                                       |
| b Total acreage restricted by conservation easements . . . . .                                                                                                                                                                                                                                                                                                                                                                                                            | 2b                                                       |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .                                                                                                                                                                                                                                                                                                                                                                            | 2c                                                       |
| d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .                                                                                                                                                                                                                                                                                                                | 2d                                                       |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year . . . . .                                                                                                                                                                                                                                                                                                                         |                                                          |
| 4 Number of states where property subject to conservation easement is located . . . . .                                                                                                                                                                                                                                                                                                                                                                                   |                                                          |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .                                                                                                                                                                                                                                                                                                                     |                                                          |
| 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .                                                                                                                                                                                                                                                                                                                           |                                                          |
| 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.                                                                                                                                                             |                                                          |

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

|                                                                                                                                                                                                                                                                                                                                                                                  |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. |    |
| b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:                                                     |    |
| (i) Revenue included on Form 990, Part VIII, line 1 . . . . .                                                                                                                                                                                                                                                                                                                    | \$ |
| (ii) Assets included in Form 990, Part X . . . . .                                                                                                                                                                                                                                                                                                                               | \$ |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:                                                                                                                                                         |    |
| a Revenue included on Form 990, Part VIII, line 1 . . . . .                                                                                                                                                                                                                                                                                                                      | \$ |
| b Assets included in Form 990, Part X . . . . .                                                                                                                                                                                                                                                                                                                                  | \$ |

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

**a** ☐ Public exhibition

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

|           | Amount |
|-----------|--------|
| <b>1c</b> | 0      |
| <b>1d</b> |        |
| <b>1e</b> |        |
| <b>1f</b> | 0      |

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☒ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|                                                         | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     | 0                | 0              | 0                  | 0                    | 0                   |
| <b>b</b> Contributions                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance                            | 0                | 0              | 0                  | 0                    | 0                   |

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment \_\_\_\_\_ %

**b** Permanent endowment \_\_\_\_\_ %

**c** Term endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     |    |
| <b>3a(ii)</b> |     |    |
| <b>3b</b>     |     |    |

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property                                                                                | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land                                                                                         | 0                                    | 500                             |                              | 500            |
| <b>b</b> Buildings                                                                                     | 0                                    | 635,472                         | 251,788                      | 383,684        |
| <b>c</b> Leasehold improvements                                                                        | 0                                    | 23,429                          | 18,163                       | 5,266          |
| <b>d</b> Equipment                                                                                     | 0                                    | 159,029                         | 159,029                      | 0              |
| <b>e</b> Other                                                                                         | 0                                    | 0                               | 0                            | 0              |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 389,450        |

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)             | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|-------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1) Financial derivatives . . . . .                                                 | 0              |                                                              |
| (2) Closely held equity interests . . . . .                                         | 0              |                                                              |
| (3) Other . . . . .                                                                 |                |                                                              |
| (A) . . . . .                                                                       |                |                                                              |
| (B) . . . . .                                                                       |                |                                                              |
| (C) . . . . .                                                                       |                |                                                              |
| (D) . . . . .                                                                       |                |                                                              |
| (E) . . . . .                                                                       |                |                                                              |
| (F) . . . . .                                                                       |                |                                                              |
| (G) . . . . .                                                                       |                |                                                              |
| (H) . . . . .                                                                       |                |                                                              |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . . | 0              |                                                              |

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment                                                       | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|-------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1)                                                                                 |                |                                                              |
| (2)                                                                                 |                |                                                              |
| (3)                                                                                 |                |                                                              |
| (4)                                                                                 |                |                                                              |
| (5)                                                                                 |                |                                                              |
| (6)                                                                                 |                |                                                              |
| (7)                                                                                 |                |                                                              |
| (8)                                                                                 |                |                                                              |
| (9)                                                                                 |                |                                                              |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . . . . | 0              |                                                              |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description                                                                     | (b) Book value |
|-------------------------------------------------------------------------------------|----------------|
| (1)                                                                                 |                |
| (2)                                                                                 |                |
| (3)                                                                                 |                |
| (4)                                                                                 |                |
| (5)                                                                                 |                |
| (6)                                                                                 |                |
| (7)                                                                                 |                |
| (8)                                                                                 |                |
| (9)                                                                                 |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . | 0              |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability                                                     | (b) Book value |
|-------------------------------------------------------------------------------------|----------------|
| (1) Federal income taxes . . . . .                                                  | 0              |
| (2) Due to/from HHDS . . . . .                                                      | 310            |
| (3)                                                                                 |                |
| (4)                                                                                 |                |
| (5)                                                                                 |                |
| (6)                                                                                 |                |
| (7)                                                                                 |                |
| (8)                                                                                 |                |
| (9)                                                                                 |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . | 310            |

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |                                                                                                          |           |           |   |
|----------|----------------------------------------------------------------------------------------------------------|-----------|-----------|---|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |           | <b>1</b>  |   |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |           |   |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .                                                   | <b>2a</b> |           |   |
| <b>b</b> | Donated services and use of facilities . . . . .                                                         | <b>2b</b> |           |   |
| <b>c</b> | Recoveries of prior year grants . . . . .                                                                | <b>2c</b> |           |   |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .                                                                 | <b>2d</b> |           |   |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                          |           | <b>2e</b> | 0 |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                     |           | <b>3</b>  | 0 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                     |           |           |   |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |   |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .                                                                 | <b>4b</b> |           |   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                              |           | <b>4c</b> | 0 |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . |           | <b>5</b>  | 0 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |                                                                                                           |           |           |   |
|----------|-----------------------------------------------------------------------------------------------------------|-----------|-----------|---|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      |           | <b>1</b>  |   |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                         |           |           |   |
| <b>a</b> | Donated services and use of facilities . . . . .                                                          | <b>2a</b> |           |   |
| <b>b</b> | Prior year adjustments . . . . .                                                                          | <b>2b</b> |           |   |
| <b>c</b> | Other losses . . . . .                                                                                    | <b>2c</b> |           |   |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .                                                                  | <b>2d</b> |           |   |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                           |           | <b>2e</b> | 0 |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                      |           | <b>3</b>  | 0 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                        |           |           |   |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |           |   |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .                                                                  | <b>4b</b> |           |   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                               |           | <b>4c</b> | 0 |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . |           | <b>5</b>  | 0 |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part XIII** Supplemental Information *(continued)*

Electronic Filing Only

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

HILTON HEAD DANCE THEATRE

Employer identification number

57-0823063

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

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ 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? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|-------------------------------------------------------------------|---------------------------------------------------|
|                                                           |               | Yes                                                            | No |                                   |                                                                   |                                                   |
| <b>1</b>                                                  |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |
| <b>2</b>                                                  |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |
| <b>3</b>                                                  |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |
| <b>4</b>                                                  |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |
| <b>5</b>                                                  |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |
| <b>6</b>                                                  |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |
| <b>7</b>                                                  |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |
| <b>8</b>                                                  |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |
| <b>9</b>                                                  |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |
| <b>10</b>                                                 |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |
| <b>Total</b>                                              |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |

**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.

| Revenue         |                                                                           | (a) Event #1                | (b) Event #2 | (c) Other events       | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|---------------------------------------------------------------------------|-----------------------------|--------------|------------------------|--------------------------------------------------------|
|                 |                                                                           | Fundraising<br>(event type) | (event type) | NONE<br>(total number) |                                                        |
| Revenue         | 1 Gross receipts . . . . .                                                | 19,071                      |              | 0                      | 19,071                                                 |
|                 | 2 Less: Contributions . . . . .                                           |                             |              | 0                      | 0                                                      |
|                 | 3 Gross income (line 1 minus<br>line 2) . . . . .                         | 19,071                      |              | 0                      | 19,071                                                 |
| Direct Expenses | 4 Cash prizes . . . . .                                                   |                             |              | 0                      | 0                                                      |
|                 | 5 Noncash prizes . . . . .                                                |                             |              | 0                      | 0                                                      |
|                 | 6 Rent/facility costs . . . . .                                           |                             |              | 0                      | 0                                                      |
|                 | 7 Food and beverages . . . . .                                            |                             |              | 0                      | 0                                                      |
|                 | 8 Entertainment . . . . .                                                 |                             |              | 0                      | 0                                                      |
|                 | 9 Other direct expenses . . . . .                                         | 10,622                      |              | 0                      | 10,622                                                 |
|                 | 10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .  |                             |              | ( 10,622)              |                                                        |
|                 | 11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . |                             |              |                        | 8,449                                                  |

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

| Revenue         |                                                                                | (a) Bingo                                                           | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming                                                    | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
|                 |                                                                                |                                                                     |                                                                     |                                                                     |                                                     |
| Revenue         | 1 Gross revenue . . . . .                                                      |                                                                     |                                                                     |                                                                     | 0                                                   |
| Direct Expenses | 2 Cash prizes . . . . .                                                        |                                                                     |                                                                     |                                                                     | 0                                                   |
|                 | 3 Noncash prizes . . . . .                                                     |                                                                     |                                                                     |                                                                     | 0                                                   |
|                 | 4 Rent/facility costs . . . . .                                                |                                                                     |                                                                     |                                                                     | 0                                                   |
|                 | 5 Other direct expenses . . . . .                                              |                                                                     |                                                                     |                                                                     | 0                                                   |
|                 | 6 Volunteer labor . . . . .                                                    | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                                                     |
|                 | 7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .        |                                                                     |                                                                     | ( 0)                                                                |                                                     |
|                 | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . |                                                                     |                                                                     |                                                                     | 0                                                   |

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 \$ 0 and the amount of gaming revenue retained by the third party \$ 0
- c If "Yes," enter name and address of the third party:

Name .....

Address .....

16 Gaming manager information:

Name .....

Gaming manager compensation \$ 0

Description of services provided .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- 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 \$ 0

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

HILTON HEAD DANCE THEATRE

Employer identification number

57-0823063

Form 990, Part VI, Line 11B: ORGANIZATION'S PROCESS TO REVIEW FORM 990 BEFORE FORM 990 IS  
FILED. A PDF OF THIS TAX FORM IS SENT OUT BY EMAIL TO ALL DIRECTORS FOR REVIEW. ALL DIRECTORS  
MUST SEND BACK AN EMAIL INDICATION THAT THEY HAVE REVIEWED THE RETURN AND AGREE WITH IT'S  
CONTENTS OR THAT THEY DO NOT WISH TO REVIEW THE RETURN AND AGREE TO HAVE IT SENT WITHOUT  
REVIEW.

Form 990, Part VI, Line 12C: ENFORCEMENT OF CONFLICT POLICY. THE POLICY FOR CONFLICTS IS  
CONTAINED IN THE BYLAWS AND IS ANNUALLY REVIEWED DURING THE ELECTION PROCESS. IN ADDITION, ANY  
TIME SOMEONE EXITS THE BOARD, THE POLICY IS REVIEWED.

Form 990, Part VI, Line 15A: COMPENSATION PROCESS FOR TOP OFFICIALS. THE ENTITY HAS NEVER  
NEEDED TO USE THIS POLICY, BUT SUCH A POLICY WAS WRITTEN FOR US BY OUR ATTORNEY AND IS  
CONTAINED IN THE BYLAWS. EVERY BOARD MEMBER HAS A COPY.

Form 990, Part VI, Line 19: THE PROCESS FOR OFFICERS. THE POLICY REGARDING CEO/OTHER OFFICERS  
CONTAINED IN THE BYLAWS IS THE SAME AS THE TOP OFFICIAL POLICY.

Form 990, Part VI, Line 19: GOVERNING DOCUMENTS DISCLOSURE EXPLANATION. ALL REQUIRED DOCUMENTS  
ARE AVAILABLE TO THE PUBLIC IN THE ENTITY'S OFFICE DURING REGULAR BUSINESS HOURS SHOULD ANYONE  
WISH TO SEE THEM.

