## 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 Reveiw Committee annual reporting requirements, please classify your current grant request into the following authorized categories:

1 - Destination Advertising/Promotion  Advertising and promotion of tourism so as to develop and increase tourist attendence through the generation of publicity.	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  Tourist shuttle transportation.	0	%
6 - Waterfront Erosion/Control/Repair Control and repair of waterfront erosion.	0	%
7 - Operation of Visitor Information Centers  Operating visitor information centers.	0	%

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)

Total:

100 %

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 suport 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.

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

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

Yes \_\_\_ No \_X\_

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

#### F. MEASURING EFFECTIVENESS:

If you received 2024 or 2025 HHI ATAX funds

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

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

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 -	RESULTS					
			2024.2025		When possible, provide planned results vs. actual results,					
					and/or current year vs. prior year results .					
Advertising Efforts t	o Increase Tourist Atten	dance:								
Advertising -					<b>2024</b> : 2,250 Tickets were sold in 2024 of which 386 were					
Nutcracker, 2024					Tourists and 424 were Visitors from Bluffton.					
					<b>2023:</b> 2,560 Tickets were sold in 2023 of which 486 were					
					Tourists and 458 were Visitors from Bluffton.					
					<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						

Advertising Efforts to	Increase Tourist Attendan	ice:			
Advertising - Spring,					2025: 471 Tickets were sold in 2025 of which 45 were
2025					Tourists and 101 were Visitors from Bluffton.
					2024: 383 Tickets were sold in 2024 of which 67 were
					Tourists and 33 were Visitors from Bluffton.
					2023: 416 Tickets were sold in 2023 of which 44 were
					Tourists and 95 were Visitors from Bluffton.
					2022: 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 Cost	s Budget to Actual	\$	20,000.00	\$ 21,559.90	
Hilton Head Dance The	eatre Budgeted	\$	-	\$ 182.40	
Total Advertising Costs	s Budget to Actual	\$	20,000.00	\$ 21,742.30	<del>-</del> -



## **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.



# 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  $4^{th}$  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
Income							
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
Total Income	106,000.00	22,500.00	13,500.00	3,225.00	0.00	72,550.00	217,775.00
Cost of Goods Sold							
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		.,000.00	4,700.00
Technical Crew	600.00	300.00	1,100.00	700.00			900.00
Venue Rental	5,800.00	2,000.00	2,000.00	1,300.00			11,100.00
Total COGS	60,050.00	27,900.00	11,700.00	4,150.00	250.00	53,700.00	157,750.00
Gross Profit	45,950.00	-5,400.00		-925.00	-250.00	18,850.00	60,025.00
	45,950.00	-5,400.00	1,800.00	-925.00	-230.00	10,000.00	00,023.00
Expense						1 000 00	4 000 00
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
Total Expense	0.00	0.00	0.00	0.00	0.00	60,400.00	60,400.00
let Income	45,950.00	-5,400.00	1,800.00	-925.00	-250.00	-41,550.00	-375.00

## **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
Income						
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
Total for Income	111,877.74	16,952.34	3,175.00	14,840.00	67,652.12	\$214,497.20
Cost of Goods Sold						
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
Total for Cost of Goods Sold	62,905.89	20,409.44	1,535.82	11,881.86	53,383.70	\$150,116.71
Gross Profit	48,971.85	-3,457.10	1,639.18	2,958.14	14,268.42	\$64,380.49
Expenses						
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
Assets	
Current Assets	
Bank Accounts	
Cash in Drawer	820.00
CSB Checking	21,278.15
Merrill Lynch - Cash	961.90
Merrill Lynch - Mutual Funds	61,305.83
Total for Bank Accounts	\$84,365.88
Accounts Receivable	3,000.00
Total for Accounts Receivable	\$3,000.00
Other Current Assets	
Inventory Asset	15,049.80
<b>Total for Other Current Assets</b>	\$15,049.80
Total for Current Assets	\$102,415.68
Fixed Assets	
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
Total for Fixed Assets	\$355,477.70
Other Assets	
Security Deposit	500.00
Total for Other Assets	\$500.00
Total for Assets	\$458,393.38
Liabilities and Equity	
Liabilities	
Current Liabilities	
Accounts Payable	5,000.00
Total for Accounts Payable	\$5,000.00
Total for Current Liabilities	\$5,000.00
Equity	<b>V</b> 0,000.00
Accum. Other Comprehensive Inc	3,889.52
Retained Earnings	459,109.43
Net Income	-9,605.57
Total for Equity	\$453,393.38
Total for Equity  Total for Liabilities and Equity	\$458,393.38
. Stat. 131 Elabilitios and Equity	Ψ <del>-</del> -00,000.00

## **Hilton Head Dance Theatre** Profit and Loss by Class August 2023 - July 2024

	NI.	utcracker	e,	ring Colo	erp Too & Peter Rabbit		Summer nowcase		reach / SO / 5K		ннот		TOTAL
Income		utcracker	ъp	ring Gala	Kabbit	31	lowcase	пп	50 / 5K		וטחח		IOTAL
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						100.00		18,490.95
Grants		13,457.55		6,670.35	.,_00.00								20,127.90
Mbrships/Advertise/Sponsors		7,500.00		0,0.0.00							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
Total Income		109,097.55	\$		\$ 11,049.04	\$	3,900.00	\$	0.00	\$	63,355.00	\$	208,267.78
Cost of Goods Sold	·	•	·	,	,		•	·		•	•	·	•
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
Total Cost of Goods Sold	\$	65,041.89	\$	30,010.27	\$ 8,645.61	\$	3,342.91	\$	250.00	\$	54,324.70	\$	161,615.38
Gross Profit	\$	44,055.66	-\$	9,144.08	\$ 2,403.43	\$	557.09	-\$	250.00	\$	9,030.30	\$	46,652.40
Expenses													
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	\$ 0.00	\$	0.00	\$	76,791.78	\$	76,791.78
Net Operating Income	\$ 44,055.66	-\$	9,144.08	\$ 2,403.43	\$ 557.09	-\$	250.00	-\$	67,761.48	-\$	30,139.38
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	\$ 0.00	\$	0.00	\$	1,531.42	\$	1,531.42
Other Expenses											
Investment Expenses									1,077.03		1,077.03
Total Other Expenses	\$ 0.00	\$	0.00	\$ 0.00	\$ 0.00	\$	0.00	\$	1,077.03	\$	1,077.03
Net Other Income	\$ 0.00	\$	0.00	\$ 0.00	\$ 0.00	\$	0.00	\$	454.39	\$	454.39
Net Income	\$ 44,055.66	-\$	9,144.08	\$ 2,403.43	\$ 557.09	-\$	250.00	-\$	67,307.09	-\$	29,684.99

# Hilton Head Dance Theatre Balance Sheet

As of July 31, 2024

		Total
ASSETS		
Current Assets		
Bank Accounts		
Cash in Drawer		860.00
CSB Checking		18,453.98
Merrill Lynch - Cash		830.12
Merrill Lynch - Mutual Funds		57,280.49
Total Bank Accounts	\$	77,424.59
Other Current Assets		
Accounts Receivable		3,000.00
Inventory Asset		19,478.91
Total Other Current Assets	\$	22,478.91
Total Current Assets	\$	99,903.50
Fixed Assets		
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
Total Fixed Assets	\$	372,461.70
Other Assets		
Security Deposit		500.00
Total Other Assets	\$	500.00
TOTAL ASSETS	\$	472,865.20
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		5,000.00
Due to/from HHDS		360.00
Total Current Liabilities		5,360.00
Total Liabilities	\$	5,360.00
Equity	·	- <b>,</b>
Accum. Other Comprehensive Inc		566.14
Retained Earnings		496,624.05
Net Income		-29,684.99
Total Equity		467,505.20
TOTAL LIABILITIES AND EQUITY		472,865.20
	<u> </u>	

## **Hilton Head Dance Theatre**

## Profit & Loss - Combined August 2022 through July 2023

	Nutcracker	Spring Gala	Terp Too & The Magic Toy Shop	Summer Showcase	Plie on May	ннот	TOTAL
Ordinary Income/Expense							
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
Total Income	95,650.60	20,918.95	12,982.50	3,130.00	0.00	72,314.16	204,996.21
Cost of Goods Sold	,		,	5,		,	
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
Total COGS	52,966.25	26,869.38	10,343.48	3,091.68	368.52	55,288.10	148,927.41
Gross Profit	42,684.35	-5.950.43	2,639.02	38.32	-368.52	17,026.06	56,068.80
Expense	,	0,000110	_,000.0_	00.02	333.32	,020.00	00,000.00
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
Total Expense	0.00	472.25	0.00	0.00	0.00	70,702.89	71,175.14
Net Ordinary Income	42,684.35	-6,422.68	2,639.02	38.32	-368.52	-53,676.83	-15,106.34

Other Income/Expense

## **Hilton Head Dance Theatre**

## **Profit & Loss - Combined**

August 2022 through July 2023

	Nutcracker	Spring Gala	Terp Too & The Magic Toy Shop	Summer Showcase	Plie on May	ннот	TOTAL
Other Income							
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
Total Other Income	0.00	0.00	0.00	0.00	0.00	-246.41	-246.41
Other Expense							
Investment Expenses	0.00	0.00	0.00	0.00	0.00	990.25	990.25
Total Other Expense	0.00	0.00	0.00	0.00	0.00	990.25	990.25
Net Other Income	0.00	0.00	0.00	0.00	0.00	-1,236.66	-1,236.66
Net Income	42,684.35	-6,422.68	2,639.02	38.32	-368.52	-54,913.49	-16,343.00

## Hilton Head Dance Theatre Balance Sheet

As of July 31, 2023

	Jul 31, 23
ASSETS	
Current Assets	
Checking/Savings	
Cash in Drawer	925.00
CSB Checking	14,823.82
Merrill Lynch - Cash	829.39
Merrill Lynch - Mutual Funds	65,548.95
Total Checking/Savings	82,127.16
Other Current Assets	
Inventory Asset	19,148.45
<b>Total Other Current Assets</b>	19,148.45
Total Current Assets	101,275.61
Fixed Assets	
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
<b>Accumulated Depreciation</b>	-428,813.70
Total Fixed Assets	389,613.70
Other Assets	
Security Deposit	500.00
Total Other Assets	500.00
TOTAL ASSETS	491,389.31
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Due to/from HHDS	310.00
<b>Total Other Current Liabilities</b>	310.00
<b>Total Current Liabilities</b>	310.00
Total Liabilities	310.00
Equity	
Accum. Other Comprehensive Inc	-5,691.65
Retained Earnings	513,113.96
Net Income	-16,343.00
Total Equity	491,079.31
TOTAL LIABILITIES & EQUITY	491,389.31

FROM : ELIZABETH-ANNE FAX NO. : 843-342-4860

INTERNAL REVENUE SERVICE DISTRICT DIRECTOR C - 1130 ATLANTA: SA 30301

DEPARTMENT OF THE TREASURY

Dates

JUN 1 6 1992.

HILTON HEAD DANCE THEATRE PO DRAMER 7049 18 POPE AVENUE HILTON HEAD ISLAND, SC 27928 Employer Identification Number: 57-0823063
Contact Person: LORETTA HANILTON
Contact Telephone Number: (404) 381-0170

Our Letter Dated: November 2, 1987 Addendum Appiles: Yes

\_\_Dear Applicants

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 contribitors may raly on the 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 who was in part responsible for, or was aware of the act or failure to act, or the substantial or meterial 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 personent records.

Letter 1060 (00/CB)

Part VII	Investments – Other Securities	on Form OOO Part IV line	N/A	
(a) Descri	Complete if the organization answered "Yes" ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-vear market value
	al derivatives	(-,	(c) meaned or valuation cost or one of	. your marrier raise
` '	held equity interests			
(3) Other				
(A)				
<u>`</u>		-		
(C)		-		
(D)		-		
(E)		_		
(F)				
(G)		_		
(H)				
(l)				
Total. (Colun	nn (b) must equal Form 990, Part X, line 12, column (B))			
Part VIII	Investments - Program Related		N/A	
	Complete if the organization answered "Yes"		e 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	nn (b) must equal Form 990, Part X, line 13, column (B))			
Part IX	Other Assets	N/A		
Tartix	Complete if the organization answered "Yes"			
		Description	, ,	(b) Book value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Cold	umn (b) must equal Form 990, Part X, line 15	, column (B))		
Part X	Other Liabilities			
•	Complete if the organization answered "Yes"	<u> </u>	e 11e or 11f. See Form 990, Part X, line 2	
1.		scription of liability		<b>(b)</b> Book value
	al income taxes			200
(2) (3) Rour	odina			360
(4)	luling			
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	mn (b) must equal Form 990, Part X, line 25,			361
2 Liability for	uncertain tax positions. In Part XIII, provide the text of the	footnote to the organization's fi	inancial statements that reports the organization's	liability for uncertain