Name of the organization

Employer identification number

HILTON HEAD DANCE THEATRE

57-0823063

Electronic Filing Only

Form **8879-TE****IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2022, or fiscal year beginning 8/1, 2022, and ending 7/31, 20 23**Do not send to the IRS. Keep for your records.****Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.****2022**

Name of filer

HILTON HEAD DANCE THEATRE

EIN or SSN

57-0823063

Name and title of officer or person subject to tax

Lori Finger

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.

|                                              |                                     |                                                                                         |                   |
|----------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------|-------------------|
| <b>1a</b> Form 990 check here . . . . .      | <input checked="" type="checkbox"/> | <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .     | <b>1b</b> 194,148 |
| <b>2a</b> Form 990-EZ check here . . . . .   | <input type="checkbox"/>            | <b>b</b> Total revenue, if any (Form 990-EZ, line 9) . . . . .                          | <b>2b</b>         |
| <b>3a</b> Form 1120-POL check here . . . . . | <input type="checkbox"/>            | <b>b</b> Total tax (Form 1120-POL, line 22) . . . . .                                   | <b>3b</b>         |
| <b>4a</b> Form 990-PF check here . . . . .   | <input type="checkbox"/>            | <b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) . . . . .         | <b>4b</b>         |
| <b>5a</b> Form 8868 check here . . . . .     | <input type="checkbox"/>            | <b>b</b> Balance due (Form 8868, line 3c) . . . . .                                     | <b>5b</b>         |
| <b>6a</b> Form 990-T check here . . . . .    | <input type="checkbox"/>            | <b>b</b> Total tax (Form 990-T, Part III, line 4) . . . . .                             | <b>6b</b>         |
| <b>7a</b> Form 4720 check here . . . . .     | <input type="checkbox"/>            | <b>b</b> Total tax (Form 4720, Part III, line 1) . . . . .                              | <b>7b</b>         |
| <b>8a</b> Form 5227 check here . . . . .     | <input type="checkbox"/>            | <b>b</b> FMV of assets at end of tax year (Form 5227, Item D) . . . . .                 | <b>8b</b>         |
| <b>9a</b> Form 5330 check here . . . . .     | <input type="checkbox"/>            | <b>b</b> Tax due (Form 5330, Part II, line 19) . . . . .                                | <b>9b</b>         |
| <b>10a</b> Form 8038-CP check here . . . . . | <input type="checkbox"/>            | <b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . . | <b>10b</b>        |

**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) HILTON HEAD DANCE THEATRE, (EIN) 57-0823063 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 Vital Business & Accounting Solutions, PC to enter my PIN 23063 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

Date

12/6/2023

**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.

57923868805

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 Tina M Clark

Date

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2022)

HTA

**Summary of Unadjusted Basis of Qualified Property (4562)**

7/31/2023

**Summary of Qualified Property by Activity**

| Activity |               | Unadjusted<br>Cost or Basis |
|----------|---------------|-----------------------------|
| <b>1</b> | 990 . . . . . | 684,659                     |

**Detail of Qualified Property**

| Activity |     | Asset Description        | Date In Service | Recovery Period | Years in Service | Total Cost or Basis | Business/Time Use Percent | Unadjusted Cost or Basis |
|----------|-----|--------------------------|-----------------|-----------------|------------------|---------------------|---------------------------|--------------------------|
| 2        | 990 | BUILDING                 | 8/1/2009        | 39.0            | 14               | 585,000             | 100.00%                   | 585,000                  |
| 3        | 990 | BUILDING IMPROVMENTS     | 8/1/2013        | 39.0            | 10               | 24,059              | 100.00%                   | 24,059                   |
| 4        | 990 | BUILDING IMPROVEMENTS    | 8/1/2014        | 39.0            | 9                | 9,921               | 100.00%                   | 9,921                    |
| 5        | 990 | COSTUMES                 | 8/1/2014        | 7.0             | 9                | 5,350               | 100.00%                   | 5,350                    |
| 6        | 990 | PROPS                    | 8/1/2014        | 7.0             | 9                | 6,240               | 100.00%                   | 6,240                    |
| 7        | 990 | FURNITURE AND FIXTURES   | 8/1/2014        | 7.0             | 9                | 2,006               | 100.00%                   | 2,006                    |
| 8        | 990 | HVAC SYSTEM              | 7/25/2016       | 39.0            | 8                | 4,300               | 100.00%                   | 4,300                    |
| 9        | 990 | PARKING LOT IMPROVEMENT  | 12/7/2015       | 15.0            | 8                | 15,360              | 100.00%                   | 15,360                   |
| 10       | 990 | NEW ENTRY                | 12/7/2015       | 15.0            | 8                | 2,600               | 100.00%                   | 2,600                    |
| 11       | 990 | SIDEWALKS                | 12/7/2015       | 15.0            | 8                | 2,840               | 100.00%                   | 2,840                    |
| 12       | 990 | ISLAND ENVIRONMENTS-PA   | 9/12/2016       | 15.0            | 7                | 2,629               | 100.00%                   | 2,629                    |
| 13       | 990 | HVAC                     | 3/21/2018       | 39.0            | 6                | 5,388               | 100.00%                   | 5,388                    |
| 14       | 990 | SIGN D SIGN              | 7/13/2018       | 7.0             | 6                | 2,432               | 100.00%                   | 2,432                    |
| 15       | 990 | PROPS - HOUSE            | 4/30/2019       | 7.0             | 5                | 6,954               | 100.00%                   | 6,954                    |
| 16       | 990 | STAGE STEP - DANCE FLOOR | 2/25/2022       | 7.0             | 2                | 2,776               | 100.00%                   | 2,776                    |
| 17       | 990 | HVAC Unit                | 8/9/2022        | 39.0            | 1                | 6,804               | 100.00%                   | 6,804                    |

**Form 990 – 2022**

Tax Year: 8.1.22 – 7.31.23

Please note that the above-mentioned Tax Return is not due until December, 2023

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         |  |                                                       |                   |  |                                                                                       |  |                                             |             |  |              |       |          |             |    |       |                      |  |                               |  |  |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--|-------------------------------------------------------|-------------------|--|---------------------------------------------------------------------------------------|--|---------------------------------------------|-------------|--|--------------|-------|----------|-------------|----|-------|----------------------|--|-------------------------------|--|--|---------------------|
| <b>A</b> For the 2021 calendar year, or tax year beginning 8/1/2021, and ending 7/31/2022                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         |  |                                                       |                   |  |                                                                                       |  |                                             |             |  |              |       |          |             |    |       |                      |  |                               |  |  |                     |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization HILTON HEAD DANCE THEATRE</td> <td rowspan="2"><b>D</b> Employer identification number<br/>57-0823063</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite</td> <td rowspan="2"><b>E</b> Telephone number<br/>(843) 842-3262</td> </tr> <tr> <td colspan="2">PO BOX 5761</td> </tr> <tr> <td>City or town</td> <td>State</td> <td>ZIP code</td> </tr> <tr> <td>HILTON HEAD</td> <td>SC</td> <td>29938</td> </tr> <tr> <td colspan="2">Foreign country name</td> <td>Foreign province/state/county</td> </tr> <tr> <td colspan="2"></td> <td>Foreign postal code</td> </tr> </table> | <b>C</b> Name of organization HILTON HEAD DANCE THEATRE |  | <b>D</b> Employer identification number<br>57-0823063 | Doing business as |  | Number and street (or P.O. box if mail is not delivered to street address) Room/suite |  | <b>E</b> Telephone number<br>(843) 842-3262 | PO BOX 5761 |  | City or town | State | ZIP code | HILTON HEAD | SC | 29938 | Foreign country name |  | Foreign province/state/county |  |  | Foreign postal code |
| <b>C</b> Name of organization HILTON HEAD DANCE THEATRE                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>D</b> Employer identification number<br>57-0823063   |  |                                                       |                   |  |                                                                                       |  |                                             |             |  |              |       |          |             |    |       |                      |  |                               |  |  |                     |
| Doing business as                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         |  |                                                       |                   |  |                                                                                       |  |                                             |             |  |              |       |          |             |    |       |                      |  |                               |  |  |                     |
| Number and street (or P.O. box if mail is not delivered to street address) Room/suite                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>E</b> Telephone number<br>(843) 842-3262             |  |                                                       |                   |  |                                                                                       |  |                                             |             |  |              |       |          |             |    |       |                      |  |                               |  |  |                     |
| PO BOX 5761                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         |  |                                                       |                   |  |                                                                                       |  |                                             |             |  |              |       |          |             |    |       |                      |  |                               |  |  |                     |
| City or town                                                                                                                                                                                                                                                                                               | State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ZIP code                                                |  |                                                       |                   |  |                                                                                       |  |                                             |             |  |              |       |          |             |    |       |                      |  |                               |  |  |                     |
| HILTON HEAD                                                                                                                                                                                                                                                                                                | SC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 29938                                                   |  |                                                       |                   |  |                                                                                       |  |                                             |             |  |              |       |          |             |    |       |                      |  |                               |  |  |                     |
| Foreign country name                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Foreign province/state/county                           |  |                                                       |                   |  |                                                                                       |  |                                             |             |  |              |       |          |             |    |       |                      |  |                               |  |  |                     |
|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Foreign postal code                                     |  |                                                       |                   |  |                                                                                       |  |                                             |             |  |              |       |          |             |    |       |                      |  |                               |  |  |                     |
| <b>F</b> Name and address of principal officer:<br>Lori Finger PO BOX 5761, HILTON HEAD, SC 29938                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         |  |                                                       |                   |  |                                                                                       |  |                                             |             |  |              |       |          |             |    |       |                      |  |                               |  |  |                     |
| <b>G</b> Gross receipts \$ 304,862                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         |  |                                                       |                   |  |                                                                                       |  |                                             |             |  |              |       |          |             |    |       |                      |  |                               |  |  |                     |
| <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions.                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         |  |                                                       |                   |  |                                                                                       |  |                                             |             |  |              |       |          |             |    |       |                      |  |                               |  |  |                     |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         |  |                                                       |                   |  |                                                                                       |  |                                             |             |  |              |       |          |             |    |       |                      |  |                               |  |  |                     |
| <b>J</b> Website: ▶ WWW.HILTONHEADDANCE.COM                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         |  |                                                       |                   |  |                                                                                       |  |                                             |             |  |              |       |          |             |    |       |                      |  |                               |  |  |                     |
| <b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         |  |                                                       |                   |  |                                                                                       |  |                                             |             |  |              |       |          |             |    |       |                      |  |                               |  |  |                     |
| <b>L</b> Year of formation: 1995                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>M</b> State of legal domicile: SC                    |  |                                                       |                   |  |                                                                                       |  |                                             |             |  |              |       |          |             |    |       |                      |  |                               |  |  |                     |

## Part I Summary

|                                    |            |                                                                                                                                            |            |         |
|------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>Activities &amp; Governance</b> | <b>1</b>   | Briefly describe the organization's mission or most significant activities: PROMOTE THE APPRECIATION FOR THE BALLET TO THE GENERAL PUBLIC. |            |         |
|                                    | <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.    |            |         |
|                                    | <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a)                                                                          | <b>3</b>   | 12      |
|                                    | <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)                                                              | <b>4</b>   | 12      |
|                                    | <b>5</b>   | Total number of individuals employed in calendar year 2021 (Part V, line 2a)                                                               | <b>5</b>   | 0       |
| <b>Revenue</b>                     | <b>6</b>   | Total number of volunteers (estimate if necessary)                                                                                         | <b>6</b>   |         |
|                                    | <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12                                                                       | <b>7a</b>  | 0       |
|                                    | <b>b</b>   | Net unrelated business taxable income from Form 990-T, Part I, line 11                                                                     | <b>7b</b>  |         |
|                                    | <b>8</b>   | Contributions and grants (Part VIII, line 1h)                                                                                              | <b>8</b>   | 36,968  |
|                                    | <b>9</b>   | Program service revenue (Part VIII, line 2g)                                                                                               | <b>9</b>   | 127,014 |
| <b>Expenses</b>                    | <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                              | <b>10</b>  | 22,433  |
|                                    | <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                   | <b>11</b>  | 45,999  |
|                                    | <b>12</b>  | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                           | <b>12</b>  | 232,414 |
|                                    | <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1–3)                                                                           | <b>13</b>  | 0       |
|                                    | <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4)                                                                              | <b>14</b>  | 0       |
|                                    | <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                                                          | <b>15</b>  | 0       |
|                                    | <b>16a</b> | Professional fundraising fees (Part IX, column (A), line 11e)                                                                              | <b>16a</b> | 0       |
|                                    | <b>b</b>   | Total fundraising expenses (Part IX, column (D), line 25) ▶ 0                                                                              | <b>b</b>   |         |
|                                    | <b>17</b>  | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                                                                               | <b>17</b>  | 219,132 |
|                                    | <b>18</b>  | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)                                                                  | <b>18</b>  | 219,132 |
| <b>Net Assets or Fund Balances</b> | <b>19</b>  | Revenue less expenses. Subtract line 18 from line 12                                                                                       | <b>19</b>  | 13,282  |
|                                    | <b>20</b>  | Total assets (Part X, line 16)                                                                                                             | <b>20</b>  | 503,152 |
|                                    | <b>21</b>  | Total liabilities (Part X, line 26)                                                                                                        | <b>21</b>  | 0       |
|                                    | <b>22</b>  | Net assets or fund balances. Subtract line 21 from line 20                                                                                 | <b>22</b>  | 503,152 |

## 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.

|                               |                                                                           |                                             |                                                               |
|-------------------------------|---------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------|
| <b>Sign Here</b>              | <b>Signature of officer</b><br>Lori Finger                                | <b>Date</b><br>12/5/2022                    |                                                               |
|                               | <b>Type or print name and title</b><br>President                          |                                             |                                                               |
| <b>Paid Preparer Use Only</b> | <b>Print/Type preparer's name</b><br>Tina M Clark                         | <b>Preparer's signature</b><br>Tina M Clark | <b>Date</b><br>12/6/2022                                      |
|                               | <b>Firm's name</b> ▶ Vital Business & Accounting Solutions, PC            | <b>Firm's EIN</b> ▶ 27-4426175              | <b>Check</b> <input type="checkbox"/> <b>if self-employed</b> |
|                               | <b>Firm's address</b> ▶ P.O. Box 23403, Hilton Head Island, SC 29925-3403 | <b>Phone no.</b> 843-548-0052               | <b>PTIN</b><br>P01067780                                      |
|                               |                                                                           |                                             |                                                               |

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:  
PROMOTE THE APPRECIATION FOR THE BALLET TO TO THE GENERAL PUBLIC.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 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 \$ 149,729 including grants of \$ ) (Revenue \$ 127,014 )  
PRODUCTION OF DANCE PROGRAMS TO CREATE APPRECIATION OF THE BALLET BY THE GENERAL PUBLIC.

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

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

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

**4e** Total program service expenses ▶ 149,729

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                              | Yes          | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .                                                                                                                                                                         | <b>1</b> X   |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .                                                                                                                                                                                                           | <b>2</b>     | X  |
| <b>3</b> 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 . . . . .                                                                                                                      | <b>3</b>     | X  |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> 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 . . . . .                                                                                                       | <b>4</b>     | X  |
| <b>5</b> 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 . . . . .                                                                                      | <b>5</b>     | X  |
| <b>6</b> 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 . . . . .                                                    | <b>6</b>     | X  |
| <b>7</b> 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 . . . . .                                                                                            | <b>7</b>     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .                                                                                                                                                         | <b>8</b>     | X  |
| <b>9</b> 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 . . . . .            | <b>9</b>     | X  |
| <b>10</b> 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 . . . . .                                                                                                                               | <b>10</b>    | X  |
| <b>11</b> 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.                                                                                                                                                                   |              |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .                                                                                                                                                                       | <b>11a</b> X |    |
| <b>b</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 . . . . .                                                                                                    | <b>11b</b>   | X  |
| <b>c</b> 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 . . . . .                                                                                                    | <b>11c</b>   | X  |
| <b>d</b> 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 . . . . .                                                                                                                     | <b>11d</b>   | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .                                                                                                                                                                                     | <b>11e</b>   | X  |
| <b>f</b> 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 . . . . .                                                            | <b>11f</b>   | X  |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .                                                                                                                                                        | <b>12a</b>   | X  |
| <b>b</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 . . . . .                                                                           | <b>12b</b>   | X  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .                                                                                                                                                                                                        | <b>13</b>    | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .                                                                                                                                                                                                             | <b>14a</b>   | X  |
| <b>b</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 . . . . . | <b>14b</b>   | X  |
| <b>15</b> 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 . . . . .                                                                                                           | <b>15</b>    | X  |
| <b>16</b> 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 . . . . .                                                                                                     | <b>16</b>    | X  |
| <b>17</b> 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 . . . . .                                                                                             | <b>17</b>    | X  |
| <b>18</b> 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 . . . . .                                                                                                                           | <b>18</b> X  |    |
| <b>19</b> 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 . . . . .                                                                                                                                                     | <b>19</b>    | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .                                                                                                                                                                                                             | <b>20a</b>   | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .                                                                                                                                                                                              | <b>20b</b>   |    |
| <b>21</b> 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 . . . . .                                                                                            | <b>21</b>    | X  |



**Part IV Checklist of Required Schedules (continued)**

|                                                                                                                                                                                                                                                                                                                                                                                                    | Yes        | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III.</i>                                                                                                                                                                                        | <b>22</b>  | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>                                                                                                                            | <b>23</b>  | X  |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>                                                                                                  | <b>24a</b> | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                                                                                                                                                         | <b>24b</b> |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?                                                                                                                                                                                                                                                | <b>24c</b> |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                                                                                                                                                                                   | <b>24d</b> |    |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>                                                                                                                                                               | <b>25a</b> | X  |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I.</i>                                                                                                               | <b>25b</b> | X  |
| <b>26</b> 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? <i>If "Yes," complete Schedule L, Part II.</i>                                                       | <b>26</b>  | X  |
| <b>27</b> 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? <i>If "Yes," complete Schedule L, Part III.</i> | <b>27</b>  | X  |
| <b>28</b> 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):                                                                                                                                                                                       |            |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>                                                                                                                                                                                                                              | <b>28a</b> | X  |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>                                                                                                                                                                                                                                                                                   | <b>28b</b> | X  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>                                                                                                                                                                                                                                      | <b>28c</b> | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>                                                                                                                                                                                                                                                                         | <b>29</b>  | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>                                                                                                                                                                                                         | <b>30</b>  | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>                                                                                                                                                                                                                                                               | <b>31</b>  | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>                                                                                                                                                                                                                                             | <b>32</b>  | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>                                                                                                                                                                                             | <b>33</b>  | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>                                                                                                                                                                                                                                         | <b>34</b>  | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                 | <b>35a</b> |    |
| <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>                                                                                                                                                                 | <b>35b</b> |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>                                                                                                                                                                                                  | <b>36</b>  | X  |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI.</i>                                                                                                                                                    | <b>37</b>  | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.                                                                                                                                                                                                     | <b>38</b>  | X  |

**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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.                                                                           | <b>1a</b> | 12 |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.                                                                         | <b>1b</b> | 0  |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | <b>1c</b> |    |

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

|                                                                                                                  |                                                                                                                                                                                                                                                                | Yes | No |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>2a</b>                                                                                                        | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . <b>2a</b> 0                                                            |     |    |
| <b>b</b>                                                                                                         | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>2b</b>                                                                                                                             |     |    |
| <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. |                                                                                                                                                                                                                                                                |     |    |
| <b>3a</b>                                                                                                        | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . <b>3a</b>                                                                                                                                              |     | X  |
| <b>b</b>                                                                                                         | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . . <b>3b</b>                                                                                                                                |     |    |
| <b>4a</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)? . . . . . <b>4a</b> |     | X  |
| <b>b</b>                                                                                                         | If "Yes," enter the name of the foreign country ▶<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                                       |     |    |
| <b>5a</b>                                                                                                        | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . <b>5a</b>                                                                                                                                      |     | X  |
| <b>b</b>                                                                                                         | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . <b>5b</b>                                                                                                                           |     | X  |
| <b>c</b>                                                                                                         | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . . <b>5c</b>                                                                                                                                                                          |     |    |
| <b>6a</b>                                                                                                        | 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? . . . . . <b>6a</b>                                    |     | X  |
| <b>b</b>                                                                                                         | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . <b>6b</b>                                                                                              |     |    |
| <b>7</b>                                                                                                         | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                           |     |    |
| <b>a</b>                                                                                                         | 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? . . . . . <b>7a</b>                                                                                            |     | X  |
| <b>b</b>                                                                                                         | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . <b>7b</b>                                                                                                                                            |     |    |
| <b>c</b>                                                                                                         | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . <b>7c</b>                                                                                                       |     | X  |
| <b>d</b>                                                                                                         | If "Yes," indicate the number of Forms 8282 filed during the year . . . . . <b>7d</b>                                                                                                                                                                          |     |    |
| <b>e</b>                                                                                                         | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <b>7e</b>                                                                                                                            |     | X  |
| <b>f</b>                                                                                                         | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <b>7f</b>                                                                                                                               |     | X  |
| <b>g</b>                                                                                                         | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . <b>7g</b>                                                                                                           |     |    |
| <b>h</b>                                                                                                         | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . <b>7h</b>                                                                                                         |     |    |
| <b>8</b>                                                                                                         | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . <b>8</b>                                              |     |    |
| <b>9</b>                                                                                                         | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                               |     |    |
| <b>a</b>                                                                                                         | Did the sponsoring organization make any taxable distributions under section 4966? . . . . . <b>9a</b>                                                                                                                                                         |     |    |
| <b>b</b>                                                                                                         | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . . <b>9b</b>                                                                                                                                          |     |    |
| <b>10</b>                                                                                                        | <b>Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                                 |     |    |
| <b>a</b>                                                                                                         | Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <b>10a</b>                                                                                                                                                                  |     |    |
| <b>b</b>                                                                                                         | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <b>10b</b>                                                                                                                                               |     |    |
| <b>11</b>                                                                                                        | <b>Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                                |     |    |
| <b>a</b>                                                                                                         | Gross income from members or shareholders . . . . . <b>11a</b>                                                                                                                                                                                                 |     |    |
| <b>b</b>                                                                                                         | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11b</b>                                                                                                              |     |    |
| <b>12a</b>                                                                                                       | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . . <b>12a</b>                                                                                                                         |     |    |
| <b>b</b>                                                                                                         | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>12b</b>                                                                                                                                                     |     |    |
| <b>13</b>                                                                                                        | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                        |     |    |
| <b>a</b>                                                                                                         | Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>13a</b>                                                                                                                                                      |     |    |
| <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.         |                                                                                                                                                                                                                                                                |     |    |
| <b>b</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 . . . . . <b>13b</b>                                                                                 |     |    |
| <b>c</b>                                                                                                         | Enter the amount of reserves on hand . . . . . <b>13c</b>                                                                                                                                                                                                      |     |    |
| <b>14a</b>                                                                                                       | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . <b>14a</b>                                                                                                                                                |     | X  |
| <b>b</b>                                                                                                         | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . . <b>14b</b>                                                                                                                                 |     |    |
| <b>15</b>                                                                                                        | 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 . . . . . <b>15</b>                                                                                  |     | X  |
| If "Yes," see the instructions and file Form 4720, Schedule N.                                                   |                                                                                                                                                                                                                                                                |     |    |
| <b>16</b>                                                                                                        | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . <b>16</b>                                                                                                                            |     | X  |
| If "Yes," complete Form 4720, Schedule O.                                                                        |                                                                                                                                                                                                                                                                |     |    |
| <b>17</b>                                                                                                        | <b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? . . . . . <b>17</b>                          |     | X  |
| If "Yes," complete Form 6069.                                                                                    |                                                                                                                                                                                                                                                                |     |    |