Pai	t XI	Reconciliation of Revenue per Audited Financial Statement	•	eturn	N/A
		Complete if the organization answered "Yes" on Form 990, F			
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	unts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net u	ınrealized gains (losses) on investments	2a		
Ŀ	Dona	ted services and use of facilities	2b		
c	Reco	veries of prior year grants	2c		
c	Other	r (Describe in Part XIII.)	2d		
e	Add I	lines <b>2a</b> through <b>2d</b>		2e	
3	Subtr	ract line <b>2e</b> from line <b>1</b>		3	
4	Amou	unts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Inves	stment expenses not included on Form 990, Part VIII, line 7b	4a		
Ŀ	Other	r (Describe in Part XIII.)	4b		
c	Add I	lines <b>4a</b> and <b>4b</b>		4c	
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5	
•	Total	To to the control of			
	t XII	Reconciliation of Expenses per Audited Financial Statemer		Retu	rn N/A
				Retu	rn N/A
	t XII	Reconciliation of Expenses per Audited Financial Statemer	Part IV, line 12a.	Retu 1	rn N/A
Pai	<b>t XII</b> Total	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.	Retu 1	rn N/A
Pai	Total	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements	Part IV, line 12a.	Retu 1	rn N/A
Pai	Total Amou	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, F expenses and losses per audited financial statements	Part IV, line 12a	Retu 1	rn N/A
Par 1 2	Total Amou Dona Prior	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, F expenses and losses per audited financial statements	Part IV, line 12a	Retu 1	rn N/A
Pai	Total Amou Dona Prior Other	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, F expenses and losses per audited financial statements	2a 2b 2c	Retu 1	rn N/A
Pai	Total Amou Dona Prior Other	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, F expenses and losses per audited financial statements	2a   2b   2c   2d	Retu 1	rn N/A
Pai	Total Amou Dona Prior Other	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, F expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: sted services and use of facilities year adjustments. r losses. r (Describe in Part XIII.)	2a   2b   2c   2d	1	rn N/A
Pai	Total Amou Dona Prior Other Other Add I	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, F expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: sted services and use of facilities year adjustments. r losses. r (Describe in Part XIII.)	2a   2b   2c   2d	1 2e	rn N/A
1 2 a b c c c c 3 4	Total Amou Dona Prior Other Other Add I Subtr	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, F expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: sted services and use of facilities year adjustments. r losses. r (Describe in Part XIII.) lines 2a through 2d. ract line 2e from line 1.	2a   2b   2c   2d	1 2e	rn N/A
1 2 a k c c c c c c c c c c c c c c c c c c	Total Amou Dona Prior Other Other Add I Subtr Amou	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, F expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments r losses. r (Describe in Part XIII.) lines 2a through 2d. ract line 2e from line 1. unts included on Form 990, Part IX, line 25, but not on line 1: strent expenses not included on Form 990, Part VIII, line 7b r (Describe in Part XIII.)	2a	1 2e	rn N/A
1 2 a k c c c c c c c c c c c c c c c c c c	Total Amou Dona Prior Other Add I Subtr Amou Investigation Other Add I Amou Investigation Add I Add I Add I Amou Investigation Add I Amou Investigation Add I Add	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, F expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments r losses r (Describe in Part XIII.) lines 2a through 2d. ract line 2e from line 1. unts included on Form 990, Part IX, line 25, but not on line 1: stment expenses not included on Form 990, Part VIII, line 7b. r (Describe in Part XIII.)	2a	1 2e 3	rn N/A
1 2 2 6 C C C 6 3 4 6 C C 5	Total Amou Dona Prior Other Add I Subtr Amou Invest Other Add I Total	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, F expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments r losses. r (Describe in Part XIII.) lines 2a through 2d. ract line 2e from line 1. unts included on Form 990, Part IX, line 25, but not on line 1: strent expenses not included on Form 990, Part VIII, line 7b r (Describe in Part XIII.)	2a	2e 3	rn N/A

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 for instructions and the latest information. OMB No. 1545-0047

Open to Public

Name of the organization

Employer identification number

57-0823063 Hilton Head Dance Theatre 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. e Solicitation of non-government grants a Mail solicitations Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events d In-person solicitations **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. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) fundraiser listed in (ii) Activity have custody or control of contributions? (or retained by) organization or entity (fundraiser) from activity column (i) Yes No 1 2 3 6 8 9 10 0. 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.

No

Schedule G (Form 990) 2023 Hilton Head Dance Theatre 57-0823063 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 Fundraising None through column (c)) (event type) (total number) Revenue 1 Gross receipts..... 18,491 18,491. 2 Less: Contributions..... 3 Gross income (line 1 minus line 2)..... 18,491 18,491. 4 Cash prizes..... Noncash prizes ..... Rent/facility costs..... 7 Food and beverages ..... Other direct expenses..... 12,312 12,312. 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. **(b)** Pu**ll** tabs/instant bingo/progressive bingo (d) Total gaming (add column (a) Revenue (a) Bingo (c) Other gaming through column (c) 1 Gross revenue..... 2 Cash prizes..... Direct Expenses 3 Noncash prizes..... 4 Rent/facility costs..... Other direct expenses... Yes Yes Yes Volunteer labor..... No No No 7 Direct expense summary. Add lines 2 through 5 in column (d)...... 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?..... No **b** If "No," explain:

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?.....

Schedule G (Form 990) 2023	Hilton Head I	Dance Theatre	57-0823063	Page 3
11 Does the organization conduct of	gaming activities with no	onmembers?	Yes	No
12 Is the organization a grantor, bene administer charitable gaming?		st, or a member of a partnership or oth		No
-		e organization's gaming/special events	13b	0/o 0/o
Name				
Address				
15a Does the organization have a co b If "Yes," enter the amount of ga of gaming revenue retained by t c If "Yes," enter name and address	ming revenue received the third party \$	y from whom the organization received by the organization \$	es gaming revenue? <b>Yes</b>	∏No
Name				1
Address				i
16 Gaming manager information:				
Name				
Gaming manager compensation	\$			
Description of services provided	l 			
Director/officer	Employee	Independent contracto	or	
17 Mandatory distributions:				
state gaming license?	equired under state law to	ble distributions from the gaming process  be distributed to other exempt organic	Yes	No
Part IV Supplemental Inform	nation. Provide the 9b, 10b, 15c,	•	t I, line 2b, columns (iii) and l lso provide any additional	(v);

#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

<u>Hilton Head Dance Theatre</u>

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	\$ 6,277.

## Form **4562**

## **Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172 2023

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

Attachment Sequence No. 179

Identifying number Hilton Head Dance Theatre Business or activity to which this form relates 57-0823063

For	m 990/990-PF							
Par	Election To Exp	ense Certain I	<b>Property Under Se</b> complete Part V before	ction 179 e vou complete P	art I.			
1	Maximum amount (see ins						1	
2								
3	Threshold cost of section 1		•	•		F	3	
4	Reduction in limitation, Sul	btract line 3 from	line 2. If zero or less, e	enter -0-			4	
5	Dollar limitation for tax yea separately, see instructions					•	5	
6		Description of property		(b) Cost (business		(c) Elected cost		
	,,							
7	Listed property. Enter the a	amount from line	29		7			
8	Total elected cost of section	n 179 property. A	Add amounts in column	(c), lines 6 and 7			8	
9	Tentative deduction. Enter					-	9	
	Carryover of disallowed de						10	
11	Business income limitation Section 179 expense deduction						11 12	
	Carryover of disallowed de						12	
	: Don't use Part II or Part II				.   10			
Par			ce and Other Depr		include listed	property Se	e instr	ructions )
	Special depreciation allows						70 11130	actions. <b>y</b>
	tax year. See instructions.					H-	14	
	Property subject to section	.,.,				H-	15	
	Other depreciation (including						16	
Par	t III   MACRS Deprec	iation (Don't inc	clude listed property. Se					
			Section					
17	MACRS deductions for ass	ate placed in can	daa in tax waara baaina	ina hafara 2022			17	16 005
	THE COLOR GOOD COLOR OF THE COLOR	ets placed ill serv	rice in tax years beginn	ing before 2023.			- ' /	16,985.
	If you are electing to group asset accounts, check here	any assets place	ed in service during the	tax year into one	e or more gen	eral 👝	17	10, 965.
	If you are electing to group asset accounts, check here	any assets place	ed in service during the	tax year into one	or more gen	eral		·
	If you are electing to group asset accounts, check here	any assets place	ed in service during the	tax year into one	or more gen	eral		·
18	If you are electing to group asset accounts, check here Section B	- Assets Placed  (b) Month and year placed	in Service during the  in Service During 2023  (c) Basis for depreciation (business/investment use	tax year into one Tax Year Using t	the General D	eral  epreciation		n (g) Depreciation
18 19 a	If you are electing to group asset accounts, check here Section B  (a) Classification of property	- Assets Placed  (b) Month and year placed	in Service during the  in Service During 2023  (c) Basis for depreciation (business/investment use	tax year into one Tax Year Using t	the General D	eral  epreciation		n (g) Depreciation
18 19 a	If you are electing to group asset accounts, check here Section B  (a) Classification of property  3-year property	- Assets Placed  (b) Month and year placed	in Service during the  in Service During 2023  (c) Basis for depreciation (business/investment use	tax year into one Tax Year Using t	the General D	eral  epreciation		n (g) Depreciation
19 a	If you are electing to group asset accounts, check here Section B  (a) Classification of property  3-year property	- Assets Placed  (b) Month and year placed	in Service during the  in Service During 2023  (c) Basis for depreciation (business/investment use	tax year into one Tax Year Using t	the General D	eral  epreciation		n (g) Depreciation
19 a	If you are electing to group asset accounts, check here Section B  (a) Classification of property  3-year property	- Assets Placed  (b) Month and year placed	in Service during the  in Service During 2023  (c) Basis for depreciation (business/investment use	tax year into one Tax Year Using t	the General D	eral  epreciation		n (g) Depreciation
19 a	If you are electing to group asset accounts, check here Section B  (a) Classification of property  3-year property  5-year property  7-year property	- Assets Placed  (b) Month and year placed	in Service during the  in Service During 2023  (c) Basis for depreciation (business/investment use	tax year into one  Tax Year Using t (d) Recovery period	the General D	eral  epreciation		n (g) Depreciation
19 a b c c c e f	If you are electing to group asset accounts, check here Section B  (a) Classification of property  3-year property  5-year property  10-year property  15-year property	- Assets Placed  (b) Month and year placed	in Service during the  in Service During 2023  (c) Basis for depreciation (business/investment use	Tax Year Using to (d) Recovery period	the General D	eral OPPORT OF THE PROPERTY OF		n (g) Depreciation
19 a b c c c f	If you are electing to group asset accounts, check here Section B  (a) Classification of property  3-year property	- Assets Placed  (b) Month and year placed	in Service during the  in Service During 2023  (c) Basis for depreciation (business/investment use	Tax Year Using to (d) Recovery period  25 yrs 27.5 yrs	the General D (e) Convention	eral (f) epreciation (f) Method  S/L S/L		n (g) Depreciation
19 a b c c c e f f c c r	If you are electing to group asset accounts, check here Section B  (a) Classification of property  3-year property.  7-year property.  10-year property.  20-year property.  25-year property.  Residential rental property.	- Assets Placed  (b) Month and year placed	in Service during the  in Service During 2023  (c) Basis for depreciation (business/investment use	Tax Year Using to (d) Recovery period  25 yrs 27.5 yrs 27.5 yrs	the General D (e) Convention  MM MM	eral (f) epreciation (f) Method  S/L S/L S/L		n (g) Depreciation
19 a b c c c e f f c c r	If you are electing to group asset accounts, check here Section B  (a) Classification of property 3-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental	- Assets Placed  (b) Month and year placed	in Service during the  in Service During 2023  (c) Basis for depreciation (business/investment use	Tax Year Using to (d) Recovery period  25 yrs 27.5 yrs	the General D (e) Convention  MM MM MM	eral		n (g) Depreciation
19 a b c c c e f f c c r	If you are electing to group asset accounts, check here Section B  (a) Classification of property  3-year property	Assets Placed     (b) Month and year placed in service	in Service During 2023 (c) Basis for depreciation (business/investment use only — see instructions)	Tax Year Using to (d) Recovery period  25 yrs 27.5 yrs 27.5 yrs 39 yrs	the General D (e) Convention  MM MM MM MM	eral (f) (hethod	Systen	(g) Depreciation deduction
19 a b c c c c e f f c c c r r	If you are electing to group asset accounts, check here Section B  (a) Classification of property  3-year property  7-year property  10-year property  20-year property  20-year property  Residential rental property.  Nonresidential real property.  Section C —	Assets Placed     (b) Month and year placed in service	in Service during the  in Service During 2023  (c) Basis for depreciation (business/investment use	Tax Year Using to (d) Recovery period  25 yrs 27.5 yrs 27.5 yrs 39 yrs	the General D (e) Convention  MM MM MM MM	eral	Systen	(g) Depreciation deduction
19 a b c c c c e e f f c c c r h	If you are electing to group asset accounts, check here Section B  (a) Classification of property 3-year property. 7-year property. 10-year property. 20-year property. 25-year property. Residential rental property. Nonresidential real property. Section C — Class life.	Assets Placed     (b) Month and year placed in service	in Service During 2023 (c) Basis for depreciation (business/investment use only — see instructions)	Tax Year Using to (d) Recovery period  25 yrs 27.5 yrs 27.5 yrs 39 yrs  ax Year Using the	the General D (e) Convention  MM MM MM MM	eral	Systen	(g) Depreciation deduction
19 a b c c c c c c c f f i i 20 a b b	If you are electing to group asset accounts, check here Section B  (a) Classification of property 3-year property. 7-year property. 10-year property. 20-year property. 25-year property. Residential rental property. Nonresidential real property. Section C — Class life.	Assets Placed     (b) Month and year placed in service	in Service During 2023 (c) Basis for depreciation (business/investment use only — see instructions)	Tax Year Using to (d) Recovery period  25 yrs 27.5 yrs 27.5 yrs 39 yrs  ax Year Using the	the General D (e) Convention  MM MM MM MM MM MM e Alternative	eral	Systen	(g) Depreciation deduction
19 a b c c c c c c c c c c c c c c c c c c	If you are electing to group asset accounts, check here Section B  (a) Classification of property 3-year property. 7-year property. 10-year property. 20-year property. 25-year property. Residential rental property. Nonresidential real property. Section C — Class life. 12-year.	Assets Placed     (b) Month and year placed in service	in Service During 2023 (c) Basis for depreciation (business/investment use only — see instructions)	Tax Year Using to (d) Recovery period  25 yrs 27.5 yrs 27.5 yrs 39 yrs  Tax Year Using the 12 yrs 30 yrs	the General D (e) Convention  MM M	eral	Systen	(g) Depreciation deduction
19 a b c c c c c c c c c c c c c c c c c c	If you are electing to group asset accounts, check here Section B  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  Nonresidential rental property.  Nonresidential real property.  Section C —  Class life.  12-year.  30-year.	- Assets Placed  (b) Month and year placed in service  Assets Placed in	in Service During 2023 (c) Basis for depreciation (business/investment use only — see instructions)	Tax Year Using to (d) Recovery period  25 yrs 27.5 yrs 27.5 yrs 39 yrs  ax Year Using the	the General D (e) Convention  MM MM MM MM MM MM e Alternative	eral	Systen	(g) Depreciation deduction
19 a b c c c e f f c c c c c c c c c c c c c c	If you are electing to group asset accounts, check here Section B  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  Nonresidential rental property.  Section C — Class life.  12-year.  30-year.  40-year.  Summary (See in	Assets Placed  (b) Month and year placed in service  Assets Placed in service	in Service During 2023  (c) Basis for depreciation (business/investment use only — see instructions)  Service During 2023 1	Tax Year Using to (d) Recovery period  25 yrs 27.5 yrs 27.5 yrs 39 yrs  Tax Year Using the 12 yrs 30 yrs	the General D (e) Convention  MM M	S/L	1 Syste	(g) Depreciation deduction
19 a	If you are electing to group asset accounts, check here Section B  (a) Classification of property  3-year property. 5-year property. 10-year property. 20-year property. 20-year property. Residential rental property. Nonresidential real property.  Section C — Class life. 112-year. 30-year. 40-year. Listed property. Enter amo	Assets Placed  (b) Month and year placed in service  Assets Placed in service	in Service During 2023  (c) Basis for depreciation (business/investment use only — see instructions)  The Service During 2023	Tax Year Using to (d) Recovery period  25 yrs 27.5 yrs 27.5 yrs 27.5 yrs 39 yrs  ax Year Using the 12 yrs 30 yrs 40 yrs	the General D (e) Convention  MM M	S/L	Systen	(g) Depreciation deduction
19 a b c c c e f f c c c c c c c c c c c c c c	If you are electing to group asset accounts, check here Section B  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  Nonresidential rental property.  Section C — Class life.  12-year.  30-year.  40-year.  Summary (See in	Assets Placed  (b) Month and year placed in service  Assets Placed in service  Assets Placed in service	in Service During 2023  (c) Basis for depreciation (business/investment use only — see instructions)  1 Service During 2023 1  Service During 2023 1  lines 19 and 20 in column (g) corporations — see instruction	Tax Year Using to (d) Recovery period  25 yrs 27.5 yrs 27.5 yrs 27.5 yrs 39 yrs  Tax Year Using the 12 yrs 30 yrs 40 yrs  and line 21. Enter he	the General D (e) Convention  MM M	eral (f) Method  S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	1 Syste	(g) Depreciation deduction

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	97,4	188.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	27,1	172.
3	Revenue less expenses. Subtract line 2 from line 1	3		29,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	90,9	<del>)</del> 12.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		6,2	277.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4	67,5	<u>505.</u>
Par	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				□
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		_		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both,	ed on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separ-	ate			
	basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a		Uniform			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R. Part 200, Subpart F?		<b>3</b> a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 57-0823063 Hilton Head Dance Theatre 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.) 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 10 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ...... g Provide the following information about the supported organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions)) (i) Name of supported organization (iv) Is the anization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) in your governing document? Yes No (A) (B) (C) (D) (E) Total

Schedule A (Form 990) 2023 Hilton Head Dance Theatre 57-0823063

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

<u>sec</u>	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
1	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.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	99,152.	63,343.	113,687.	99,917.	98,379.	474,478.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	<b>Public support.</b> Subtract line 5 from line 4						474,478.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> 2023	(f) Total
7	Amounts from line 4	99,152.	63,343.	113,687.	99,917.	98,379.	474,478.
8	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.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
11	Total support. Add lines 7 through 10						489,449.
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	0.
	<b>First 5 years.</b> If the Form 990 is organization, check this box and	stop here	·····				
	tion C. Computation of Pu						
	Public support percentage for 20 Public support percentage from	•					96.94 %
	33-1/3% support test—2023. If t and stop here. The organization	he organization di	d not check the bo	ox on line 13, and	d line 14 is 33-1/39	or more, check	98.00 % this box
b	33-1/3% support test—2022. If the and stop here. The organization	ne organization did	d not check a box	on line 13 or 16a	, and line 15 is 33	-1/3% or more, ch	neck this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this b	ox and stop here.	Explain in Part V	/I how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances to	nd-circumstances est. The organizati	test, check this b ion qua <b>l</b> ifies as a	ox and <b>stop here.</b> publicly supported	Explain in Part V I organization	/I how the
18	Private foundation. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	box and see inst	tructions
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Schedule A (Form 990) 2023 Hilton Head Dance Theatre 57-0823063 Page 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								
	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include							
2	any "unusual grants.")							
_	merchandise sold or services							
	performed, or facilities							
	furnished in any activity that is related to the organization's							
	tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the							
	organization's benefit and either paid to or expended on its behalf							
5	The value of services or							
	facilities furnished by a							
	governmental unit to the organization without charge							
6	<b>Total.</b> Add lines 1 through 5							
	Amounts included on lines 1,							
	2, and 3 received from disqualified persons							
b	Amounts included on lines 2	[						
	and 3 received from other than disqualified persons that							
	exceed the greater of \$5,000 or							
	1% of the amount on line 13							
	for the year							
	Add lines 7a and 7b							
8	<b>Public support.</b> (Subtract line 7c from line 6.)							
Section B. Total Support								
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total	
	Amounts from line 6		. ,	. ,	, ,	` '	.,	
	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties, and income from							
b	similar sources							
~	income (less section 511							
	taxes) from businesses							
_	acquired after June 30, 1975 Add lines 10a and 10b							
	Net income from unrelated business							
• • •	activities not included on line 10b,							
	whether or not the business is							
10	Other income. Do not include							
12	Other income. Do not include gain or loss from the sale of	[						
	čapital assets (Explain in	]						
	Part VI.)							
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	[						
14	First 5 years. If the Form 990 is	for the organization	n's first second	third fourth or f	ifth tax vear as a	section 501(c)(3)		
	organization, check this box and							
Sec	tion C. Computation of Pu	blic Support P	'ercentage					
15	Public support percentage for 20	023 (line 8, columi	n (f), divided by li	ne 13, column (f)	)	15	%	
16	Public support percentage from	2022 Schedule A,	Part III, line 15			16	%	
Sec	Section D. Computation of Investment Income Percentage							
	Investment income percentage f				umn (f))	17	%	
	Investment income percentage from 2022 Schedule A, Part III, line 17							
	33-1/3% support tests—2023. If							
1 34	is not more than 33-1/3%, check							
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%							
20	Private foundation. If the organi	zation did not che	ck a box on line	14, 19a, or 19b, c	check this box and	see instructions.		
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Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	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>3</b> a		
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.	3b		
С	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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	<b>4</b> a		
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.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule $L$ (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	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> .	9с		
0a	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.	1 <b>0</b> a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Pa	rt IV   Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,	11-		
	the governing body of a supported organization?	11a		
	<b>b</b> A family member of a person described on line 11a above?	11b		
	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Se	ction B. Type I Supporting Organizations			
1	Did the governing hady members of the governing hady officers eating in their official conscity or membership of one	_	Yes	No
'	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers			
	during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <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.	2		
So	ction C. Type II Supporting Organizations	Ь		
36	Stion C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
•	of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			l
	Ston Birth Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
•	Ware only of the avantization's officers directors or trustees either (i) appointed as alected by the supported			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant			
_	voice in the organization's investment policies and in directing the use of the organization's income or assets at			
	all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ction 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>b</b> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instrı	uction	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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>2</b> a		
	<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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
		•	1	

5 Income tax imposed in prior year

temporary reduction (see instructions).

#### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year 1 Net short-term capital gain 1 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 Add lines 1 through 3. 4 4 5 5 Depreciation and depletion 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) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B — Minimum Asset Amount (optional) 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 1с d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount 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

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

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

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5

d Excess from 2022 . . . . . e Excess from 2023 . . . . .

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) St	upporting Organiza	<b>ations</b> (continue	ed)	
Sec	tion D – Distributions				<b>Current Year</b>
1	Amounts paid to supported organizations to accomplish exempt pu	irposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	ns,	2	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	e details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization <b>Part VI</b> ). See instructions.	ion is responsive (provide	e detai <b>l</b> s	8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2023	ions	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required — explain in <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2023				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	From 2022				
	f Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	n Applied to 2023 distributable amount				
	i Carryover from 2018 not applied (see instructions)				
	j Remainder, Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D, line 7: \$				
	Applied to underdistributions of prior years				
_	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.				
6	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.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
_	Excess from 2020				
	Excess from 2021				

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)

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2023

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

Hil	ton Head Dance Theatre			57-0823063
Par		nor Advised Funds or Oth	er Similar Funds or	Accounts
	Complete if the organization ar			
		(a) Donor advised fur	nds (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 do are the organization's property, subject to the			
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing of the donor or donor advisor, o	that grant funds can be or for any other purpose of	used only conferring 
Par	· · · · · · · · · · · · · · · · · · ·			
Fai	Conservation Easements Complete if the organization a	nswered "Yes" on Form 99	0 Part IV line 7	
1	Purpose(s) of conservation easements held by			
•	Preservation of land for public use (for exam		<u></u> **	storically important land area
	Protection of natural habitat	ole, recreation or educations		rtified historic structure
	Preservation of open space		Ш	
2	Complete lines 2a through 2d if the organization I	neld a qualified conservation contrib	oution in the form of a cons	servation easement on the
	last day of the tax year.	, or a qualified to the control of t		
				Held at the End of the Tax Year
	Total number of conservation easements			
	Total acreage restricted by conservation ease			
•	Number of conservation easements on a certi	fied historic structure included or	n line 2a <b>2c</b>	
ď	Number of conservation easements included of a historic structure listed in the National Regis	ster		
3	Number of conservation easements modified, trar tax year	nsferred, released, extinguished, or	terminated by the organiza	ation during the
4	Number of states where property subject to co	onservation easement is located		
5	Does the organization have a written policy re			
6	and enforcement of the conservation easement Staff and volunteer hours devoted to monitoring,			
0	Start and volunteer flours devoted to filoritoring,	inspecting, nanding of violations, a	ind emorcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspe	ecting, handling of violations, and e	nforcing conservation ease	ements during the year
0	Dana and announcing account was subsided	. line Od above police the very		(4) (D) (i)
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2d above satisfy the requir	ements of section 170(n)	
9	In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote conservation easements.	oorts conservation easements in to the organization's financial sta	its revenue and expense atements that describes t	statement and balance sheet, and he organization's accounting for
Par	Organizations Maintaining Co Complete if the organization a	<b>llections of Art, Historical</b> nswered "Yes" on Form 99	<b>Treasures, or Other</b> 0, Part IV, line 8.	Similar Assets
1a	If the organization elected, as permitted unde historical treasures, or other similar assets he Part XIII the text of the footnote to its financia	Id for public exhibition, education	n, or research in furtherar	nd balance sheet works of art, nce of public service, provide in
b	If the organization elected, as permitted unde historical treasures, or other similar assets held following amounts relating to these items.	r FASB ASC 958, to report in its or public exhibition, education, or re	revenue statement and be esearch in furtherance of po	palance sheet works of art, ublic service, provide the
	(i) Revenue included on Form 990, Part VIII,			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, hamounts required to be reported under FASB	nistorical treasures, or other similar	assets for financial gain, p	provide the following
а	Revenue included on Form 990, Part VIII, line	9		\$
b	Assets included in Form 990, Part X			\$
=	Fau Damanuaula Daulustian Ast Nation and the			

BAA

Part III   Organizations Maintaining Coll	ections of Art, mis	storical Treasures, C	or Other Similar As	sseis	COLITI	iueu)
3 Using the organization's acquisition, accession, and items (check all that apply).	d other records, check a	ny of the fo <b>ll</b> owing that ma	ake significant use of its	collectio	n	
a Public exhibition	<b>d</b> Loan	or exchange program				
<b>b</b> Scholarly research	e Other					
c Preservation for future generations						
4 Provide a description of the organization's collection Part XIII.	ns and explain how the	/ further the organization's	exempt purpose in			
5 During the year, did the organization solicit or r to be sold to raise funds rather than to be main	tained as part of the o	t, historical treasures, or organization's collection?	other similar assets	Yes		No
Part IV Escrow and Custodial Arrange	ments	000 D+ IV II:				_
Complete if the organization and Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian			· ·	in amo	unt o	n 
on Form 990, Part X?	, or other intermediary	tor contributions or other	er assets not included	Yes		No
<b>b</b> If "Yes," explain the arrangement in Part XIII and c	omplete the following ta	ble.				
				Amount		
c Beginning balance						
d Additions during the year						
e Distributions during the year						
2a Did the organization include an amount on Forr				Yes		No
<b>b</b> If "Yes," explain the arrangement in Part XIII. 0			· · · · · · · · · · · · · · · · · · ·		-	<b>⊣</b> '''
<b>2</b> II 100, Oxplain the analigonion in Fact XIIII o	one on the oxpre	mation has been provide	a ner are zum			
Part V Endowment Funds						
Complete if the organization ans	swered "Yes" on F	form 990, Part IV, li	ne 10.			
(a) Current y	ear (b) Prior yea	r (c) Two years back	(d) Three years back	(e)	our year	s back
1a Beginning of year balance	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		
<b>b</b> Contributions						
c Net investment earnings, gains,						
and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
<b>g</b> End of year balance						
2 Provide the estimated percentage of the curren	t year end balance (lir	ne 1g, column (a)) held a	as:			
Board designated or quasi-endowment	%					
<b>b</b> Permanent endowment						
c Term endowment %						
The percentages on lines 2a, 2b, and 2c should eq	ual 100%.					
<b>3a</b> Are there endowment funds not in the possession organization by:	of the organization that	are held and administered	for the	Г	Yes	No
(i) Unrelated organizations?				3a(i)	165	NO
(ii) Related organizations?				3a(ii)		l
<b>b</b> If "Yes" on line 3a(ii), are the related organization						
4 Describe in Part XIII the intended uses of the o	rganization's endowm	ent funds.		<u> </u>		
Part VI Land, Buildings, and Equipmer	nt					
Complete if the organization answered "Y	/es" on Form 990, Part	IV, line 11a. See Form 99	90, Part X, line 10.			
Description of property	a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) E	Book va	alue
, land	(investment)	`basis (other)	depreciation			
1a Land		500.	262 222		2.00	500.
b Buildings		635,472.	268,080.			<u>,392.</u>
d Equipment		23,429. 159,029.	18,856. 159,029.		4	,573. 0.
<b>e</b> Other		133,023.	133,023.			
Total. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part X,	line 10c, column (B))			372	,465.