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. ☒ **X**

### Section A. Governing Body and Management

|           |                                                                                                                                                                                                                                                                                                                   | Yes       | No                                           |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year. . . . .<br>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. | 12        |                                              |
| <b>b</b>  | Enter the number of voting members included on line 1a, above, who are independent. . . . .                                                                                                                                                                                                                       | 12        |                                              |
| <b>2</b>  | 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? . . . . .                                                                                                                                   | <b>2</b>  | <input checked="" type="checkbox"/> <b>X</b> |
| <b>3</b>  | 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? . . . . .                                                                                       | <b>3</b>  | <input checked="" type="checkbox"/> <b>X</b> |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                                                                                                        | <b>4</b>  | <input checked="" type="checkbox"/> <b>X</b> |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                                                                                                              | <b>5</b>  | <input checked="" type="checkbox"/> <b>X</b> |
| <b>6</b>  | Did the organization have members or stockholders? . . . . .                                                                                                                                                                                                                                                      | <b>6</b>  | <input checked="" type="checkbox"/> <b>X</b> |
| <b>7a</b> | 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? . . . . .                                                                                                                                                      | <b>7a</b> | <input checked="" type="checkbox"/> <b>X</b> |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .                                                                                                                                               | <b>7b</b> | <input checked="" type="checkbox"/> <b>X</b> |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                                                                                                 |           |                                              |
| <b>a</b>  | The governing body? . . . . .                                                                                                                                                                                                                                                                                     | <b>8a</b> | <input checked="" type="checkbox"/> <b>X</b> |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                                                                                                                   | <b>8b</b> | <input checked="" type="checkbox"/> <b>X</b> |
| <b>9</b>  | 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. . . . .                                                                                             | <b>9</b>  | <input checked="" type="checkbox"/> <b>X</b> |

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |                                                                                                                                                                                                                                                                                                        | Yes        | No                                           |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                                                                                           | <b>10a</b> | <input checked="" type="checkbox"/> <b>X</b> |
| <b>b</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? . . . . .                                                                   | <b>10b</b> |                                              |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .                                                                                                                                                                  | <b>11a</b> | <input checked="" type="checkbox"/> <b>X</b> |
| <b>b</b>   | Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .                                                                                                                                                                                                  |            |                                              |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13. . . . .                                                                                                                                                                                                       | <b>12a</b> | <input checked="" type="checkbox"/> <b>X</b> |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .                                                                                                                                                          | <b>12b</b> | <input checked="" type="checkbox"/> <b>X</b> |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. . . . .                                                                                                                                            | <b>12c</b> | <input checked="" type="checkbox"/> <b>X</b> |
| <b>13</b>  | Did the organization have a written whistleblower policy? . . . . .                                                                                                                                                                                                                                    | <b>13</b>  | <input checked="" type="checkbox"/> <b>X</b> |
| <b>14</b>  | Did the organization have a written document retention and destruction policy? . . . . .                                                                                                                                                                                                               | <b>14</b>  | <input checked="" type="checkbox"/> <b>X</b> |
| <b>15</b>  | 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?                                                                                   |            |                                              |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official. . . . .                                                                                                                                                                                                                        | <b>15a</b> | <input checked="" type="checkbox"/> <b>X</b> |
| <b>b</b>   | Other officers or key employees of the organization. . . . .                                                                                                                                                                                                                                           | <b>15b</b> | <input checked="" type="checkbox"/> <b>X</b> |
|            | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. . . . .                                                                                                                                                                                                             |            |                                              |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .                                                                                                                                        | <b>16a</b> | <input checked="" type="checkbox"/> <b>X</b> |
| <b>b</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? . . . . . | <b>16b</b> |                                              |

### 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 **HILTON HEAD DANCE THEATRE (843) 842-3262**  
**PO BOX 5761, HILTON HEAD, SC 29938**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

| (A)<br>Name and title                      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                            |                                                                                            | Individual director or officer                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                               |                                                                                    |                                                                                               |
| (1) JAMAL EDWARDS<br>DIRECTOR              | 5.00<br>0.00                                                                               | X                                                                                                            |                       |         |              |                              |        | 6,250                                                                         |                                                                                    |                                                                                               |
| (2) LORI FINGER<br>PRESIDENT               | 10.00<br>0.00                                                                              | X                                                                                                            |                       | X       |              |                              |        | 0                                                                             |                                                                                    |                                                                                               |
| (3) KARENA BROCK-CARLYLE<br>VICE PRESIDENT | 5.00<br>0.00                                                                               | X                                                                                                            |                       | X       |              |                              |        | 0                                                                             |                                                                                    |                                                                                               |
| (4) KELLY LUCKASEVIC<br>SECRETARY          | 5.00<br>0.00                                                                               | X                                                                                                            |                       | X       |              |                              |        | 0                                                                             |                                                                                    |                                                                                               |
| (5) JOHN CARLYLE<br>DIRECTOR               | 5.00<br>0.00                                                                               | X                                                                                                            |                       |         |              |                              |        | 0                                                                             |                                                                                    |                                                                                               |
| (6) WENDY LYSINGER<br>DIRECTOR             | 5.00<br>0.00                                                                               | X                                                                                                            |                       |         |              |                              |        | 0                                                                             |                                                                                    |                                                                                               |
| (7) CYNTHIA CULLEN<br>DIRECTOR             | 5.00<br>0.00                                                                               | X                                                                                                            |                       |         |              |                              |        | 0                                                                             |                                                                                    |                                                                                               |
| (8) CAITLIN HOFFMAN<br>DIRECTOR            | 5.00<br>0.00                                                                               | X                                                                                                            |                       |         |              |                              |        | 0                                                                             |                                                                                    |                                                                                               |
| (9) CHRISTINE STAEBLER<br>DIRECTOR         | 5.00<br>0.00                                                                               | X                                                                                                            |                       |         |              |                              |        | 0                                                                             |                                                                                    |                                                                                               |
| (10) EMILY COOK<br>DIRECTOR                | 5.00<br>0.00                                                                               | X                                                                                                            |                       |         |              |                              |        | 0                                                                             |                                                                                    |                                                                                               |
| (11) BECKY ADELMAN<br>DIRECTOR             | 5.00<br>0.00                                                                               | X                                                                                                            |                       |         |              |                              |        | 0                                                                             |                                                                                    |                                                                                               |
| (12) KATIE GIRARDI<br>DIRECTOR             | 5.00<br>0.00                                                                               | X                                                                                                            |                       |         |              |                              |        | 0                                                                             |                                                                                    |                                                                                               |
| (13)                                       |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (14)                                       |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |

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

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| <b>1b Subtotal</b>                                             |                                                                                            |                                                                                                              |                       |         |              |                              |        | 6,250                                                                         | 0                                                                                  | 0                                                                                             |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                              |                       |         |              |                              |        | 0                                                                             | 0                                                                                  | 0                                                                                             |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                              |                       |         |              |                              |        | 6,250                                                                         | 0                                                                                  | 0                                                                                             |

**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 **0**

|                                                                                                                                                                                                                                               | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>                                          |     | X  |
| <b>4</b> 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? <i>If "Yes," complete Schedule J for such individual.</i> |     | X  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>                       |     | X  |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                | 0                   |
|                                  |                                | 0                   |
|                                  |                                | 0                   |
|                                  |                                | 0                   |
|                                  |                                | 0                   |

**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)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |
|-----------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------|----------------------------------------------|--------------------------------------|---------------------------------------------------------------|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | <b>1a</b>                                                              | Federated campaigns . . . . .                                                                                                                | <b>1a</b>      | 0                    |                                              |                                      |                                                               |
|                                                           | <b>b</b>                                                               | Membership dues . . . . .                                                                                                                    | <b>1b</b>      | 0                    |                                              |                                      |                                                               |
|                                                           | <b>c</b>                                                               | Fundraising events . . . . .                                                                                                                 | <b>1c</b>      | 0                    |                                              |                                      |                                                               |
|                                                           | <b>d</b>                                                               | Related organizations . . . . .                                                                                                              | <b>1d</b>      | 0                    |                                              |                                      |                                                               |
|                                                           | <b>e</b>                                                               | Government grants (contributions) . . . . .                                                                                                  | <b>1e</b>      | 0                    |                                              |                                      |                                                               |
|                                                           | <b>f</b>                                                               | All other contributions, gifts, grants, and<br>similar amounts not included above . . . . .                                                  | <b>1f</b>      | 36,968               |                                              |                                      |                                                               |
|                                                           | <b>g</b>                                                               | Noncash contributions included in<br>lines 1a-1f . . . . .                                                                                   | <b>1g</b>      | \$ 0                 |                                              |                                      |                                                               |
|                                                           | <b>h</b>                                                               | <b>Total.</b> Add lines 1a-1f . . . . .                                                                                                      |                | 36,968               |                                              |                                      |                                                               |
| Program Service<br>Revenue                                |                                                                        |                                                                                                                                              |                | Business Code        |                                              |                                      |                                                               |
|                                                           | <b>2a</b>                                                              | DANCE PRODUCTIONS . . . . .                                                                                                                  |                |                      | 65,006                                       | 65,006                               |                                                               |
|                                                           | <b>b</b>                                                               | BALLET CHRISTMAS . . . . .                                                                                                                   |                |                      | 2,735                                        | 2,735                                |                                                               |
|                                                           | <b>c</b>                                                               | MEMBERSHIP DUES/ADVERTISEMENTS . . . . .                                                                                                     |                |                      | 40,489                                       | 40,489                               |                                                               |
|                                                           | <b>d</b>                                                               | OTHER STUDENT PERFORMANCES . . . . .                                                                                                         |                |                      | 0                                            | 0                                    |                                                               |
|                                                           | <b>e</b>                                                               | PERFORMANCE FEES . . . . .                                                                                                                   |                |                      | 18,784                                       | 18,784                               |                                                               |
|                                                           | <b>f</b>                                                               | All other program service revenue . . . . .                                                                                                  |                |                      | 0                                            |                                      |                                                               |
|                                                           | <b>g</b>                                                               | <b>Total.</b> Add lines 2a-2f . . . . .                                                                                                      |                |                      | 127,014                                      |                                      |                                                               |
| Other Revenue                                             | <b>3</b>                                                               | Investment income (including dividends, interest, and<br>other similar amounts) . . . . .                                                    |                |                      | 2,502                                        |                                      |                                                               |
|                                                           | <b>4</b>                                                               | Income from investment of tax-exempt bond proceeds . . . . .                                                                                 |                |                      | 0                                            |                                      |                                                               |
|                                                           | <b>5</b>                                                               | Royalties . . . . .                                                                                                                          |                |                      | 0                                            |                                      |                                                               |
|                                                           | <b>6a</b>                                                              | Gross rents . . . . .                                                                                                                        | (i) Real       | (ii) Personal        |                                              |                                      |                                                               |
|                                                           |                                                                        |                                                                                                                                              |                |                      |                                              |                                      |                                                               |
|                                                           |                                                                        |                                                                                                                                              |                |                      |                                              |                                      |                                                               |
|                                                           | <b>6a</b>                                                              |                                                                                                                                              | 37,400         |                      |                                              |                                      |                                                               |
|                                                           | <b>b</b>                                                               | Less: rental expenses . . . . .                                                                                                              |                | <b>6b</b>            |                                              |                                      |                                                               |
|                                                           | <b>c</b>                                                               | Rental income or (loss) . . . . .                                                                                                            |                | <b>6c</b>            | 37,400                                       | 0                                    |                                                               |
|                                                           | <b>d</b>                                                               | Net rental income or (loss) . . . . .                                                                                                        |                |                      | 37,400                                       |                                      |                                                               |
|                                                           | <b>7a</b>                                                              | Gross amount from<br>sales of assets<br>other than inventory . . . . .                                                                       | (i) Securities | (ii) Other           |                                              |                                      |                                                               |
|                                                           |                                                                        |                                                                                                                                              |                |                      |                                              |                                      |                                                               |
|                                                           |                                                                        |                                                                                                                                              |                |                      |                                              |                                      |                                                               |
|                                                           | <b>7a</b>                                                              |                                                                                                                                              | 82,533         | 0                    |                                              |                                      |                                                               |
|                                                           | <b>b</b>                                                               | Less: cost or other basis<br>and sales expenses . . . . .                                                                                    |                | <b>7b</b>            | 62,602                                       | 0                                    |                                                               |
|                                                           | <b>c</b>                                                               | Gain or (loss) . . . . .                                                                                                                     |                | <b>7c</b>            | 19,931                                       | 0                                    |                                                               |
|                                                           | <b>d</b>                                                               | Net gain or (loss) . . . . .                                                                                                                 |                |                      | 19,931                                       |                                      |                                                               |
|                                                           | <b>8a</b>                                                              | Gross income from fundraising<br>events (not including \$ 18,445<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . |                |                      |                                              |                                      |                                                               |
|                                                           |                                                                        |                                                                                                                                              |                |                      |                                              |                                      |                                                               |
|                                                           |                                                                        |                                                                                                                                              |                |                      |                                              |                                      |                                                               |
| <b>8a</b>                                                 |                                                                        | 18,445                                                                                                                                       |                |                      |                                              |                                      |                                                               |
| <b>b</b>                                                  | Less: direct expenses . . . . .                                        |                                                                                                                                              | <b>8b</b>      | 9,846                |                                              |                                      |                                                               |
| <b>c</b>                                                  | Net income or (loss) from fundraising events . . . . .                 |                                                                                                                                              |                | 8,599                |                                              |                                      |                                                               |
| <b>9a</b>                                                 | Gross income from gaming activities.<br>See Part IV, line 19 . . . . . |                                                                                                                                              |                |                      |                                              |                                      |                                                               |
|                                                           |                                                                        |                                                                                                                                              |                |                      |                                              |                                      |                                                               |
|                                                           |                                                                        |                                                                                                                                              |                |                      |                                              |                                      |                                                               |
| <b>9a</b>                                                 |                                                                        | 0                                                                                                                                            |                |                      |                                              |                                      |                                                               |
| <b>b</b>                                                  | Less: direct expenses . . . . .                                        |                                                                                                                                              | <b>9b</b>      | 0                    |                                              |                                      |                                                               |
| <b>c</b>                                                  | Net income or (loss) from gaming activities . . . . .                  |                                                                                                                                              |                | 0                    |                                              |                                      |                                                               |
| <b>10a</b>                                                | Gross sales of inventory, less<br>returns and allowances . . . . .     |                                                                                                                                              |                |                      |                                              |                                      |                                                               |
|                                                           |                                                                        |                                                                                                                                              |                |                      |                                              |                                      |                                                               |
|                                                           |                                                                        |                                                                                                                                              |                |                      |                                              |                                      |                                                               |
| <b>10a</b>                                                |                                                                        | 0                                                                                                                                            |                |                      |                                              |                                      |                                                               |
| <b>b</b>                                                  | Less: cost of goods sold . . . . .                                     |                                                                                                                                              | <b>10b</b>     | 0                    |                                              |                                      |                                                               |
| <b>c</b>                                                  | Net income or (loss) from sales of inventory . . . . .                 |                                                                                                                                              |                | 0                    |                                              |                                      |                                                               |
| Miscellaneous<br>Revenue                                  |                                                                        |                                                                                                                                              |                | Business Code        |                                              |                                      |                                                               |
|                                                           | <b>11a</b>                                                             |                                                                                                                                              |                |                      | 0                                            |                                      |                                                               |
|                                                           | <b>b</b>                                                               |                                                                                                                                              |                |                      | 0                                            |                                      |                                                               |
|                                                           | <b>c</b>                                                               |                                                                                                                                              |                |                      | 0                                            |                                      |                                                               |
|                                                           | <b>d</b>                                                               | All other revenue . . . . .                                                                                                                  |                |                      | 0                                            |                                      |                                                               |
|                                                           | <b>e</b>                                                               | <b>Total.</b> Add lines 11a-11d . . . . .                                                                                                    |                |                      | 0                                            |                                      |                                                               |
| <b>12</b>                                                 | <b>Total revenue.</b> See instructions . . . . .                       |                                                                                                                                              |                |                      | 232,414                                      | 127,014                              | 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. ☐

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b> |                                                                                                                                                                                                                                                         | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                                     | Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21 . . . . .                                                                                                                                              | 0                     |                                 |                                        |                             |
| 2                                                                                     | Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .                                                                                                                                                                     | 0                     |                                 |                                        |                             |
| 3                                                                                     | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .                                                                                                              | 0                     |                                 |                                        |                             |
| 4                                                                                     | Benefits paid to or for members . . . . .                                                                                                                                                                                                               | 0                     |                                 |                                        |                             |
| 5                                                                                     | Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                                      | 0                     |                                 | 0                                      |                             |
| 6                                                                                     | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .                                                                                                  | 0                     |                                 |                                        |                             |
| 7                                                                                     | Other salaries and wages . . . . .                                                                                                                                                                                                                      | 0                     |                                 |                                        |                             |
| 8                                                                                     | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .                                                                                                                                            | 0                     |                                 |                                        |                             |
| 9                                                                                     | Other employee benefits . . . . .                                                                                                                                                                                                                       | 0                     |                                 |                                        |                             |
| 10                                                                                    | Payroll taxes . . . . .                                                                                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| 11                                                                                    | Fees for services (nonemployees):                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| a                                                                                     | Management . . . . .                                                                                                                                                                                                                                    | 0                     |                                 |                                        |                             |
| b                                                                                     | Legal . . . . .                                                                                                                                                                                                                                         | 1,000                 |                                 | 1,000                                  |                             |
| c                                                                                     | Accounting . . . . .                                                                                                                                                                                                                                    | 2,157                 |                                 | 2,157                                  |                             |
| d                                                                                     | Lobbying . . . . .                                                                                                                                                                                                                                      | 0                     |                                 |                                        |                             |
| e                                                                                     | Professional fundraising services. See Part IV, line 17 . . . . .                                                                                                                                                                                       | 0                     |                                 |                                        |                             |
| f                                                                                     | Investment management fees . . . . .                                                                                                                                                                                                                    | 0                     |                                 |                                        |                             |
| g                                                                                     | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .                                                                                                                                 | 1,160                 |                                 | 1,160                                  |                             |
| 12                                                                                    | Advertising and promotion . . . . .                                                                                                                                                                                                                     | 1,401                 |                                 | 1,401                                  |                             |
| 13                                                                                    | Office expenses . . . . .                                                                                                                                                                                                                               | 1,408                 |                                 | 1,408                                  |                             |
| 14                                                                                    | Information technology . . . . .                                                                                                                                                                                                                        | 0                     |                                 |                                        |                             |
| 15                                                                                    | Royalties . . . . .                                                                                                                                                                                                                                     | 0                     |                                 |                                        |                             |
| 16                                                                                    | Occupancy . . . . .                                                                                                                                                                                                                                     | 18,730                |                                 | 18,730                                 |                             |
| 17                                                                                    | Travel . . . . .                                                                                                                                                                                                                                        | 0                     |                                 |                                        |                             |
| 18                                                                                    | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                                                | 0                     |                                 |                                        |                             |
| 19                                                                                    | Conferences, conventions, and meetings . . . . .                                                                                                                                                                                                        | 0                     |                                 |                                        |                             |
| 20                                                                                    | Interest . . . . .                                                                                                                                                                                                                                      | 0                     |                                 |                                        |                             |
| 21                                                                                    | Payments to affiliates . . . . .                                                                                                                                                                                                                        | 0                     |                                 |                                        |                             |
| 22                                                                                    | Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                                     | 19,892                | 0                               | 19,892                                 | 0                           |
| 23                                                                                    | Insurance . . . . .                                                                                                                                                                                                                                     | 12,275                |                                 | 12,275                                 |                             |
| 24                                                                                    | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)                                                     |                       |                                 |                                        |                             |
| a                                                                                     | SCHOLARSHIP EXPENSE                                                                                                                                                                                                                                     | 5,152                 |                                 | 5,152                                  |                             |
| b                                                                                     | PROGRAM PRODUCTION EXPENSE                                                                                                                                                                                                                              | 149,729               | 149,729                         |                                        |                             |
| c                                                                                     | MEMBERSHIP AND DUES                                                                                                                                                                                                                                     | 781                   |                                 | 781                                    |                             |
| d                                                                                     | OTHER EXPENSES                                                                                                                                                                                                                                          | 5,447                 |                                 | 5,447                                  |                             |
| e                                                                                     | All other expenses                                                                                                                                                                                                                                      | 0                     |                                 |                                        |                             |
| 25                                                                                    | <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .                                                                                                                                                                                     | 219,132               | 149,729                         | 69,403                                 | 0                           |
| 26                                                                                    | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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)<br>Beginning of year |           | (B)<br>End of year |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------|--------------------|
| <b>Assets</b>                                                                        | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                                                                                                       | 18,337                   | <b>1</b>  | 14,413             |
|                                                                                      | <b>2</b> Savings and temporary cash investments . . . . .                                                                                                                                                                          | 0                        | <b>2</b>  |                    |
|                                                                                      | <b>3</b> Pledges and grants receivable, net . . . . .                                                                                                                                                                              | 0                        | <b>3</b>  | 0                  |
|                                                                                      | <b>4</b> Accounts receivable, net . . . . .                                                                                                                                                                                        | 0                        | <b>4</b>  | 9,326              |
|                                                                                      | <b>5</b> 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 . . . . . | 0                        | <b>5</b>  |                    |
|                                                                                      | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .                                                               | 0                        | <b>6</b>  |                    |
|                                                                                      | <b>7</b> Notes and loans receivable, net . . . . .                                                                                                                                                                                 | 0                        | <b>7</b>  | 0                  |
|                                                                                      | <b>8</b> Inventories for sale or use . . . . .                                                                                                                                                                                     | 17,342                   | <b>8</b>  | 18,728             |
|                                                                                      | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                                                                                                           | 0                        | <b>9</b>  |                    |
|                                                                                      | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D                                                                                                                                     | <b>10a</b> 811,626       |           |                    |
|                                                                                      | <b>b</b> Less: accumulated depreciation . . . . .                                                                                                                                                                                  | <b>10b</b> 412,003       | 416,739   | <b>10c</b> 399,623 |
|                                                                                      | <b>11</b> Investments—publicly traded securities . . . . .                                                                                                                                                                         | 66,619                   | <b>11</b> | 60,562             |
|                                                                                      | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                             | 0                        | <b>12</b> | 0                  |
|                                                                                      | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                              | 0                        | <b>13</b> | 0                  |
|                                                                                      | <b>14</b> Intangible assets . . . . .                                                                                                                                                                                              | 0                        | <b>14</b> | 0                  |
|                                                                                      | <b>15</b> Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                             | 500                      | <b>15</b> | 500                |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . . | 519,537                                                                                                                                                                                                                            | <b>16</b>                | 503,152   |                    |
| <b>Liabilities</b>                                                                   | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                                                                                                          | 663                      | <b>17</b> | 0                  |
|                                                                                      | <b>18</b> Grants payable . . . . .                                                                                                                                                                                                 | 0                        | <b>18</b> |                    |
|                                                                                      | <b>19</b> Deferred revenue . . . . .                                                                                                                                                                                               | 0                        | <b>19</b> |                    |
|                                                                                      | <b>20</b> Tax-exempt bond liabilities . . . . .                                                                                                                                                                                    | 0                        | <b>20</b> |                    |
|                                                                                      | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .                                                                                                                                          | 0                        | <b>21</b> |                    |
|                                                                                      | <b>22</b> 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 . . . . .     | 0                        | <b>22</b> |                    |
|                                                                                      | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                 | 0                        | <b>23</b> | 0                  |
|                                                                                      | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                   | 0                        | <b>24</b> | 0                  |
|                                                                                      | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .                                          | 0                        | <b>25</b> | 0                  |
|                                                                                      | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                                                              | 663                      | <b>26</b> | 0                  |
| <b>Net Assets or Fund Balances</b>                                                   | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>                                                                                        |                          |           |                    |
|                                                                                      | <b>27</b> Net assets without donor restrictions . . . . .                                                                                                                                                                          | 518,874                  | <b>27</b> | 503,152            |
|                                                                                      | <b>28</b> Net assets with donor restrictions . . . . .                                                                                                                                                                             | 0                        | <b>28</b> |                    |
|                                                                                      | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>                                                                                                 |                          |           |                    |
|                                                                                      | <b>29</b> Capital stock or trust principal, or current funds . . . . .                                                                                                                                                             | 0                        | <b>29</b> |                    |
|                                                                                      | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .                                                                                                                                               | 0                        | <b>30</b> |                    |
|                                                                                      | <b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                                                               | 0                        | <b>31</b> |                    |
|                                                                                      | <b>32</b> <b>Total net assets or fund balances</b> . . . . .                                                                                                                                                                       | 518,874                  | <b>32</b> | 503,152            |
|                                                                                      | <b>33</b> <b>Total liabilities and net assets/fund balances</b> . . . . .                                                                                                                                                          | 519,537                  | <b>33</b> | 503,152            |