372,465. Schedule D (Form 990) 2023

Form **8879-TE** 

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

or calendar year 2023, or fiscal year beginning , 2023, and ending

nd ending\_\_\_\_\_, 20\_\_\_\_\_

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information. 2023

OMB No. 1545-0047

Name of filer		EIN or SSN	
Hilton Head Danc		57-0823	3063
Name and title of officer or person subject to tax			
Lori Finger President			
Part I Type of Return an	d Return Information		
and Form 5330 filers may enter dol 6a, 7a, 8a, 9a, or 10a below, and the	you are using this Form 8879-TE and enter ars and cents. For all other forms, enter amount on that line for the return being applicable, blank (do not enter -0-). But nan one line in Part I.	r whole dollars only. If you check the g filed with this form was blank, then	box on line 1a, 2a, 3a, 4a, 5a, leave line 1b, 2b, 3b, 4b, 5b,
1a Form 990 check here	<b>b Total revenue,</b> if any (Form 990, Page 1)	art VIII, column (A), line 12)	<b>1b</b> 197,488.
2a Form 990-EZ check here	<b>b Total revenue,</b> if any (Form 990-EZ		
3a Form 1120-POL check here	<b>b Total tax</b> (Form 1120-POL, line 22)		3b
4a Form 990-PF check here	b Tax based on investment income		
5a Form 8868 check here	<b>b Balance due</b> (Form 8868, line 3c)		5b
6a Form 990-T check here	<b>b Total tax</b> (Form 990-T, Part III, line	4)	6b
7a Form 4720 check here	<b>b Total tax</b> (Form 4720, Part III, line	1)	7b
8a Form 5227 check here	b FMV of assets at end of tax year (F	Form 5227, Item D)	8b
9a Form 5330 check here	<b>b Tax due</b> (Form 5330, Part II, line 19	9)	9b
10a Form 8038-CP check here.	b Amount of credit payment request	ted (Form 8038-CP, Part III, line 22).	10b
Part II Declaration and Sign	nature Authorization of Officer of	or Person Subject to Tax	
and belief, they are true, correct, are lectronic return. I consent to allow IRS and to receive from the IRS (a) processing the return or refund, and (contitiate an electronic funds withdrawal of the federal taxes owed on this results. Treasury Financial Agent at 1-difficult from the inquiries and resolve issues related return and, if applicable, the consense on the tax year 2023 electronic agency(ies) regulating charities return. If I have indicated within the IRS Fed/State program, I will signature of officer or person subject to tax	the 2023 electronic return and accompand complete. I further declare that the an my intermediate service provider, transfan acknowledgement of receipt or reason the date of any refund. If applicable, lauti (direct debit) entry to the financial institution to debit 388-353-4537 no later than 2 business of processing of the electronic payment of to the payment. I have selected a person to electronic funds withdrawal.  Sess & Accounting Solution:  ERO firm name  Cally filed return. If I have indicated with as part of the IRS Fed/State program, I also een.  To tax with respect to the entity, I will enter in this return that a copy of the return is being the enter my PIN on the return's disclosure counting.	nount in Part I above is the amount smitter, or electronic return originator (on for rejection of the transmission, (the prize the U.S. Treasury and its designant account indicated in the tax preparation the entry to this account. To revoke ays prior to the payment (settlement) taxes to receive confidential informational identification number (PIN) as my signal in this return that a copy of the return of authorize the aforementioned ERO to entry PIN as my signature on the tax year of filed with a state agency(ies) regulating unsent screen.	d, to the best of my knowledge hown on the copy of the (ERO) to send the return to the the particle of the teason for any delay in ted Financial Agent to the payment a payment, I must contact the date. I also authorize the tion necessary to answer and the payment of the electronic
Part III Certification and			
ERO's signature Tina Clark		Date	
	ERO Must Retain This F	orm – See Instructions	

Do Not Submit This Form to the IRS Unless Requested To Do So

## Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2023

Department of the Treasury Internal Revenue Service

A For the 2023 calendar

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

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

tax year beginning 8/01 .2023. and ending 7/31

Open to Public Inspection

	rur un		ar year, or tax ye	ar beginning 8/U1	, 2025, and endin	3 .,		, <b>20</b> 2024
В	Check if	applicable:	С			Di	Employer iden	ification number
	Add	dress change	Hilton Head	l Dance Theatre			57-0823	063
	Nan		PO Box 5761			E 1	Telephone num	ber
	=	ial return	Hilton Head	l, SC 29938			843 842	-3262
	_	return/terminated					043 042	3202
	$\vdash$							¢ 000 710
	$\vdash$	ended return	F				Gross receipts	1 1 1 1 1 1 1 1 1
	App	lication pending	<ul> <li>Name and address</li> </ul>	of principal officer: Lori Fing	er	H(a) Is this a grou		
			Same As C A	bove		H(b) Are all subore If "No," attac	dinates include h a list. See in:	d? Yes No
<u> </u>	Tax-e	xempt status:	X 501(c)(3)	501(c) ( ) (insert no.)	4947(a)(1) or 527			
J	Web	site: www	.hiltonhea	ddance.com		H(c) Group exemp	otion number	
ĸ	Form	of organization:	Corporation	Trust Association X Other	L Year of format	ion:	M State of	legal domicile: SC
Pa	art I	Summary			•		•	
		Briefly describ	e the organizatio	n's mission or most significant	activities:PROMOTE T	HE APPREC	IATION	FOR THE
a	-	BALLET TO	THE GENER	AL PUBLIC				
ĕ	-							
Activities & Governance	-							
ě	2	Check this box	if the ord	ganization discontinued its ope	rations or disposed of mo	ore than 25% of	of its net as	sets.
ŏ	3 1	Number of vot	ing members of	he governing body (Part VI, Iir	ie 1a)		3	12
৺	4 1	Number of ind	ependent voting	members of the governing bod	y (Part VI, line 1b)		4	12
ë.	5			ployed in calendar year 2023 (l				0
≨	6			timate if necessary)				0
Ą				ue from Part VIII, column (C),				0.
	<b>d</b>	Net unrelated	business taxable	income from Form 990-T, Part	t I, line 11		7b	0.
						Prior `	Year	Current Year
45				VIII, line 1h)			L7,396.	53,103.
Revenue		-	,	VIII, line 2g)			32,529.	100,674.
è				olumn (A), lines 3, 4, and 7d).			-226.	1,532.
æ	11 (	Other revenue	(Part VIII, colum	ın (A), Iines 5, 6d, 8c, 9c, 10c,	and 11e)	. 4	14,449.	42,179.
	12	Total revenue	<ul> <li>add lines 8 thr</li> </ul>	ough 11 (must equal Part VIII,	column (A), line 12)	. 19	94,148.	197,488.
	13 (	Grants and sin	nilar amounts pa	id (Part IX, column (A), lines 1	-3)			
	14 E	Benefits paid t	o or for member	s (Part IX, column (A), line 4).				
	15	Salaries, other	compensation,	employee benefits (Part IX, col	umn (A), lines 5-10)			
ses	16a F	Professional fu	undraising fees (f	Part IX, column (A), line 11e).				
Expenses	h 7			rt IX, column (D), line 25)				
×	b ]			· · · · · · · · · · · · -				
_	17		•	nn (A), lines 11a-11d, 11f-24e).			LO,638.	227,172.
				7 (must equal Part IX, column			LO,638.	227,172.
	19 F	Revenue less	expenses. Subtra	act line 18 from line 12		1	L6,490.	-29,684.
90						Beginning of	Current Year	End of Year
Net Assets or Fund Balances	20	•					91,222.	472,866.
A B	21	Total liabilities	(Part X, line 26)				310.	5,361.
S.E	22	Net assets or t	und balances. S	ubtract line 21 from line 20		. 49	90,912.	467,505.
Pa	rt II	Signature	Block			•	,	<u>'</u>
Und	er penaltie			ned this return, including accompanying s	chedules and statements, and to	the best of my know	wledge and bel	ief, it is true, correct, and
com	p <b>l</b> ete. Dec	claration of prepare	er (other than officer) is	ned this return, including accompanying s s based on all information of which prepa	rer has any knowledge.	•		
Sig	nc	Signature of o	fficer			Date		
He	re	Lori F	inger		F	resident		
			name and title			robraone		
		Print/Type pre	eparer's name	Preparer's signature	Date	Chec	k if	PTIN
D-	اء:	Tina C		Tina Clark				P01067780
Pa	ıa				c Colutions DC	Sell-6	ampioyeu	101001100
Preparer						1		
				usiness & Accountin	g bolucions ic	Firm'	c EIN O 7	4406175
	epare e Onl		P.O. Bo	x 23403				-4426175
Us	e Onl	<b>y</b> Firm's addres	P.O. Bo Hilton	x 23403 Head Island, SC 299	25	Phon		-548-0052
Us Ma	y the IF	y Firm's addres	P.O. Bo Hilton Freturn with the	x 23403	25 structions	Phon		

Form	n 990 (2023) Hilton Head Dance Theatre	57-0823063	Page 2
Par			
	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:	·····	
1	PROMOTE THE APPRECIATION FOR THE BALLET TO THE GENERAL PUBL:	TC .	
	TROPOTE THE MITREETATION FOR THE BABBET TO THE GENERAL TODA.		
2			1
	Form 990 or 990-EZ?	Yes X	No
_	If "Yes," describe these new services on Schedule O.		l
3	Did the organization cease conducting, or make significant changes in how it conducts, any pro- If "Yes," describe these changes on Schedule O.	gram services? Yes X	No
4	Describe the organization's program service accomplishments for each of its three largest program	am services as measured by expe	enses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a and revenue, if any, for each program service reported.	llocations to others, the total exper	nses,
	and revenue, if any, for each program service reported.		
	a (Code: ) (Expenses \$ 149,304. including grants of \$	) (Revenue \$ 138.2	206.)
-u	PRODUCTION OF DANCE PROGRAMS TO CREATE APPRECIATION OF THE 1		200.
	PUBLIC		
4b	o (Code:) (Expenses \$ including grants of \$	) (Revenue \$)	)
		. – – – – – – – – – – – – – – –	
	(Oales A / European & A L P L C &	) (D	
4c	(Code:) (Expenses \$ including grants of \$	) (Revenue \$	)
4d	d Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Reve	nue \$	
	e Total program service expenses 149,304.		0 (0000
B A A	TEE 0.1001 0.00/03/03	Form <b>99</b>	ロー(つりつろ)

# Form 990 (2023) Hilton Head Dance Theatre Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20</b> a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2023) Hilton Head Dance Theatre

Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R. Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t 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			
1.	Enter the number reported in hex 2 of Form 1006 Enter 0 if not emplicable		Yes	No
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.	1c		
	TERMON OPPORT	<u>'''</u>		0000:

Form 990 (2023) Hilton Head Dance Theatre

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
	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>6</b> a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
_	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations, Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	<u> </u>	—
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
.0	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			
BAA	TEEA0105L 08/23/23	Form	990	(2023)

Form 990 (2023) Hilton Head Dance Theatre 57-0823063 Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent.... 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee?..... 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Χ 3 of officers, directors, trustees, or key employees to a management company or other person?...... Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 4 Χ Did the organization become aware during the year of a significant diversion of the organization's assets?... 5 X Χ 6 Did the organization have members or stockholders?..... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Χ members of the governing body?..... 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by a The governing body?..... Χ 8a Χ **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates?..... X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... 11a Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ to conflicts?.... 12h 12c X 13 Did the organization have a written whistleblower policy?..... 13 14 Did the organization have a written document retention and destruction policy?..... X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official. See Schedule Q..... 15a Χ **b** Other officers or key employees of the organization...See .Schedule. Q..... 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16a Χ **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 <u>S</u>(

	organization's exempt status with respect to such arrangements?
Sec	tion C. Disclosure
17	List the states with which a copy of this Form 990 is required to be filed SC
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	Own website
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.

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

enear the bear in notice the organization for any rotal	Т			(C	)			· · · · · · · · · · · · · · · · · · ·		
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unless er and Institutional trustee	s per: l a di	son is	s both	an	(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2) (999- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Lori Finger	10									_
President	0	X		Х				0.	0.	0.
(2) <u>Karena Brock-Carlyle</u> Vice President	<u> </u>	Х		Х				0.	0.	0.
(3) Kelly Luckasevic	5									
Secretary	0	Х		Х				0.	0.	0.
(4) John Carlyle	5									
Director	0	Х						0.	0.	0.
	5	,						0	0	0
Director	0	Х	$\vdash$	_				0.	0.	0.
(6) Cynthia Cullen	5	١.,						•	•	
Director	0	Х	-					0.	0.	0.
	5	١							•	•
Director	0	Х						0.	0.	0.
_(8) Emily Cook	5	ł								•
Director	0	Х						0.	0.	0.
(9) Becky Adelman	5	ł						_		
Director	0	Х						0.	0.	0.
(10) Mary Ellison	5	.,						0	0	^
Director	0	Х	$\vdash$	_	-			0.	0.	0.
(11) Eugenia Orage Director	<u> </u>	X						0.	0.	0.
(12) Jacki Wiegel	5	^	$\vdash$					0.	0.	<u> </u>
Director	3	X						0.	0.	0.
(13)								<u> </u>	· ·	<u> </u>
<u>(14)</u>										
	<u> </u>	1								

**BAA** TEEA0107L 08/23/23 Form **990** (2023)

Form 990 (2023) Hilton Head Dance Theat  Part VII   Section A. Officers, Directors, Trees.	re ustees.	Kev I	Empl	ove	es. a	and	d Highest Con	57-082306		Page 8
(A) Name and title	(B)  Average hours per week (list any hours for related organizations below dotted line)	box, unless person is both an officer and a director/trustee) 의 기본 및 중국 및 중		(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	Estimatec of of ot compensa the organ and re organiz	l amount her tion from nization lated				
<u>(15)</u>					- 4					
<u>(16)</u>										
(17)										
<u>(18)</u>										
<u>(19)</u>										
(20)	<del> </del>									
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal							0.	0.	I.	0.
c Total from continuation sheets to Part VII, Secti							0.	0.		0.
d Total (add lines 1b and 1c)							0. more than \$100,00	0. 0 of reportable comp	ensation	0.
from the organization 0									Ιγ	es No
3 Did the organization list any former officer, direct	ctor, truste	ee. kev	emp	love	e. or h	niah	nest compensated	emplovee		
on line 1a? If "Yes,"complete Schedule J for suc	h individu	ial							. 3	X
4 For any individual listed on line 1a, is the sum of the organization and related organizations great such individual.	er than \$1	50,000	)? <i>If</i> '	atior "Yes	and " com	oth 1ple	er compensation ete Schedule J for	from	4	X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If "Ye	ie comper	sation	from	any e J f	unrel	ate	ed organization or person	individual	5	X
Section B. Independent Contractors	,								1	
1 Complete this table for your five highest comper compensation from the organization. Report comper										
(A) Name and business add				,		J	(B) Description		(C) Compens	ation
2 Total number of independent contractors (including \$100,000 of compensation from the organization		ited to	those	liste	d abov	/e) '	who received more	than		
BAA		TEEA01	08L 08	/23/23	1				Form 99	0 (2023)