**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

|           |                                                                                                                          |           |         |
|-----------|--------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .                                                      | <b>1</b>  | 232,414 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25) . . . . .                                                       | <b>2</b>  | 219,132 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1 . . . . .                                                             | <b>3</b>  | 13,282  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .                      | <b>4</b>  | 518,874 |
| <b>5</b>  | Net unrealized gains (losses) on investments . . . . .                                                                   | <b>5</b>  |         |
| <b>6</b>  | Donated services and use of facilities . . . . .                                                                         | <b>6</b>  |         |
| <b>7</b>  | Investment expenses . . . . .                                                                                            | <b>7</b>  |         |
| <b>8</b>  | Prior period adjustments . . . . .                                                                                       | <b>8</b>  |         |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O) . . . . .                                           | <b>9</b>  | -29,004 |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . . | <b>10</b> | 503,152 |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes       | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.                                                                                                                                                  |           |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | <b>2a</b> | X  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                            | <b>2b</b> | X  |
| <b>c</b> 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? . . . . .<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.                                                                      | <b>2c</b> |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .                                                                                                                                                                                                                                                                  | <b>3a</b> |    |
| <b>b</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 . . . . .                                                                                                                                                                                                       | <b>3b</b> |    |

# Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2021

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.Attachment  
Sequence No. 179

|                                                      |                                                        |                                  |
|------------------------------------------------------|--------------------------------------------------------|----------------------------------|
| Name(s) shown on return<br>HILTON HEAD DANCE THEATRE | Business or activity to which this form relates<br>990 | Identifying number<br>57-0823063 |
|------------------------------------------------------|--------------------------------------------------------|----------------------------------|

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

|    |                                                                                                                                         |                              |                  |
|----|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|
| 1  | Maximum amount (see instructions)                                                                                                       | 1                            | 1,050,000        |
| 2  | Total cost of section 179 property placed in service (see instructions)                                                                 | 2                            | 2,776            |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)                                                | 3                            | 2,620,000        |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-                                                        | 4                            | 0                |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            | 1,050,000        |
| 6  | (a) Description of property                                                                                                             | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29                                                                                          | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7                                                    | 8                            | 0                |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8                                                                              | 9                            | 0                |
| 10 | Carryover of disallowed deduction from line 13 of your 2020 Form 4562.                                                                  | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions                       | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11                                                    | 12                           | 0                |
| 13 | Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12                                                             | 13                           | 0                |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

|    |                                                                                                                                            |    |       |
|----|--------------------------------------------------------------------------------------------------------------------------------------------|----|-------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 | 2,776 |
| 15 | Property subject to section 168(f)(1) election                                                                                             | 15 |       |
| 16 | Other depreciation (including ACRS)                                                                                                        | 16 |       |

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

|    |                                                                                                                                   |    |        |
|----|-----------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2021                                                  | 17 | 17,116 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here |    |        |

**Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|----------------------------------------------------------------------------|---------------------|----------------|------------|----------------------------|
| 19 a 3-year property           |                                      |                                                                            |                     |                |            |                            |
| b 5-year property              |                                      |                                                                            |                     |                |            |                            |
| c 7-year property              |                                      |                                                                            |                     |                |            |                            |
| d 10-year property             |                                      |                                                                            |                     |                |            |                            |
| e 15-year property             |                                      |                                                                            |                     |                |            |                            |
| f 20-year property             |                                      |                                                                            |                     |                |            |                            |
| g 25-year property             |                                      |                                                                            | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  |                                      |                                                                            | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property |                                      |                                                                            | 39 yrs.             | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

|                 |  |  |         |    |     |  |
|-----------------|--|--|---------|----|-----|--|
| 20 a Class life |  |  |         |    | S/L |  |
| b 12-year       |  |  | 12 yrs. |    | S/L |  |
| c 30-year       |  |  | 30 yrs. | MM | S/L |  |
| d 40-year       |  |  | 40 yrs. | MM | S/L |  |

**Part IV Summary (See instructions.)**

|    |                                                                                                                                                                                                            |    |        |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 21 | Listed property. Enter amount from line 28                                                                                                                                                                 | 21 |        |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 19,892 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs                                                                    | 23 |        |

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2021)

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

HILTON HEAD DANCE THEATRE

Employer identification number

57-0823063

**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 . . . . . 0
- 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? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|-------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                    |          |                                                                               | Yes                                                         | No |                                                   |                                                 |
| (A)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (B)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (C)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (D)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (E)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| <b>Total</b>                       |          |                                                                               |                                                             |    | 0                                                 | 0                                               |

**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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .                                                                                                  | 93,036   | 103,552  | 99,152   | 63,343   | 113,687  | 472,770   |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                                                     |          |          |          |          |          | 0         |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                                             |          |          |          |          |          | 0         |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .                                                                                                                                                                        | 93,036   | 103,552  | 99,152   | 63,343   | 113,687  | 472,770   |
| <b>5</b> 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) . . . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4 . . . . .                                                                                                                                                         |          |          |          |          |          | 472,770   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                                    | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4 . . . . .                                                                                                                                                                                         | 93,036   | 103,552  | 99,152   | 63,343   | 113,687  | 472,770   |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .                                                                             | 4,989    | 5,648    | 4,153    | 3,865    |          | 18,655    |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                                                                                                          |          |          |          |          |          | 0         |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                                                                                            |          |          |          |          |          | 0         |
| <b>11 Total support.</b> Add lines 7 through 10 . . . . .                                                                                                                                                                      |          |          |          |          |          | 491,425   |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                                                            |          |          |          |          | 12       |           |
| <b>13 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                                               | <b>14</b> | 96.20% |
| <b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                                                      | <b>15</b> | 94.66% |
| <b>16a 33 1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>                                                                                                                                                            |           |        |
| <b>b 33 1/3% support test—2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>                                                                                                                                                                    |           |        |
| <b>17a 10%-facts-and-circumstances test—2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>    |           |        |
| <b>b 10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/> |           |        |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>                                                                                                                                                                                                                                                           |           |        |

**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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                                 |          |          |          |          |          | 0         |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |          |          |          |          |          | 0         |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .                                                                             |          |          |          |          |          | 0         |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                          |          |          |          |          |          | 0         |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                  |          |          |          |          |          | 0         |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .                                                                                                                                             | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .                                                                                                |          |          |          |          |          | 0         |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .           |          |          |          |          |          | 0         |
| <b>c</b> Add lines 7a and 7b . . . . .                                                                                                                                                      | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .                                                                                                                           |          |          |          |          |          | 0         |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                                    | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .                                                                                                                                                                                         | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .                                                                           |          |          |          |          |          | 0         |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                                                                                                     |          |          |          |          |          | 0         |
| <b>c</b> Add lines 10a and 10b . . . . .                                                                                                                                                                                       | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .                                                                                |          |          |          |          |          | 0         |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                                                                                            |          |          |          |          |          | 0         |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .                                                                                                                                                             | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                             |           |       |
|-------------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . . | <b>15</b> | 0.00% |
| <b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .                       | <b>16</b> | 0.00% |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                         |           |       |
|-------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) . . . . . | <b>17</b> | 0.00% |
| <b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .                         | <b>18</b> | 0.00% |

- 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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>                                                                                                                                                                                                                    |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>                                                                                                                                                                                                                                                 |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>                                                                                                                                                                                                                                                               |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>                                                                                                                                                                                                                                                                                                        |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>                                                                                                                                                                                                                                                                                                                                           |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>                                                                                                                                                                                                            |     |    |
| <b>c</b> 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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>                                                                                                                                                                               |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i> |     |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                              |     |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>                                                                                                                                                                                                         |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>                                                                                                                                                                                                                                                                                                                                                                   |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                         |     |    |
| <b>b</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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>c</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                                   |     |    |
| <b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>                                                                                                                                                                                                                                                         |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>                                                                                                                                                                                                                                                                                                                                                              |     |    |

**Part IV Supporting Organizations (continued)**

|                                                                                                                                                                                    | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?                                                                                  |     |    |
| <b>a</b> 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? |     |    |
| <b>b</b> A family member of a person described on line 11a above?                                                                                                                  |     |    |
| <b>c</b> 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 <b>Part VI</b> .                             |     |    |
| <b>11a</b>                                                                                                                                                                         |     |    |
| <b>11b</b>                                                                                                                                                                         |     |    |
| <b>11c</b>                                                                                                                                                                         |     |    |

**Section B. Type I Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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 <b>Part VI</b> 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. |     |    |
| <b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |

**Section C. Type II Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                             |     |    |

**Section D. All Type III Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                       |     |    |
| <b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.                                                                                |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| <b>a</b> 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 <b>Part VI</b> 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. |  |  |  |
| <b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.                                                                                                                  |  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| <b>a</b> 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 <b>Part VI</b> .                                                                                                                                                                                                                                                                                                             |  |  |  |
| <b>b</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 <b>Part VI</b> the role played by the organization in this regard.                                                                                                                                                                                                                                                                                   |  |  |  |
| <b>2a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| <b>2b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| <b>3a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| <b>3b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |

**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  | 0              | 0                           |
| 5 Depreciation and depletion                                                                                                                                                                               | 5  |                |                             |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6  |                |                             |
| 7 Other expenses (see instructions)                                                                                                                                                                        | 7  |                |                             |
| 8 <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)                                                                                                                                      | 8  | 0              | 0                           |
| Section B - Minimum Asset Amount                                                                                                                                                                           |    | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):                                                                          |    |                |                             |
| a Average monthly value of securities                                                                                                                                                                      | 1a |                |                             |
| b Average monthly cash balances                                                                                                                                                                            | 1b |                |                             |
| c Fair market value of other non-exempt-use assets                                                                                                                                                         | 1c |                |                             |
| d <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                                                                                                  | 1d | 0              | 0                           |
| e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                                                                                            |    |                |                             |
| 2 Acquisition indebtedness applicable to non-exempt-use assets                                                                                                                                             | 2  |                |                             |
| 3 Subtract line 2 from line 1d.                                                                                                                                                                            | 3  | 0              | 0                           |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                                                                                           | 4  | 0              | 0                           |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                                                                                         | 5  | 0              | 0                           |
| 6 Multiply line 5 by 0.035.                                                                                                                                                                                | 6  | 0              | 0                           |
| 7 Recoveries of prior-year distributions                                                                                                                                                                   | 7  | 0              | 0                           |
| 8 <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                                                                                                       | 8  | 0              | 0                           |
| Section C - Distributable Amount                                                                                                                                                                           |    |                | Current Year                |
| 1 Adjusted net income for prior year (from Section A, line 8, column A)                                                                                                                                    | 1  |                | 0                           |
| 2 Enter 0.85 of line 1.                                                                                                                                                                                    | 2  |                | 0                           |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A)                                                                                                                                   | 3  |                | 0                           |
| 4 Enter greater of line 2 or line 3.                                                                                                                                                                       | 4  |                | 0                           |
| 5 Income tax imposed in prior year                                                                                                                                                                         | 5  |                |                             |
| 6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).                                                                            | 6  |                | 0                           |
| 7 <input type="checkbox"/> 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 <b>Part VI</b> )                                                       | 5            |
| 6                         | Other distributions (describe in <b>Part VI</b> ). See instructions.                                                                               | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.                                                                                          | 0            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. | 8            |
| 9                         | Distributable amount for 2021 from Section C, line 6                                                                                               | 0            |
| 10                        | Line 8 amount divided by line 9 amount                                                                                                             | 0.000        |

| Section E - Distribution Allocations (see instructions)                                                                                                                           | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2021 | (iii)<br>Distributable<br>Amount for 2021 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1 Distributable amount for 2021 from Section C, line 6                                                                                                                            |                             |                                        | 0                                         |
| 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.                                                   |                             |                                        |                                           |
| 3 Excess distributions carryover, if any, to 2021                                                                                                                                 |                             |                                        |                                           |
| a From 2016 . . . . .                                                                                                                                                             | 0                           |                                        |                                           |
| b From 2017 . . . . .                                                                                                                                                             | 0                           |                                        |                                           |
| c From 2018 . . . . .                                                                                                                                                             | 0                           |                                        |                                           |
| d From 2019 . . . . .                                                                                                                                                             | 0                           |                                        |                                           |
| e From 2020 . . . . .                                                                                                                                                             | 0                           |                                        |                                           |
| f <b>Total</b> of lines 3a through 3e                                                                                                                                             | 0                           |                                        |                                           |
| g Applied to underdistributions of prior years                                                                                                                                    |                             | 0                                      |                                           |
| h Applied to 2021 distributable amount                                                                                                                                            |                             |                                        | 0                                         |
| i Carryover from 2016 not applied (see instructions)                                                                                                                              |                             |                                        |                                           |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                                                                                                          | 0                           |                                        |                                           |
| 4 Distributions for 2021 from Section D, line 7: \$ 0                                                                                                                             |                             |                                        |                                           |
| a Applied to underdistributions of prior years                                                                                                                                    |                             | 0                                      |                                           |
| b Applied to 2021 distributable amount                                                                                                                                            |                             |                                        | 0                                         |
| c Remainder. Subtract lines 4a and 4b from line 4.                                                                                                                                | 0                           |                                        |                                           |
| 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             | 0                                      |                                           |
| 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |                                        | 0                                         |
| 7 <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.                                                                                                             | 0                           |                                        |                                           |
| 8 Breakdown of line 7:                                                                                                                                                            |                             |                                        |                                           |
| a Excess from 2017 . . . . .                                                                                                                                                      | 0                           |                                        |                                           |
| b Excess from 2018 . . . . .                                                                                                                                                      | 0                           |                                        |                                           |
| c Excess from 2019 . . . . .                                                                                                                                                      | 0                           |                                        |                                           |
| d Excess from 2020 . . . . .                                                                                                                                                      | 0                           |                                        |                                           |
| e Excess from 2021 . . . . .                                                                                                                                                      | 0                           |                                        |                                           |

**Part VI**

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

Electronic Filing Only

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

HILTON HEAD DANCE THEATRE

Employer identification number

57-0823063

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|                                                                                                                                                                                                                                                                                 | (a) Donor advised funds | (b) Funds and other accounts                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------|
| 1 Total number at end of year . . . . .                                                                                                                                                                                                                                         |                         |                                                          |
| 2 Aggregate value of contributions to (during year) . . . . .                                                                                                                                                                                                                   |                         |                                                          |
| 3 Aggregate value of grants from (during year) . . . . .                                                                                                                                                                                                                        |                         |                                                          |
| 4 Aggregate value at end of year . . . . .                                                                                                                                                                                                                                      |                         |                                                          |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .                                                            |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1 Purpose(s) of conservation easements held by the organization (check all that apply).<br><input type="checkbox"/> Preservation of land for public use (for example, recreation or education)<br><input type="checkbox"/> Protection of natural habitat<br><input type="checkbox"/> Preservation of open space<br><input type="checkbox"/> Preservation of a historically important land area<br><input type="checkbox"/> Preservation of a certified historic structure |                                                          |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.                                                                                                                                                                                                                                                                                                     |                                                          |
| a Total number of conservation easements . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                        | 2a                                                       |
| b Total acreage restricted by conservation easements . . . . .                                                                                                                                                                                                                                                                                                                                                                                                            | 2b                                                       |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .                                                                                                                                                                                                                                                                                                                                                                            | 2c                                                       |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .                                                                                                                                                                                                                                                                                                                      | 2d                                                       |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ . . . . .                                                                                                                                                                                                                                                                                                                       |                                                          |
| 4 Number of states where property subject to conservation easement is located ▶ . . . . .                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ . . . . .                                                                                                                                                                                                                                                                                                                   |                                                          |
| 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ . . . . .                                                                                                                                                                                                                                                                                                                      |                                                          |
| 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.                                                                                                                                                             |                                                          |

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

|                                                                                                                                                                                                                                                                                                                                                                                  |                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. |                |
| b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:                                                     |                |
| (i) Revenue included on Form 990, Part VIII, line 1 . . . . .                                                                                                                                                                                                                                                                                                                    | ▶ \$ . . . . . |
| (ii) Assets included in Form 990, Part X . . . . .                                                                                                                                                                                                                                                                                                                               | ▶ \$ . . . . . |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:                                                                                                                                                         |                |
| a Revenue included on Form 990, Part VIII, line 1 . . . . .                                                                                                                                                                                                                                                                                                                      | ▶ \$ . . . . . |
| b Assets included in Form 990, Part X . . . . .                                                                                                                                                                                                                                                                                                                                  | ▶ \$ . . . . . |

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

**a** ☐ Public exhibition

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

|                                         | Amount |
|-----------------------------------------|--------|
| <b>1c</b> Beginning balance             | 0      |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                | 0      |

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☒ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|                                                         | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     | 0                | 0              | 0                  | 0                    | 0                   |
| <b>b</b> Contributions                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance                            | 0                | 0              | 0                  | 0                    | 0                   |

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment ☐ %

**b** Permanent endowment ☐ %

**c** Term endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     |    |
| <b>3a(ii)</b> |     |    |
| <b>3b</b>     |     |    |

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property         | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land                  | 0                                    | 500                             |                              | 500            |
| <b>b</b> Buildings              | 0                                    | 628,668                         | 235,503                      | 393,165        |
| <b>c</b> Leasehold improvements | 0                                    | 23,429                          | 17,471                       | 5,958          |
| <b>d</b> Equipment              | 0                                    | 159,029                         | 159,029                      | 0              |
| <b>e</b> Other                  | 0                                    | 0                               | 0                            | 0              |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 399,623

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)             | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|-------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1) Financial derivatives . . . . .                                                 | 0              |                                                              |
| (2) Closely held equity interests . . . . .                                         | 0              |                                                              |
| (3) Other . . . . .                                                                 |                |                                                              |
| (A) . . . . .                                                                       |                |                                                              |
| (B) . . . . .                                                                       |                |                                                              |
| (C) . . . . .                                                                       |                |                                                              |
| (D) . . . . .                                                                       |                |                                                              |
| (E) . . . . .                                                                       |                |                                                              |
| (F) . . . . .                                                                       |                |                                                              |
| (G) . . . . .                                                                       |                |                                                              |
| (H) . . . . .                                                                       |                |                                                              |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . . | 0              |                                                              |

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment                                                       | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|-------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1)                                                                                 |                |                                                              |
| (2)                                                                                 |                |                                                              |
| (3)                                                                                 |                |                                                              |
| (4)                                                                                 |                |                                                              |
| (5)                                                                                 |                |                                                              |
| (6)                                                                                 |                |                                                              |
| (7)                                                                                 |                |                                                              |
| (8)                                                                                 |                |                                                              |
| (9)                                                                                 |                |                                                              |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . . . . | 0              |                                                              |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description                                                                     | (b) Book value |
|-------------------------------------------------------------------------------------|----------------|
| (1)                                                                                 |                |
| (2)                                                                                 |                |
| (3)                                                                                 |                |
| (4)                                                                                 |                |
| (5)                                                                                 |                |
| (6)                                                                                 |                |
| (7)                                                                                 |                |
| (8)                                                                                 |                |
| (9)                                                                                 |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . | 0              |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability                                                     | (b) Book value |
|-------------------------------------------------------------------------------------|----------------|
| (1) Federal income taxes . . . . .                                                  | 0              |
| (2)                                                                                 |                |
| (3)                                                                                 |                |
| (4)                                                                                 |                |
| (5)                                                                                 |                |
| (6)                                                                                 |                |
| (7)                                                                                 |                |
| (8)                                                                                 |                |
| (9)                                                                                 |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . | 0              |

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |                                                                                                          |           |           |   |
|----------|----------------------------------------------------------------------------------------------------------|-----------|-----------|---|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |           | <b>1</b>  |   |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |           |   |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .                                                   | <b>2a</b> |           |   |
| <b>b</b> | Donated services and use of facilities . . . . .                                                         | <b>2b</b> |           |   |
| <b>c</b> | Recoveries of prior year grants . . . . .                                                                | <b>2c</b> |           |   |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .                                                                 | <b>2d</b> |           |   |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                          |           | <b>2e</b> | 0 |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                     |           | <b>3</b>  | 0 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                     |           |           |   |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |   |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .                                                                 | <b>4b</b> |           |   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                              |           | <b>4c</b> | 0 |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . |           | <b>5</b>  | 0 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |                                                                                                           |           |           |   |
|----------|-----------------------------------------------------------------------------------------------------------|-----------|-----------|---|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      |           | <b>1</b>  |   |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                         |           |           |   |
| <b>a</b> | Donated services and use of facilities . . . . .                                                          | <b>2a</b> |           |   |
| <b>b</b> | Prior year adjustments . . . . .                                                                          | <b>2b</b> |           |   |
| <b>c</b> | Other losses . . . . .                                                                                    | <b>2c</b> |           |   |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .                                                                  | <b>2d</b> |           |   |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                           |           | <b>2e</b> | 0 |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                      |           | <b>3</b>  | 0 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                        |           |           |   |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |           |   |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .                                                                  | <b>4b</b> |           |   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                               |           | <b>4c</b> | 0 |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . |           | <b>5</b>  | 0 |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part XIII** Supplemental Information *(continued)*