		Check if Schedule O contains	a response or r	note to any	line in this Part VII	1		
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
તે છે	1a	Federated campaigns	1a					
Contributions, Gifts, Grants, and Other Similar Amounts		Membership dues	-	2,785.				
ن و		Fundraising events	1c	2,700.				
₽¥		Related organizations	1d					
iù i		Government grants (contributions)	1e					
8 2		All other contributions, gifts, grants, and						
ğ		similar amounts not included above	1f 2	0,318.				
윤정	g	Noncash contributions included in						
2 5	L	lines 1a-1f.	1g		F0 100			
	n	Total. Add lines 1a-1f			53,103.			
Program Service Revenue	•		Busines	ss Code		=		
8		<u>Dance Productions</u>			72,009.	72,009.		
ě		<u>Performance Fees</u>			26,785.	26,785.		
ķ	С	Ballet Christmas			1,880.	1,880.		
Şe	d							
ᇤ	е							
ğ	f	All other program service revenu						
Ě	g	Total. Add lines 2a-2f			100,674.			
	3	Investment income (including divide						
		other similar amounts)		L-	2,238.	2,238.		
	4	Income from investment of tax-e		<u> </u>	-5.	-5.		
	5	Royalties						
		(i) R		ersonal				
			.000.					
		Less: rental expenses 6b						
			.000					
	d	Net rental income or (loss)			36,000.	36,000.		
	7a	Gross amount from (i) Secu	rities (ii)	Other				
		sales of assets other than inventory 7a 18	212.					
	b	Less: cost or other basis						
			913.					
			-701.					
	d	Net gain or (loss)			-701.	-701.		
φ	8a	Gross income from fundraising events						
Other Revenue		(not including \$	_					
ě		of contributions reported on line 1c).						
Ε.		See Part IV, line 18		8,491.				
Ę.		Less: direct expenses		2,312.				
ਠ	С	Net income or (loss) from fundra	ising events		6,179.			
	<b>9</b> a	Gross income from gaming activities.						
		See Part IV, line 19	9a					
		Less: direct expenses	9b					
	С	Net income or (loss) from gamin	g activities					
	1 <b>0</b> a	Gross sales of inventory, less	10-					
		returns and allowances	10a					
		Less: cost of goods sold	[10b]					
_	С	Net income or (loss) from sales	Busines					
꽃 .	11a		Dusilles	5546				
Miscellaneous Revenue	11a b c d							
유형								
ž ž	d	All other revenue						
Σ		<b>Total.</b> Add lines 11a-11d	·					
	12	Total revenue. See instructions.			197,488.	138,206.	0.	0.
BAA				TEEA		100,200.	0.	Form <b>990</b> (2023)

Form 990 (2023) Hilton Head Dance Theatre 57Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·					
2	Grants and other assistance to domestic individuals. See Part IV, line 22							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members	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	0.	0.	0.	0.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)							
9 10	Other employee benefits							
11	Fees for services (nonemployees):							
а	Management							
b	Legal							
С	Accounting	3,415.		3,415.				
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	1,077.		1,077.				
12	Advertising and promotion	1,228.		1,228.				
	Office expenses	4,272.		4,272.				
14	Information technology	1,2,2,		1,2,2,				
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	16.005		16 005				
	Depreciation, depletion, and amortization Insurance	16,985.		16,985.				
23 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.).	16,492.		16,492.				
	Program Production Expense	149,304.	149,304.					
b	Other Expenses	5,762.		5,762.				
	Scholarship Expense	5,000.		5,000.				
	Membership and Dues All other expenses.	641.		641.				
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 if following SOP 98-2 (ASC 958-720).							

## Part X Balance Sheet

		Check if Schedule O contains a response or note to	any lin	e in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	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 form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	er office contribu	r, director, utor, or 35%			
	_					5	
	6	Loans and other receivables from other disqualified p	,	-		6	
	_	****	section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				
(A	7		<u> </u>	10 115	7	10 100	
ets	8	Inventories for sale or use			19,145.	8	19,479.
Assets	9	Prepaid expenses and deferred charges				9	
,	1 <b>0</b> a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1 <b>0</b> a	818,430.			
	b	Less: accumulated depreciation	1 <b>0</b> b	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	Total assets. Add lines 1 through 15 (must equal line	33)		491,222.	16	472,866.
	17	Accounts payable and accrued expenses				17	5,000.
	18	Grants payable				18	
	19	Deferred revenue		-		19	
۲۵.	20	Tax-exempt bond liabilities		-		20	
ties	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	ficer, dir utor, or 3 rsons	ector, trustee, 35%		22	
_	23	Secured mortgages and notes payable to unrelated the		<u>L</u>		23	
	24	Unsecured notes and loans payable to unrelated third	l parties.			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to rela plete Pa	ated third parties, art X of Schedule D.	310.	25	361.
	26	Total liabilities. Add lines 17 through 25			310.	26	5,361.
rces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	)	X			
ılar	27	Net assets without donor restrictions			490,912.	27	467,505.
B	28	Net assets with donor restrictions		[		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here				
Þ	29	Capital stock or trust principal, or current funds			29		
şţ	30	Paid-in or capital surplus, or land, building, or equipm		<u> </u>		30	
SS	31	Retained earnings, endowment, accumulated income	, or othe	r funds		31	
t A	32	Total net assets or fund balances			490,912.	32	467,505.
Ş	33	Total liabilities and net assets/fund balances			491,222.	33	472,866.
==	_				•		

**BAA** TEEA0111L 08/23/23 Form **990** (2023)

# Form **990**

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

OMB No. 1545-0047

2022

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 for instructions and the latest information.

Α	For the	2022 cal	lendar year, or tax year beginning	8/1/2022	, and er	nding	7/3	31/2023		
В	Check if a	pplicable:	C Name of organization HILTON HEA	D DANCE THEATRE			D Employe	er identifica	ition number	
	Address c	hange	Doing business as							
$\neg$	Nama cha	ngo	Number and street (or P.O. box if mail is not	delivered to street address)	Room/suite		57-082306	3		
ᆜ	Name cha	ange	PO BOX 5761				E Telephor	ne number		
	Initial retu	rn	City or town	State	ZIP code		(843) 842-	3262		
П	Final return/	/terminated	HILTON HEAD	SC	29938		(010) 012	OZUZ		
_	i iiidi i ctaiii/	terriiriatea	Foreign country name Foreign	province/state/county	Foreign postal	code				
	Amended	return					G Gross re	ceipts \$		218,201
	Applicatio	n pending	F Name and address of principal officer:			H(a) Is th	is a group return	for subordina	ites? Yes	X No
		, ,	Lori Finger PO BOX 5761, HILTON I	HEAD, SC 29938			all subordina			No
_	_						No," attach a l	•		
1	Tax-exem	•	X 501(c)(3) 501(c) (	(insert no.) 4947(a)(1)	or 527				a dollorio	
J	Website:	WW	/W.HILTONHEADDANCE.COM			H(c) Gro	up exemption	number		
K	Form of o	organization	: Corporation Trust Associa	ation X Other	<b>L</b> Yea	r of forma	tion: 1995	M Sta	te of legal domicile	: SC
	Part I	Sui	mmary		•			*		
	1		escribe the organization's mission or	most significant activitie	s: PRO	MOTE	THE APPR	RECIATIO	N FOR THE E	BALLET
9			GENERAL PÜBLIC.	3						
ш						/7				
ē	2	Check th	his hoy if the organization dis	continued its operations	or disposed	of more	than 25%	of its no	t accoto	
ő								3	l assets.	12
ಶ	3		of voting members of the governing l					4		12 12
es	4		of independent voting members of th					5		
Activities & Governance	5		mber of individuals employed in caler		me za)			<del></del>		0
支	6		mber of volunteers (estimate if neces					6		
٩			related business revenue from Part V					7a		0
	b	Net unre	elated business taxable income from l	-orm 990-1, Part I, line	11		 5. v	7b		
		0 1 11	6 1 (75 () (11)		+		Prior Year	0.000	Current Yea	
ne	8		utions and grants (Part VIII, line 1h).					6,968		17,396
Revenue	9		n service revenue (Part VIII, line 2g) .					27,014		132,529
è	10		ent income (Part VIII, column (A), line					2,433		-226
_	11		evenue (Part VIII, column (A), lines 5,		•			5,999		44,449
	12		enue—add lines 8 through 11 (must equ				23	2,414		194,148
	13		and similar amounts paid (Part IX, col					0		0
	14		paid to or for members (Part IX, colu					0		0
es	15		other compensation, employee benefits		, +			0		0
sus	16a		onal fundraising fees (Part IX, colum					0		0
Expenses	b		ndraising expenses (Part IX, column (		0					
ш	17		kpenses (Part IX, column (A), lines 11	•	+			9,132		210,638
	18	Total ex	penses. Add lines 13–17 (must equal	Part IX, column (A), line	25)		21	9,132	2	210,638
	19	Revenue	e less expenses. Subtract line 18 fron	n line 12			1	3,282		-16,490
Net Assets or	3				_	Beginn	ing of Currer	t Year	End of Yea	
set	20		sets (Part X, line 16)				50	3,152		191,222
A A	21							0		310
ž	22	Net asse	ets or fund balances. Subtract line 21	from line 20			50	3,152	4	190,912
	art II		nature Block							
			y, I declare that I have examined this return, inclu				-	_		
and	belief, it is	s true, corre	ect, and complete. Declaration of preparer (other	than officer) is based on all info	rmation of which	preparer	has any knov	vledge.		
Sig	an									
He			ure of officer				Date			
		Lori F	inger		Presi	dent				
			Type or print name and title				i			
_		Print	t/Type preparer's name	Preparer's signature		Date		Check	PTIN	
Pa		Tina	a M Clark	Tina M Clark		12		self-employ		30
	eparer					12/				
Us	e Only	′	Vital Business & Account		400		Firm's EIN	27-442		
			n's address P.O. Box 23403, Hilton H			ļ	Phone no.	843-54		
Ma	v the IR	S discus	s this return with the preparer shown	above? See instructions					X Yes	No

Pa	rt III	<b>Statement of Program Service</b> Check if Schedule O contains a	Accomplishments response or note to any line in this Part I	II
1	-	scribe the organization's mission: E THE APPRECIATION FOR THE BA	ALLET TO TO THE GENERAL PUBLIC.	
2	the prior F	orm 990 or 990-EZ?	program services during the year which were no	ot listed on
3	Did the or		ule O. e significant changes in how it conducts, any pr	rogram
	services?	.   .  .   .   .   .  .  .  .  .  . escribe these changes on Schedule C		Yes X No
4	Describe expenses	he organization's program service ac	complishments for each of its three largest pro inizations are required to report the amount of	
4a			138,305 including grants of \$ REATE APPRECIATION OF THE BALLET BY	(Revenue \$ 132,529 )
		TION OF DANCE PROGRAMO TO C		THE GENERAL PODEIC.
4b	(Code:	) (Expenses \$		) (Revenue \$)
			<b>.</b>	
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$
				/
4d	Other pro	gram services (Describe on Schedule	O.)	
	(Expense:	s \$ 0 including a	rants of \$ 0) (Revenue \$	0 )

138,305

Total program service expenses

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Χ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more		,	
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	11b		Χ
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	406		V
13	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174		
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		Χ
18	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</i> "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		v
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		^
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	-35		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Χ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
20	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
_	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		v
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
C	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>			
-	complete Schedule N. Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	T -		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Χ
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance		1	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
<b>-</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F		V
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		^
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Ou		
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	-		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
•	Enter the amount of reserves on hand			
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	-13		
16		16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		_
17	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		Х
	·	17		
	If "Yes," complete Form 6069.			

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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 instru	uctions.						
	Check if Schedule O contains a response or note to any line in this Part VI		. X						
Section A. Governing Body and Management									

	<u> </u>		Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   12										
	If there are material differences in voting rights among members of the governing body, or										
	if the governing body delegated broad authority to an executive committee or similar										
	committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with										
	any other officer, director, trustee, or key employee?	2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct										
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6	Did the organization have members or stockholders?	6		Х							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint										
	one or more members of the governing body?	7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,										
	stockholders, or persons other than the governing body?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during										
	the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Χ								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached										
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Χ							
Sect	Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,										
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Χ								
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Χ								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	4.0									
40	describe on Schedule O how this was done	12c	Χ								
13	Did the organization have a written whistleblower policy?	13		X							
14	Did the organization have a written document retention and destruction policy?	14		Х							
15	Did the process for determining compensation of the following persons include a review and approval by										
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450	~								
a b	The organization's CEO, Executive Director, or top management official	15a 15b	X								
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	150	^								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement										
iva	with a taxable entity during the year?	16a		Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Toa		^							
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard										
	the organization's exempt status with respect to such arrangements?	16b									
Sect	ion C. Disclosure	100									
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 5	501(c)									
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	- (-)									
	Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	icy,									
	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

## 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-IEC) 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 forme director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

				•			_			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	rson	than or is both or/trusted end or is both or/trusted employees the compensated end or is both or/trusted employees.	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) LORI FINGER	10.00									
PRESIDENT	0.00	X		Х						
(2) KARENA BROCK-CARLYLE	5.00									
VICE PRESIDENT	0.00			Х						
(3) KELLY LUCKASEVIC	5.00									
SECRETARY	0.00	Х		Х						
(4) JOHN CARLYLE	5.00									
DIRECTOR	0.00	Х								
(5) WENDY LYSINGER	5.00									
DIRECTOR	0.00	Х								
(6) CYNTHIA CULLEN	5.00									
DIRECTOR	0.00	Х								
(7) CAITLIN HOFFMAN	5.00									
DIRECTOR	0.00	Х								
(8) EMILY COOK	5.00									
DIRECTOR	0.00	Χ								
(9) BECKY ADELMAN	5.00									
DIRECTOR	0.00	Χ								
(10) MARY ELLISON	5.00									
DIRECTOR	0.00	Χ								
(11) EUGENIA ORAGE	5.00									
DIRECTOR	0.00	Χ								
(12) JACKI WIEGEL	5.00									
DIRECTOR	0.00	Χ								
(13)										
(14)										

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	990 (2022)	HILTON HEAD												3063	Page <b>8</b>
Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
		(A) Name and title		(B) Average hours	verage box, unless person is both an officer and a director/trustee) c				(D) Reportable compensation	(E) Reportable compensatio	n	Estimat of	(F) ted amount f other		
				per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (\) 1099-MISC 1099-NEC)	N-2/ /	fro organi	pensation om the ization and organizations
(15)												A			
(16)															
(17)															
(18)															
(19)									Ċ						
(20)										, ((	9				
(21)						-									
(22)					/										
(23)					V										
(24)															
(25)				1											
1b											0		0		0
c d		continuation sheet lines 1b and 1c)	•		 			• •	 		0		0		0
2		per of individuals (inc compensation from t			sted a	abov	e) v	vho	recei	/ed	more than \$100	),000 of			0
3		ganization list any <b>for</b> on line 1a? <i>If "Yes," o</i>											Ī	3	Yes No
4	For any inc	dividual listed on line zation and related org	1a, is the sum o	of reportable con ater than \$150,00	npen: 00? <i>II</i>	satio	n a	nd c	other o	com Sc.	npensation from hedule J for suc				
5	Did any pe	rson listed on line 1a rendered to the org	receive or accr		n fror	m ar	ıy u	nrela	ated o	orga	anization or indiv		İ	4	X
Sec		ependent Contractor		es, complete st	meat	ile J	101	Suci	n pers	SOII				5	X
1	Complete t	this table for your five	highest compe										n's t	ax yea	ır.
	•		(A) le and business add								(B) Description of ser			(C) ompens	
															0
															0
-															0
															0
2		per of independent co \$100,000 of compen	•	_	ted to	tho	se l	isted	d abo	ve)	who received				

Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any line in	this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
s	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	0				
Gr Not	С	Fundraising events 1c	0				
fts, r Aı	d	Related organizations 1d	0				
, Gi ila	е	Government grants (contributions) 1e	0				
ons Sir	f	All other contributions, gifts, grants, and					
utic		similar amounts not included above 1f	17,396				
trib Oth	g	Noncash contributions included in					
ont		lines 1a–1f 1g	\$ 0				
o a	h	Total. Add lines 1a–1f		17,396			
			Business Code				
ice	2a	DANCE PRODUCTIONS		66,804	66,804		
erv ue	b	BALLET CHRISTMAS		1,775	1,775		
Program Service Revenue	C	MEMBERSHIP DUES/ADVERTISEMENTS		37,540	37,540		
	d	OTHER STUDENT PERFORMANCES		0	00.110		
	е	PERFORMANCE FEES		26,410	26,410		
	f	All other program service revenue		0	_		
	<u>g</u> 3	<b>Total.</b> Add lines 2a–2f		132,529			
	3	other similar amounts)		2,213			
	4	Income from investment of tax-exempt bond pro		2,213			
	5	Royalties	occus	0			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 36,000					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c 36,000	0				
	d	Net rental income or (loss)	( ) .	36,000			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
4)	_	other than inventory	0				
Revenue	b	Less: cost or other basis					
ve	_	and sales expenses 7b 13,431					
Re	C	Gain or (loss)	0	-2,439			
Other	d 8a	Gross income from fundraising		-2,439			
Ŏ	ou	events (not including \$ 19,071					
		of contributions reported on line 1c).					
		See Part IV, line 18 8a	19,071				
	b	Less: direct expenses 8b	10,622				
	С	Net income or (loss) from fundraising events		8,449			
	9a	Gross income from gaming activities.					
		See Part IV, line 19	0				
	b	Less: direct expenses	0				
	С	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less	0				
	<b>L</b>	returns and allowances	0				
	b			0			
<b>(</b> 0	C	Net income or (loss) from sales of inventory	Business Code	U			
ous	11a		245,11030 0040	0			
nu	b			0			
cellaneo Revenue	C			0			
Miscellaneous Revenue	d	All other revenue		0			
Σ	е	Total. Add lines 11a–11d		0			
	12	Total revenue. See instructions		194,148	132,529	0	0

Statement of Functional Expenses									
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
Check if Schedule O contains a response or note to any line in this Part IX									
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising					

Do l 8b,	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		охроново	general expenses	СХРОПОСО
•	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			Ü	
•	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):	•			
а	Management	0			
b	Legal	0			
С	Accounting	3,050		3,050	
d	Lobbying	0		,	
е	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.)				
а	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 25	All other expenses	0	400.005	70.000	^
25	Total functional expenses. Add lines 1 through 24e .	210,638	138,305	72,333	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	10110Willy 30F 30-2 (A3C 300-120)				

57-0823063

HILTON HEAD DANCE THEATRE

Pa	art X	Balance Sheet					
		Check if Schedule O contains a response of	r note to any line in t	his Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			14,413	1	16,578
	2	Savings and temporary cash investments		[	0	2	
	3	Pledges and grants receivable, net		0	3	0	
	4	Accounts receivable, net	9,326	4	0		
	5	Loans and other receivables from any current of	or former officer, dire	ctor,			
		trustee, key employee, creator or founder, subs	stantial contributor, o	r 35%			
		controlled entity or family member of any of the	ese persons		_0	5	
	6	Loans and other receivables from other disqualit	ned				
		under section 4958(f)(1)), and persons describe	3)(B)	0	6		
Assets	7	Notes and loans receivable, net		0	7	0	
SS	8	Inventories for sale or use	[	18,728	8	19,145	
⋖	9	Prepaid expenses and deferred charges			0	9	
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	818,430			
	b	Less: accumulated depreciation	10b	428,980	399,623	10c	389,450
	11	Investments—publicly traded securities			60,562	11	65,549
	12	Investments—other securities. See Part IV, line	e 11	(	0	12	0
	13	Investments—program-related. See Part IV, lin	e 11		0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			500	15	500
	16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equ	ual line 33)		503,152	16	491,222
	17	Accounts payable and accrued expenses		<u>.</u>	0	17	
	18	Grants payable			0	18	
	19	Deferred revenue		0	19		
	20	Tax-exempt bond liabilities		0			
	21	Escrow or custodial account liability. Complete	Part IV of Schedule	D	0	21	
es	22	Loans and other payables to any current or for					
≣		trustee, key employee, creator or founder, sub-					
Liabilities		controlled entity or family member of any of the		-	0		
_	23	Secured mortgages and notes payable to unrel			0	23	0
	24	Unsecured notes and loans payable to unrelate			0	24	0
	25	Other liabilities (including federal income tax, p		ird			
		parties, and other liabilities not included on line	s 17–24). Complete				
		Part X of Schedule D			0		310
	26	Total liabilities. Add lines 17 through 25			0	26	310
es		Organizations that follow FASB ASC 958, ch	neck here X				
Ē		and complete lines 27, 28, 32, and 33.					
<u>ä</u>	27	Net assets without donor restrictions		-	503,152	27	490,912
Б	28	Net assets with donor restrictions		· ·	0	28	
Ž		Organizations that do not follow FASB ASC	958, check here				
Net Assets or Fund Balances		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current funds			0	29	
set	30	Paid-in or capital surplus, or land, building, or e			0	30	
As	31	Retained earnings, endowment, accumulated in			0	31	
let.	32	Total net assets or fund balances		[	503,152		490,912
Z	33	Total liabilities and net assets/fund balances			503 152	33	491 222

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

Form 990 (2022)

# **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information.

Sequence No. 179

Name(s) shown on return HILTON HEAD DANCE THE		Business or activity to which this form relates <b>Identifying num</b> 990 57-0823063				ber		
Part I Election To E	Expense Certain F	Property Un	der Section 17	79		•		
Note: If you have	e any listed property, co	mplete Part V b	efore you complet	e Part I.				
1 Maximum amount (see in	structions)						1	
2 Total cost of section 179							2	
3 Threshold cost of section							3	
4 Reduction in limitation. Su							4	0
5 Dollar limitation for tax ye								
separately, see instruction	ns						5	0
6 (a) Des	scription of property		(b) Co	st (business use	only)	(c) Elected cos	t	
7 Listed property. Enter the						<u> </u>		
8 Total elected cost of secti							8	0
9 Tentative deduction. Ente							9	0
10 Carryover of disallowed d		•					10	
<ul><li>11 Business income limitatio</li><li>12 Section 179 expense ded</li></ul>							11 12	0
13 Carryover of disallowed d							0	-
Note: Don't use Part II or Par					13	<u> </u>		
	eciation Allowand			. (Don't incl	ude listed nr	onerty See ins	truct	ione \
14 Special depreciation allow						operty. Gee ins	liuci	10113.j
							14	
during the tax year. See instructions								
16 Other depreciation (include							16	
Part III MACRS Depr	reciation (Don't in	clude listed i	property. See i	nstructions.)			<u> </u>	<u> </u>
	(2011011)		Section A		<u>'                                      </u>			
17 MACRS deductions for as	ssets placed in servic	e in tax years		2022			17	16,810
18 If you are electing to grou								
asset accounts, check he	re							
Section I	B - Assets Placed in	Service Duri	ng 2022 Tax Ye	ar Using the	General Depr	eciation System		_
	(b) Month a		s for depreciation					
(a) Classification of propert	` '		ss/investment use	(d) Recovery	(e) Convention	(f) Method	(a) Do	epreciation deduction
	in service	e only—	see instructions)	period		(i) meaned		
19 a 3-year property								
<b>b</b> 5-year property								
<b>c</b> 7-year property								
d 10-year property								
e 15-year property								
<b>f</b> 20-year property								
<b>g</b> 25-year property				25 yrs.		S/L		
h Residential rental				27.5 yrs.	MM	S/L	<u> </u>	
property				27.5 yrs.	MM	S/L		
i Nonresidential real	8/9/202	.2	6,804	39 yrs.	MM	S/L	<u> </u>	167
property					MM	S/L		
	- Assets Placed in S	Service During	g 2022 Tax Year	Using the A	Iternative Dep		<u>m</u>	
20 a Class life						S/L	<u> </u>	
<b>b</b> 12-year				12 yrs.		S/L	<u> </u>	
<b>c</b> 30-year				30 yrs.	MM	S/L	₩	
d 40-year	in-ato			40 yrs.	MM	S/L	Щ	
	ee instructions.)						64	
21 Listed property. Enter am			0				21	
22 Total. Add amounts from		-					00	40.077
here and on the appropria					u ucuons	<u> </u>	22	16,977
23 For assets shown above a portion of the basis attribu					23			
portion of the basis attribt	<u> </u>	¬ ∪∪อเอ			23	1		

### SCHEDULE A (Form 990)

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

**Employer identification number** Name of the organization 57-0823063 HILTON HEAD DANCE THEATRE 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.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. h Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III е functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . . . . 0 f Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

**Total** 

57-0823063

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

Sec	tion A. Public Support	1 7		, 1	•		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	103,552	99,152	63,343	113,687	99,917	479,651
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	,		50,010		1	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge				//		0
<b>4 5</b>	Total. Add lines 1 through 3	103,552	99,152	63,343	113,687	99,917	479,651
6	Public support. Subtract line 5 from line 4						479,651
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
7	Amounts from line 4	103,552	99,152	63,343	113,687	99,917	479,651
8	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
9	Net income from unrelated business activities, whether or not the business is regularly carried on	•	C				0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	<b>Total support.</b> Add lines 7 through 10						498,032
12	Gross receipts from related activities, etc. (s					12	
13	First 5 years. If the Form 990 is for the orga		ond, third, fourth, o	or fifth tax year as a	a section 501(c)(3)		Γ
	organization, check this box and <b>stop here</b>						
Sec	ction C. Computation of Public Su		_			· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2022 (line 6, c		•			14	96.31%
	Public support percentage from 2021 Sched					15	96.20%
	33 1/3% support test—2022. If the organization qualifies as	s a publicly support	ed organization .				<u>X</u>
D	<b>33 1/3% support test—2021.</b> If the organiz box and <b>stop here</b> . The organization qualifies						
17a	10%-facts-and-circumstances test—2022 10% or more, and if the organization meets to Part VI how the organization meets the facts organization.	the facts-and-circui s-and-circumstance	mstances test, che s test. The organiz	ck this box and <b>sto</b> ation qualifies as a	pp here. Explain in publicly supported	t	
b	<b>10%-facts-and-circumstances test—202</b> 1 15 is 10% or more, and if the organization m in Part VI how the organization meets the facorganization.	neets the facts-and- cts-and-circumstan	circumstances test ces test. The organ	t, check this box ar nization qualifies as	nd <b>stop here</b> . Expl s a publicly suppor	ain ted	
18	<b>Private foundation.</b> If the organization did instructions						

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

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

Sec	tion A. Public Support				,		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						_
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						•
	organization without charge	0		0		0	0
6	<b>Total.</b> Add lines 1 through 5	0	0	0	0	0	0
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>L</b>	, ,						U
D	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
c	Add lines 7a and 7b	0	. • 0	0	0	0	0
8	Public support (Subtract line 7c from	-				-	<u> </u>
	line 6.)						0
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,	<b>•</b>					
	payments received on securities loans, rents,	_1					
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less	4					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included on line 10b, whether						0
12	or not the business is regularly carried on .						0
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						0
	and 12.)	0	0	0	0	0	0
14	First 5 years. If the Form 990 is for the orga	ŭ					
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su	pport Percenta	age				·
15	Public support percentage for 2022 (line 8, c			(f))		15	0.00%
16	Public support percentage from 2021 Sched	ule A, Part III, line	15			16	0.00%
	tion D. Computation of Investmer						
17	Investment income percentage for 2022 (line	e 10c, column (f), d	ivided by line 13, c	olumn (f))		17	0.00%
18	Investment income percentage from 2021 Se					18	0.00%
19a	33 1/3% support tests—2022. If the organi						·
	not more than 33 1/3%, check this box and \$	-			_		
b	33 1/3% support tests—2021. If the organi						Ι
••	line 18 is not more than 33 1/3%, check this		=				<del></del>
20	Private foundation. If the organization did i	not check a box on	line 14, 19a, or 19	b, check this box a	and see instructions	8	

### 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

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

_		Yes	No
	1		
•			
	2		
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	3a		
	3b		
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ľ	3с		
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- 1	4-		
H	4a		
	4b		
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	10b		

Schedul	e A (Form 990) 2022 HILTON HEAD DANCE THEATRE	57-0823063	F	Page <b>5</b>
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b			
	11c below, the governing body of a supported organization?	11a	_	
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	•		
Socti	detail in Part VI. on B. Type I Supporting Organizations	11c		
Secu	on B. Type I Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of	oppor	163	NO
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's			
	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			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated ar	V.		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in I	Part		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors of the			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how conti	trol		
	or management of the supporting organization was vested in the same persons that controlled or management	ged		
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations		1	1
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of t			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the	·		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies			
2	organization's governing documents in effect on the date of notification, to the extent not previously prov Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the suppo			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part</b>			
	the organization maintained a close and continuous working relationship with the supported organization			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations			
J	a significant voice in the organization's investment policies and in directing the use of the organization's	liave		
	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.	3		
Secti	on 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	ear ( <b>see instruction</b>	s).	
а	The organization satisfied the Activities Test. Complete line 2 below.	(000	-/-	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
		antal antity ( in-time	4:\	
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	lental entity (see instruc		1
2	Activities Test. Answer lines 2a and 2b below.	_	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purpose			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identition	•		
	those supported organizations and explain how these activities directly furthered their exempt purpo			
	how the organization was responsive to those supported organizations, and how the organization determined to the control of th			
L	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involver			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," expl.			
	Part VI the reasons for the organization's position that its supported organization(s) would have engage	2b		
3	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities			
~	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this red			

1 Check here if the organization satisfied the Integral Part Test as a qualifying the control of	ng trus	st on Nov. 20, 1970 <i>(explain</i>	,
instructions. All other Type III non-functionally integrated supporting orga Section A - Adjusted Net Income	nizati	ons must complete Sections (A) Prior Year	S A through E.  (B) Current Year  (optional)
1 Net short-term capital gain	1		(optional)
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	A	
6 Portion of operating expenses paid or incurred for production or collection of			
gross income or for management, conservation, or maintenance of property			
held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
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>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	16		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount 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 Minimum Asset Amount (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 Distributable Amount. 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-functiona	lly inte	egrated Type III supporting	organization (see
instructions).	-		•

Part '	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt	I		
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required—	provide details in <b>Part V</b> i	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which the	he organization is respor	nsive	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	0
10	Line 8 amount divided by line 9 amount	T	10	0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
C	From 2019 0			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e	0	_	
<u>g</u>	Applied to underdistributions of prior years		0	
<u>h</u>	Applied to 2022 distributable amount			0
<u> </u>	Carryover from 2017 not applied (see instructions)	<b>1</b>		
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2022 from Section D, line 7: \$ 0			
	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 Part VI. See instructions.		0	
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain			
	in Part VI. See instructions.			0
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7.			
<u>a</u>	Excess from 2018			
<u>b</u>	Excess from 2019 0			
	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

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

## SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

## **Supplemental Financial Statements**

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

HILTON HEAD DANCE THEATRE 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 1 Total number at end of year . . . . . . . 2 Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) . . . . 3 Aggregate value at end of year . . . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . 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 Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . . Total acreage restricted by conservation easements . . . Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after July 25, 2006, and not Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 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. 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. 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: 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: **b** Assets included in Form 990, Part X.

Part	Organizations Maintaining Col									
3	Using the organization's acquisition, access	ssion, and other	records,	check any	of the followi	ng that r	nake significant	use of it	S	
	collection items (check all that apply):			•						
а	Public exhibition		d	Loan or	exchange pro	ogram				
b	Scholarly research		е	Other						
С	Preservation for future generations			•						
4	Provide a description of the organization's	collections and	explain h	ow they fu	irther the orga	anization	's exempt purpo	se in Pa	ırt	
	XIII.		•	,	G					
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							Ye	s	No
Part	V Escrow and Custodial Arrange	ments.				-				·
	Complete if the organization answer		n Form 9	990. Part	IV. line 9. c	r report	ted an amoun	t on For	m	
	990, Part X, line 21.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 0, 0				•••	
1a	Is the organization an agent, trustee, custo	odian or other int	ermediar	v for contr	ributions or ot	her asse	ets not			
	included on Form 990, Part X?			-				Ye	s	No
b	If "Yes," explain the arrangement in Part X								- ш	
	, 1	,		Ü			<i>H</i>	Amount		
С	Beginning balance					1c				0
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance			,		1f				0
2a	Did the organization include an amount or	Form 990, Part	X, line 2	1, for escr	ow or custodi	al accou	nt liability?	Ye	s X	No
b	If "Yes," explain the arrangement in Part X	(III. Check here i	f the expl	anation ha	as been provi	ded on F	Part XIII	. <del></del> .		
Part			•		,					
ı art	Complete if the organization answer	wered "Yes" or	n Form 9	90 Part	IV line 10					
		(a) Current year		or year	(c) Two years	back (	d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance	0	10/11	0	(0, 1111 ) 1111	0		0	,	0
b	Contributions			,						
C	Net investment earnings, gains,									
	and losses	. (								
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	0		0		0		0		0
2	Provide the estimated percentage of the	urrent year end b	oalance (	line 1g, co	lumn (a)) hel	d as:				
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment %									
	The percentages on lines 2a, 2b, and 2c s	•								
3a	Are there endowment funds not in the pos	session of the or	ganizatio	n that are	held and adr	ministere	d for the	Г		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	• •							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organ							3b		
4	Describe in Part XIII the intended uses of		s endowr	nent tunds	S					
Part	, O,		. F <i>(</i>	000 D4	IV 1 line = 44 :	. 0		V !!	10	
	Complete if the organization ans									
	Description of property	(a) Cost or oth (investme		. ,	or other basis other)	٠,	ccumulated preciation	( <b>d)</b> Bo	ook value	е
12	Land	(iiivestille	0	(0	500	de	production			500
1a b	Land		0		635,472		251,788		30	3,684
C	Leasehold improvements		0		23,429		18,163			5,064 5,266
d	Equipment		0		159,029		159,029			0,200
e	Other		0		0		0			0
	. Add lines 1a through 1e. (Column (d) mus			column (l					38	9,450

Part VII Investments—Other Securities.	\/aa   an Farm 000	Doubly line 44h Con Form 000 Doubly line 40
· -		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	0	
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G) (H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.).	0	
Part VIII Investments—Program Related.		
	'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
(2)		
(3)		
(4)		· ·
(5)		
<u>(6)</u>		
		_
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.).	0	
Part IX Other Assets.		
	'Ves" on Form 000	Part IV, line 11d. See Form 990, Part X, line 15.
(a) Descri		(b) Book value
(1)	NOTE OF THE PROPERTY OF THE PR	(b) book value
(2)		
(3)	<u> </u>	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ine 15.)	0
Part X Other Liabilities.	N/ II	D (N/) 44 4460 E 555 E 555
	'Yes" on Form 990,	Part IV, line 11e or 11f. See Form 990, Part X,
line 25.		
	tion of liability	(b) Book value
(1) Federal income taxes		0
(2) Due to/from HHDS		310
(3)		
(4)		
(5)		
<u>(6)</u>		
(7)		
(8)		
(9)	ino OF )	010
Total. (Column (b) must equal Form 990, Part X, col. (B) li	· · · · · · · · · · · · · · · · · · ·	
2. Liability for uncertain tax positions. In Part XIII, provide the te organization's liability for uncertain tax positions under FASB AS		

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per Ro	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1 4 1
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	<b>2e</b> 0
3	Subtract line <b>2e</b> from line <b>1</b>	3 0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b> 0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>5</b> 0
Part		Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	
е	Other losses	<b>2e</b> 0
3	Subtract line <b>2e</b> from line <b>1</b>	3 0
4	Amounts included on Form 990. Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b> 0
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form</i> 990, <i>Part I, line</i> 18.)	5 0
	XIII Supplemental Information.	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ation.

Schedule D (Fo	rm 990) 2022	HILTON HEAD DANCE THEATRE	57-0823063	Page <b>5</b>
Part XIII	Suppleme	HILTON HEAD DANCE THEATRE ental Information (continued)		
			<u> </u>	
			<u> </u>	
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		, in the second		
		<u> </u>		

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

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

HILTO	HILTON HEAD DANCE THEATRE 57-0823063						
Par	<b>Fundraising Activities.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.						
						-11 414 1	
1	Indicate whether the organization ra	ised funds throu			-		
a	Mail solicitations				of non-government of		
b	Internet and email solicitations		_		of government grant	S	
С	Phone solicitations		<b>g</b> S <sub>i</sub>	pecial fund	Iraising events		
d	In-person solicitations						
2a							
	or key employees listed in Form 990	), Part VII) or en	tity in conn	ection with	n professional fundra	aising services?	Yes No
b	If "Yes," list the 10 highest paid indiv			ers) pursu	ant to agreements u	nder which the fund	Iraiser is to
	be compensated at least \$5,000 by	the organization	١.				
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of utions?	(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			
1				. 4			
					0	0	0
2				•	0	0	0
3							<u>-</u>
					0	0	0
4					0	0	0
5			C 1		0	0	0
6			V		0	0	0
7							
8			·		0	0	0
9		<b>.</b>			0	0	0
40	<u> </u>				0	0	0
10					0	0	0
Total					0	0	0
3	List all states in which the organizat	on is registered	or licensed	d to solicit	contributions or has	been notified it is e	xempt from
	registration or licensing.						
	<del>-</del>						

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II 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 Fundraising NONE (add col. (a) through col. (c)) (event type) (total number) (event type) Revenue Gross receipts . . . . 19,071 19,071 Less: Contributions . . . 0 Gross income (line 1 minus line 2) . . . . . . . . . 19,071 19,071 Cash prizes . . . . . . Noncash prizes . . . . . 0 Direct Expenses Rent/facility costs . . . . 0 Food and beverages . . . 0 0 Entertainment . . . . . 0 Other direct expenses . . 10,622 10,622 Direct expense summary. Add lines 4 through 9 in column (d). 10,622) Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo Gross revenue. 0 Direct Expenses Cash prizes . . . . . 2 0 Noncash prizes . . . . 0 Rent/facility costs . . . 0 Other direct expenses . 5 Yes Yes Yes Volunteer labor . . . No 0) Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . . . . . . . . . . . . Enter the state(s) in which the organization conducts gaming activities: If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . If "Yes," explain:

Sched	ule G (Form 990) 2022 HILTON HEAD DANCE THEATRE	57	<u>-082</u>	23063	,	Page <b>3</b>
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:					
а	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 an records:	d				
	Name					
	Address	<b>-</b>				
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 \$					
С	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:					
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to					
				Yes		No
b	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or					
Dowl	spent in the organization's own exempt activities during the tax year \$			(, (),	اء در د	0
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional				anu	
	See instructions.					

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

## Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

HILTON HEAD DANCE THEATRE	57-0823063
Form 990, Part VI, Line 11B: ORGANIZATION'S PROCESS TO REVIEW FORM 990 BEFORE F	ORM 990 IS
FILED. A PDF OF THIS TAX FORM IS SENT OUT BY EMAIL TO ALL DIRECTORS FOR REVIE	W. ALL DIRECTORS
MUST SEND BACK AN EMAIL INDICATION THAT THEY HAVE REVIEWED THE RETURN AND	O AGREE WITH IT'S
CONTENTS OR THAT THEY DO NOT WISH TO REVIEW THE RETURN AND AGREE TO HAV	E IT SENT WITHOUT
REVIEW.	
Form 990, Part VI, Line 12C: ENFORCEMENT OF CONFLICT POLICY. THE POLICY FOR CON	FLICTS IS
CONTAINED IN THE BYLAWS AND IS ANNUALLY REVIEWED DURING THE ELECTION PRO	CESS. 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 ATT	ORNEY 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/G	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 RE	QUIRED DOCUMENTS
ARE AVAILABLE TO THE PUBLIC IN THE ENTITY'S OFFICE DURING REGULAR BUSINESS I	HOURS SHOULD ANYONE
WISH TO SEE THEM.	

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization	Employer identification number
HILTON HEAD DANCE THEATRE	57-0823063
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<b>(</b> )	
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Form **8879-TE** 

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

For calendar year 2022, or fiscal year beginning 8/1, 2022, and ending 7/31, 20 23

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.

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

Name of filer EIN or SSN HILTON HEAD DANCE THEATRE 57-0823063 Name and title of officer or person subject to tax President Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here . . . . . . X **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12). . . 2a Form 990-EZ check here . . . . **b Total revenue**, if any (Form 990-EZ, line 9) . . . . . . . . . . . . Form 1120-POL check here . . . **b** Total tax (Form 1120-POL, line 22). . . . . . . . . . . . . . . . **b Tax based on investment income** (Form 990-PF, Part V, line 5) . . . Form 990-PF check here . . . . 5a Form 8868 check here . . . . **b** Total tax (Form 990-T, Part III, line 4) . . . . . . . . . . . . . . . 6a Form 990-T check here **b Total tax** (Form 4720, Part III, line 1) . . . . . . . . . . . . . . . . 7a Form 4720 check here . . . . . b FMV of assets at end of tax year (Form 5227, Item D) . . . . . . 8a Form 5227 check here . . . . . 9a Form 5330 check here . . . . . 9b 10a Form 8038-CP check here . . . **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . . 10b Declaration and Signature Authorization of Officer or Person Subject to Tax I am a person subject to tax with respect to (name Under penalties of periury. I declare that | X | I am an officer of the above entity or 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 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 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. Tina M Clark ERO's signature Date **ERO Must Retain This Form—See Instructions** 

Do Not Submit This Form to the IRS Unless Requested To Do So

HILTON HEAD DANCE THEATRE 57-0823063

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

7/31/2023

## **Summary of Qualified Property by Activity**

 Unadjusted

 Activity
 Cost or Basis

 1
 990
 684,659

**Detail of Qualified Property** 

	etan of Qualified Froperty											
			Date In	Recovery	Years in	Total Cost	Business/Time	Unadjusted				
	Activity	Asset Description	Service	Period	Service	or Basis	Use Percent	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 IMPROVEMEN	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 FLOO	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

## 990

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

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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

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

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

8/1/2021 7/31/2022 For the 2021 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: HILTON HEAD DANCE THEATRE Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 57-0823063 Name change PO BOX 5761 E Telephone number ZIP code Initial return City or town State (843) 842-3262 HILTON HEAD SC 29938 Final return/terminated Foreign country name Foreign province/state/county Foreign postal code Gross receipts 304.862 Amended return F Name and address of principal officer: Application pending H(a) Is this a group return for subordinates? Yes X No Lori Finger PO BOX 5761, HILTON HEAD, SC 29938 H(b) Are all subordinates included? If "No," attach a list. See instructions X 501(c)(3) Tax-exempt status: 501(c) ( ) < (insert no.) 4947(a)(1) or 527 Website: ► WWW.HILTONHEADDANCE.COM **H(c)** Group exemption number ▶ Corporation Х Trust Other > L Year of formation: M State of legal domicile: Form of organization: Association SC Part I Briefly describe the organization's mission or most significant activities: PROMOTE THE APPRECIATION FOR THE BALLET Activities & Governance TO THE GENERAL PUBLIC. if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Check this box ▶ Number of voting members of the governing body (Part VI, line 1a). 3 Number of independent voting members of the governing body (Part VI, line 1b) 12 Total number of individuals employed in calendar year 2021 (Part V, line 2a) . 5 0 6 Total number of volunteers (estimate if necessary) . . . Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** 7,017 Contributions and grants (Part VIII, line 1h) . . . 36,968 Program service revenue (Part VIII, line 2g) . ... 74,902 9 127,014 5,545 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . 22,433 10 45.690 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . 45.999 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). 12 133,154 232.414 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . . . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . 15 0 Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 0 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . . . 191,805 219,132 17 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25). 18 191,805 219,132 Revenue less expenses, Subtract line 18 from line 12. 19 -58.651 13.282 **Beginning of Current Year** End of Year Balances Total assets (Part X, line 16). 519,537 20 503,152 21 Total liabilities (Part X, line 26) . . . . . 663 518,874 22 Net assets or fund balances. Subtract line 21 from line 20 503,152 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. 12/5/2022 Sign Signature of officer Date Here Lori Finger President Type or print name and title Print/Type preparer's name Preparer's signature Check Paid Tina M Clark Tina M Clark 12/6/2022 self-employed P01067780 **Preparer** ▶ Vital Business & Accounting Solutions, PC Firm's EIN ► 27-4426175 Firm's name **Use Only** Firm's address ▶ P.O. Box 23403, Hilton Head Island, SC 29925-3403 Phone no. 843-548-0052