Electronic Filing Only

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

HILTON HEAD DANCE THEATRE

Employer identification number

57-0823063

**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? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|-------------------------------------------------------------------|---------------------------------------------------|
|                                                           |               | Yes                                                            | No |                                   |                                                                   |                                                   |
| <b>1</b>                                                  |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |
| <b>2</b>                                                  |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |
| <b>3</b>                                                  |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |
| <b>4</b>                                                  |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |
| <b>5</b>                                                  |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |
| <b>6</b>                                                  |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |
| <b>7</b>                                                  |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |
| <b>8</b>                                                  |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |
| <b>9</b>                                                  |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |
| <b>10</b>                                                 |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |
| <b>Total</b>                                              |               |                                                                |    | 0                                 | 0                                                                 | 0                                                 |

**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.

| Revenue         |                                                                             | (a) Event #1                | (b) Event #2 | (c) Other events       | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|-----------------------------------------------------------------------------|-----------------------------|--------------|------------------------|--------------------------------------------------------|
|                 |                                                                             | Fundraising<br>(event type) | (event type) | NONE<br>(total number) |                                                        |
| Revenue         | 1 Gross receipts . . . . .                                                  | 18,445                      |              | 0                      | 18,445                                                 |
|                 | 2 Less: Contributions . . . . .                                             |                             |              | 0                      | 0                                                      |
|                 | 3 Gross income (line 1 minus<br>line 2) . . . . .                           | 18,445                      |              | 0                      | 18,445                                                 |
| Direct Expenses | 4 Cash prizes . . . . .                                                     |                             |              | 0                      | 0                                                      |
|                 | 5 Noncash prizes . . . . .                                                  |                             |              | 0                      | 0                                                      |
|                 | 6 Rent/facility costs . . . . .                                             |                             |              | 0                      | 0                                                      |
|                 | 7 Food and beverages . . . . .                                              |                             |              | 0                      | 0                                                      |
|                 | 8 Entertainment . . . . .                                                   |                             |              | 0                      | 0                                                      |
|                 | 9 Other direct expenses . . . . .                                           | 9,846                       |              | 0                      | 9,846                                                  |
|                 | 10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶  |                             |              |                        | ( 9,846)                                               |
|                 | 11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |                             |              |                        | 8,599                                                  |

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

| Revenue         |                                                                                | (a) Bingo                                                           | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming                                                    | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| 1               | Gross revenue . . . . .                                                        |                                                                     |                                                                     |                                                                     | 0                                                   |
| Direct Expenses | 2 Cash prizes . . . . .                                                        |                                                                     |                                                                     |                                                                     | 0                                                   |
|                 | 3 Noncash prizes . . . . .                                                     |                                                                     |                                                                     |                                                                     | 0                                                   |
|                 | 4 Rent/facility costs . . . . .                                                |                                                                     |                                                                     |                                                                     | 0                                                   |
|                 | 5 Other direct expenses . . . . .                                              |                                                                     |                                                                     |                                                                     | 0                                                   |
| 6               | Volunteer labor . . . . .                                                      | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                                                     |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶        |                                                                     |                                                                     |                                                                     | ( 0)                                                |
| 8               | Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶ |                                                                     |                                                                     |                                                                     | 0                                                   |

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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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 ▶ \$ \_\_\_\_\_ 0 and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_ 0
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_ 0

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer

☐ Employee

☐ Independent contractor

**17** Mandatory distributions:

- 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 ▶ \$ \_\_\_\_\_ 0

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

HILTON HEAD DANCE THEATRE

Employer identification number

57-0823063

Form 990, Part VI, Line 11B: ORGANIZATION'S PROCESS TO REVIEW FORM 990 BEFORE FORM 990 IS  
FILED. A PDF OF THIS TAX FORM IS SENT OUT BY EMAIL TO ALL DIRECTORS FOR REVIEW. ALL DIRECTORS  
MUST SEND BACK AN EMAIL INDICATION THAT THEY HAVE REVIEWED THE RETURN AND AGREE WITH IT'S  
CONTENTS OR THAT THEY DO NOT WISH TO REVIEW THE RETURN AND AGREE TO HAVE IT SENT WITHOUT  
REVIEW.

Form 990, Part VI, Line 12C: ENFORCEMENT OF CONFLICT POLICY. THE POLICY FOR CONFLICTS IS  
CONTAINED IN THE BYLAWS AND IS ANNUALLY REVIEWED DURING THE ELECTION PROCESS. IN ADDITION, ANY  
TIME SOMEONE EXITS THE BOARD, THE POLICY IS REVIEWED.

Form 990, Part VI, Line 15A: COMPENSATION PROCESS FOR TOP OFFICIALS. THE ENTITY HAS NEVER  
NEEDED TO USE THIS POLICY, BUT SUCH A POLICY WAS WRITTEN FOR US BY OUR ATTORNEY AND IS  
CONTAINED IN THE BYLAWS. EVERY BOARD MEMBER HAS A COPY.

Form 990, Part VI, Line 19: THE PROCESS FOR OFFICERS. THE POLICY REGARDING CEO/OTHER OFFICERS  
CONTAINED IN THE BYLAWS IS THE SAME AS THE TOP OFFICIAL POLICY.

Form 990, Part VI, Line 19: GOVERNING DOCUMENTS DISCLOSURE EXPLANATION. ALL REQUIRED DOCUMENTS  
ARE AVAILABLE TO THE PUBLIC IN THE ENTITY'S OFFICE DURING REGULAR BUSINESS HOURS SHOULD ANYONE  
WISH TO SEE THEM.

Name of the organization

Employer identification number

HILTON HEAD DANCE THEATRE

57-0823063

Electronic Filing Only

Form **8879-TE****IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2021, or fiscal year beginning 8/1, 2021, and ending 7/31, 20 22▶ **Do not send to the IRS. Keep for your records.**▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.****2021**

Name of filer

HILTON HEAD DANCE THEATRE

EIN or SSN

57-0823063

Name and title of officer or person subject to tax

Lori Finger

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.

|                                              |                                     |                                                                                         |                          |
|----------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------|--------------------------|
| <b>1a</b> Form 990 check here . . . . .      | <input checked="" type="checkbox"/> | <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .     | <b>1b</b> <u>232,414</u> |
| <b>2a</b> Form 990-EZ check here . . . . .   | <input type="checkbox"/>            | <b>b</b> Total revenue, if any (Form 990-EZ, line 9) . . . . .                          | <b>2b</b> _____          |
| <b>3a</b> Form 1120-POL check here . . . . . | <input type="checkbox"/>            | <b>b</b> Total tax (Form 1120-POL, line 22) . . . . .                                   | <b>3b</b> _____          |
| <b>4a</b> Form 990-PF check here . . . . .   | <input type="checkbox"/>            | <b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) . . . . .         | <b>4b</b> _____          |
| <b>5a</b> Form 8868 check here . . . . .     | <input type="checkbox"/>            | <b>b</b> Balance due (Form 8868, line 3c) . . . . .                                     | <b>5b</b> _____          |
| <b>6a</b> Form 990-T check here . . . . .    | <input type="checkbox"/>            | <b>b</b> Total tax (Form 990-T, Part III, line 4) . . . . .                             | <b>6b</b> _____          |
| <b>7a</b> Form 4720 check here . . . . .     | <input type="checkbox"/>            | <b>b</b> Total tax (Form 4720, Part III, line 1) . . . . .                              | <b>7b</b> _____          |
| <b>8a</b> Form 5227 check here . . . . .     | <input type="checkbox"/>            | <b>b</b> FMV of assets at end of tax year (Form 5227, Item D) . . . . .                 | <b>8b</b> _____          |
| <b>9a</b> Form 5330 check here . . . . .     | <input type="checkbox"/>            | <b>b</b> Tax due (Form 5330, Part II, line 19) . . . . .                                | <b>9b</b> _____          |
| <b>10a</b> Form 8038-CP check here . . . . . | <input type="checkbox"/>            | <b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . . | <b>10b</b> _____         |

**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) HILTON HEAD DANCE THEATRE, (EIN) 57-0823063 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 Vital Business & Accounting Solutions, PC to enter my PIN 23063 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 ▶

12/6/2022

**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.

57923868805

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 ▶ Tina M Clark

Date ▶

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2021)

HTA

**Summary of Unadjusted Basis of Qualified Property (4562)**

7/31/2022

**Summary of Qualified Property by Activity**

| Activity |               | Unadjusted<br>Cost or Basis |
|----------|---------------|-----------------------------|
| <b>1</b> | 990 . . . . . | 808,350                     |

**Detail of Qualified Property**

| Activity |     | Asset Description        | Date In Service | Recovery Period | Years in Service | Total Cost or Basis | Business/Time Use Percent | Unadjusted Cost or Basis |
|----------|-----|--------------------------|-----------------|-----------------|------------------|---------------------|---------------------------|--------------------------|
| 2        | 990 | BUILDING                 | 8/1/2009        | 39.0            | 13               | 585,000             | 100.00%                   | 585,000                  |
| 3        | 990 | SETS                     | 8/1/2012        | 7.0             | 10               | 44,263              | 100.00%                   | 44,263                   |
| 4        | 990 | PROPS                    | 8/1/2012        | 7.0             | 10               | 1,400               | 100.00%                   | 1,400                    |
| 5        | 990 | COSTUMES                 | 8/1/2012        | 7.0             | 10               | 61,140              | 100.00%                   | 61,140                   |
| 6        | 990 | STAGE FLOOR              | 8/1/2012        | 7.0             | 10               | 3,330               | 100.00%                   | 3,330                    |
| 7        | 990 | EQUIPMENT                | 8/1/2012        | 7.0             | 10               | 3,747               | 100.00%                   | 3,747                    |
| 8        | 990 | SPRUNG DANCE FLOOR       | 8/1/2012        | 7.0             | 10               | 19,391              | 100.00%                   | 19,391                   |
| 9        | 990 | BUILDING IMPROVMENTS     | 8/1/2013        | 39.0            | 9                | 24,059              | 100.00%                   | 24,059                   |
| 10       | 990 | BUILDING IMPROVEMENTS    | 8/1/2014        | 39.0            | 8                | 9,921               | 100.00%                   | 9,921                    |
| 11       | 990 | COSTUMES                 | 8/1/2014        | 7.0             | 8                | 5,350               | 100.00%                   | 5,350                    |
| 12       | 990 | PROPS                    | 8/1/2014        | 7.0             | 8                | 6,240               | 100.00%                   | 6,240                    |
| 13       | 990 | FURNITURE AND FIXTURES   | 8/1/2014        | 7.0             | 8                | 2,006               | 100.00%                   | 2,006                    |
| 14       | 990 | HVAC SYSTEM              | 7/25/2016       | 39.0            | 7                | 4,300               | 100.00%                   | 4,300                    |
| 15       | 990 | PARKING LOT IMPROVEMENT  | 12/7/2015       | 15.0            | 7                | 15,360              | 100.00%                   | 15,360                   |
| 16       | 990 | NEW ENTRY                | 12/7/2015       | 15.0            | 7                | 2,600               | 100.00%                   | 2,600                    |
| 17       | 990 | SIDEWALKS                | 12/7/2015       | 15.0            | 7                | 2,840               | 100.00%                   | 2,840                    |
| 18       | 990 | ISLAND ENVIRONMENTS-PART | 9/12/2016       | 15.0            | 6                | 2,629               | 100.00%                   | 2,629                    |
| 19       | 990 | HVAC                     | 3/21/2018       | 39.0            | 5                | 5,388               | 100.00%                   | 5,388                    |
| 20       | 990 | SIGN D SIGN              | 7/13/2018       | 7.0             | 5                | 2,432               | 100.00%                   | 2,432                    |
| 21       | 990 | PROPS - HOUSE            | 4/30/2019       | 7.0             | 4                | 6,954               | 100.00%                   | 6,954                    |