X Yes

Pa	rt III	Statement of Program Serv Check if Schedule O contains	ice Accomplishments s a response or note to any line in this	Part III	
1	-	scribe the organization's mission: E THE APPRECIATION FOR THE	E BALLET TO TO THE GENERAL PUBLIC		_
2	the prior I	Form 990 or 990-EZ?	nt program services during the year which	were not listed on	,
		describe these new services on Scl			
3	services?	(	ake significant changes in how it conducts	any program Yes X No	)
4	Describe		le O. accomplishments for each of its three largorganizations are required to report the amo		
		expenses, and revenue, if any, for expenses		ount of grants and allocations to others,	
4a	(Code:		149,729 including grants of \$ D CREATE APPRECIATION OF THE BALI	) (Revenue \$ 127,014 ) LET BY THE GENERAL PUBLIC.	_
				4.)	
				<del></del>	
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$)	_
			·····		
			<u> </u>		
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$)	
4d	Other pro	gram services (Describe on Sched	lule O.)		
4d	Other pro	gram services (Describe on Sched	lule O.) g grants of \$ 0 ) (Reve	enue \$ 0)	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Χ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	3		
Ū	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part VI	11a	Χ	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			.,
10	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
20-	If "Yes," complete Schedule G, Part III	19 20a		X
20a h	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		^
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ
_			_	

-			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines</i>			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Χ
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>25</b> a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	23a		^
~	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Χ
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		V
29	"Yes," complete Schedule L, Part IV	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		^
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,  III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		^
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			.,
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	30	^	
T GI	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	10		l

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		$oxed{oxed}$
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<b>C</b> -		
<b>L</b>	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	Ch		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del>- ^</del>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		oxdot
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
D	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		Х
	If "Yes " complete Form 6069			

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a			,
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			Χ
Sect	ion A. Governing Body and Management		Vaa	N.
1a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
ıa	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Χ
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7.		_
h	one or more members of the governing body?	7a		Х
b	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		
•	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Χ
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	Code.		
40-	Did the conveying time have been been been been about the filling.	40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114	^	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13		Χ
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450	V	
a b	The organization's CEO, Executive Director, or top management official	15a 15b	X	
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130	^	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion 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 5	01(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Our website Check all that apply.  Other (explain an Schodule Check)			
19	Own website Another's website X Upon request Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	icv		
13	and financial statements available to the public during the tax year.	ıcy,		
20	State the name, address, and telephone number of the person who possesses the organization's books and records	<b>•</b>		
-	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 hore 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 is reived nore 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 forme 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 curent officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r	not ch	Pos neck ss pe	ition more rson irecto	than on the properties of the state of the s	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JAMAL EDWARDS	5.00									
DIRECTOR	0.00							6,250		
(2) LORI FINGER	10.00									
PRESIDENT	0.00	7		Х				0		
(3) KARENA BROCK-CARLYLE	5.00							_		
VICE PRESIDENT	0.00	Χ		Χ				0		
(4) KELLY LUCKASEVIC	5.00									
SECRETARY	0.00	Х		Х				0		
(5) JOHN CARLYLE	5.00									
DIRECTOR	0.00	Х						0		
(6) WENDY LYSINGER	5.00									
DIRECTOR	0.00	Х						0		
(7) CYNTHIA CULLEN	5.00	.,						_		
DIRECTOR	0.00	Х						0		
(8) CAITLIN HOFFMAN	5.00	.,						_		
DIRECTOR	0.00	Х						0		
(9) CHRISTINE STAEBLER	5.00	.,						_		
DIRECTOR	0.00	Х						0		
(10) EMILY COOK	5.00									
DIRECTOR	0.00							0		
(11) BECKY ADELMAN	5.00	1								
DIRECTOR	0.00							0		
(12) KATIE GIRARDI	5.00	1								
DIRECTOR	0.00	Х						0		
(13)										
(14)										

	990 (2021) HILTON HEAD DANCE THEA		nle:::		0.5	LD:	ab '		mnorested F	57-082		Page <b>8</b>
Pä	Section A. Officers, Directors, Tru	istees, Key Emi	ріоуе	es,	and (C		gnest	CC	mpensated Em	ipioyees (contin	uea)	
	<b>(A)</b> Name and title	(B) Average	box,	unles	Posi neck i ss pe	ition more rson	than o	an	( <b>D)</b> Reportable	<b>(E)</b> Reportable	(F) Estimated	amount
		hours per week					or/truste	,	compensation from the	compensation from related	of oth compens	sation
		(list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from t organizati	on and
		related organizations	al tru	onal t		ıploye	com		1099-NEC)	1099-NEC)	related orga	nizations
		below dotted line)	stee	ruste		ě	oensa					
				Ф			ated					
15)										7		
16)												
17)												
18)												
19)			·									
20)												
21)		 										
22)			*				•					
23)			V		Ť							
24)												
25)												
1b	Subtotal		٠					•	6,250	0		0
_	Total from continuation sheets to Part VII, S							•	0	0		0
<u>d</u> 2	Total (add lines 1b and 1c).  Total number of individuals (including but not li	mited to those lis	 sted a	 abov	e) v	 vho	recei	<b>▶</b> ved	6,250 more than \$100	0.000 of		0
_	reportable compensation from the organization				-, .							0
•	Did the executation list any formary officer dis-	atar truatas ka		برمام		ar h	iahaa		amnanaatad		Ye	s No
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If</i> "Yes," <i>complete Sched</i>										3	X
4	For any individual listed on line 1a, is the sum of					nd c	other	con	npensation from	•		
	the organization and related organizations great	ater than \$150,00	00? <i>It</i>	Ye	es,"	com	plete	Sc	hedule J for suc	h		.,
_	individual					 					4	X
5	Did any person listed on line 1a receive or accifor services rendered to the organization? If "Y	•			-			_			5	Х
Sec	tion B. Independent Contractors										<b>'</b>	
1	Complete this table for your five highest compecompensation from the organization. Report co	•									av vear	
	(A)	mponsation for t	00	41011	ual	yea	. Griul	ııy_	(B)	Jorganizations	(C)	
	Name and business add	ress							Description of ser	vices C	Compensation	
												0
												0
-						-						0
												Λ

Part VIII Statement of Revenue

		Check if Schedule O contains a respons	se or	note to any line in	this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
(0	1a	Federated campaigns	1a	0				3001013 312-314
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	0				
Gra	C	Fundraising events	1c	0				
ts, An	d	Related organizations	1d	0				
Gif ilar	e	Government grants (contributions)	1e	0				
ns, im	f	All other contributions, gifts, grants, and						
itio er S		similar amounts not included above	1f	36,968				
ibu	g	Noncash contributions included in		00,000				
ontr d C	9	lines 1a–1f	1g	\$ 0				
a G	h	<b>Total.</b> Add lines 1a–1f		•	36,968			
		Total://dd/iii/cs/14 11	<u> </u>	Business Code	00,000			
e	2a	DANCE PRODUCTIONS			65,006	65,006		
Z e	b	BALLET CHRISTMAS			2,735	2,735		
Sei	С	MEMBERSHIP DUES/ADVERTISEMENTS	3		40,489	40,489		
Program Service Revenue	d	OTHER STUDENT PERFORMANCES			•0	0		
	e	PERFORMANCE FEES			18,784	18,784		
ro	f	All other program service revenue			0	10,701		
<u>п</u>	g	<b>Total.</b> Add lines 2a–2f			127,014			
	3	Investment income (including dividends, in			124,011			
		other similar amounts)			2,502			
	4	Income from investment of tax-exempt bon			0			
	5	Royalties			0			
		(i) Rea		(ii) Personal				
	6a	Gross rents 6a 37	7,400					
	b	Less: rental expenses 6b	,					
	С		7,400	0				
	d	Net rental income or (loss)		<b>(</b> ( , <b>(</b> ) , <b>)</b> →	37,400			
	7a	Gross amount from (i) Securi		(ii) Other	, , , , , , , , , , , , , , , , , , , ,			
		sales of assets						
		other than inventory 7a 82	2,533	0				
ne	b	Less: cost or other basis		•				
Revenue		and sales expenses 7b 62	2,602	0				
Sev	С	Gain or (loss) <b>7c</b>	9,931	0				
_	d	Net gain or (loss)			19,931			
Othe	8a	Gross income from fundraising						
0		events (not including \$ 18,445						
		of contributions reported on line 1c).						
		See Part IV, line 18	8a	18,445				
	b	Less: direct expenses	8b	9,846				
	С	Net income or (loss) from fundraising even	ts.		8,599			
	9a	Gross income from gaming activities.						
		See Part IV, line 19	9a	0				
	b	Less: direct expenses	9b	0				
		Net income or (loss) from gaming activities		<u> </u>	0			
	10a	Gross sales of inventory, less						
		returns and allowances	10a	0				
		Less: cost of goods sold	10b					
	С	Net income or (loss) from sales of inventor	у		0			
Sn				Business Code				
eoi	11a				0			
ellaneo evenue	b				0			
sell tev	С				0			
Miscellaneous Revenue	d	All other revenue			0			
≥		<b>Total.</b> Add lines 11a–11d		<u> </u>	0			
	12	Total revenue. See instructions		<b>&gt;</b>	232.414	127.014	0	(

	Statement of Functional Expenses	and umana All others	rani=ations must a	amplete calumn (A)	
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all o				
	Check if Schedule O contains a response or note	to any line in this Pa	art IX		
Do 8b,	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> 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	0			
_	section 401(k) and 403(b) employer contributions)	0	-		
9	Other employee benefits				
10	Payroll taxes	0			
11	Fees for services (nonemployees):	0			
a b	Management	1,000		1,000	
C	Accounting	2,157	<u>*</u>	2,157	
d	Lobbying	0		2,107	
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				
3	(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.)				
а	SCHOLARSHIP EXPENSE	5,152		5,152	
b	PROGRAM PRODUCTION EXPENSE	149,729	149,729	3,132	
C	MEMBERSHIP AND DUES	781	143,723	781	
d	OTHER EXPENSES	5,447		5,447	
e	All other expenses	0,447		0,777	
25	Total functional expenses. Add lines 1 through 24e	219,132	149,729	69,403	0
26	Joint costs. Complete this line only if the	2.0,.02	, . 20	33,.00	
-	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

57-0823063

Form 990 (2021) HILTON HEAD DANCE THEATRE Part X Balance Sheet
Check if Schedule O contain

		Check if Schedule O contains a response or note to any line in this	Fait A.	(A) Beginning of year	• •	(B) End of year
	1	Cash—non-interest-bearing	+	18,337	1	14,413
	2	Savings and temporary cash investments	_	0	2	17,710
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	9,326
	5	Loans and other receivables from any current or former officer, director		J		0,020
		trustee, key employee, creator or founder, substantial contributor, or 3				
		controlled entity or family member of any of these persons		0	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)(l		0	6	
ţ	7	Notes and loans receivable, net	-	0	7	0
Assets	8	Inventories for sale or use	_	17,342	8	18,728
¥	9	Prepaid expenses and deferred charges	_	0	9	10,720
	10a	Land, buildings, and equipment: cost or				
	104		11,626			
	b		12,003	416,739	10c	399,623
	11	Investments—publicly traded securities		66,619	11	60,562
	12	Investments—other securities. See Part IV, line 11		0	12	00,002
	13	Investments—program-related. See Part IV, line 11	_	0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		500	15	500
	16	Total assets. Add lines 1 through 15 (must equal line 33)		519,537	16	503,152
	17	Accounts payable and accrued expenses		663	17	0
	18	Grants payable		0	18	
	19	Deferred revenue		0	19	
	20	Tax-exempt bond liabilities		0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	_	0	21	
S	22	Loans and other payables to any current or former officer, director,		-		
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 3	55%			
ğ		controlled entity or family member of any of these persons		0	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	_	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	_	0	24	0
	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		0	25	0
	26	Total liabilities. Add lines 17 through 25	[	663	26	0
S		Organizations that follow FASB ASC 958, check here ► X				
ည		and complete lines 27, 28, 32, and 33.				
<u>a</u>	27	Net assets without donor restrictions	[	518,874	27	503,152
ä	28	Net assets with donor restrictions	_	0	28	300,:02
힡		Organizations that do not follow FASB ASC 958, check here ▶				
Ţ		and complete lines 29 through 33.	_			
ō	29	Capital stock or trust principal, or current funds	[	0	29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		0	30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds .	_	0	31	
Net Assets or Fund Balances	32	Total net assets or fund balances		518,874	32	503,152
ž	33	Total liabilities and net assets/fund balances		519,537	33	503,152

Part	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			. [	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		232	414
2	Total expenses (must equal Part IX, column (A), line 25)	2		219	,132
3	Revenue less expenses. Subtract line 2 from line 1	3			,282
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			,874
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-29	,004
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	4			
	column (B))	10		503	,152
<b>Part</b>	XII Financial Statements and Reporting	Ť		_	
	Check if Schedule O contains a response or note to any line in this Part XII			. [	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Χ
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
_					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		0-		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
Ja	the Single Audit Act and OMB Circular A-133?		3a		
b			Ja		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		3b		
	Togained dudit of dudito, explain may on concude of the december any eleptoration to andonge out addito.			990 (2	2021)
			1 01111	<b>555</b> (2	1021)
	<ul><li>(7)</li></ul>				
	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.				

## **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No. 1545-0172

Internal Revenue Service

Attach to your tax return.

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

Sequence No. 179

Identifying number Business or activity to which this form relates Name(s) shown on return HILTON HEAD DANCE THEATRE 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. 1.050.000 2 2,776 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . . . . . . 2,620,000 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . 5 1,050,000 6 (a) Description of property (c) Elected cost Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . . . 8 0 9 0 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 13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 . . . . . . . . **Note:** Don't use Part II or Part III below for listed property. Instead, use Part V. 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 14 2,776 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 Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property vear placed (business/investment use (e) Convention (f) Method (g) Depreciation deduction in service only-see instructions) **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 27.5 yrs. MM S/L 27.5 yrs. MM property i Nonresidential real 39 yrs. MM MM S/L Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System 20 a Class life **b** 12-year S/L 12 yrs. 30 yrs. MM S/L c 30-year **d** 40-year 40 yrs. S/L Part IV Summary (See instructions.) 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 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

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Employer identification number Name of the organization HILTON HEAD DANCE THEATRE 57-0823063

Par	t l	Reason for Public Char	<b>ity Status.</b> (All or	ganizations must co	omplete t	his part.)	See instructions.		
he <b>1</b>	orga	anization is not a private foundat A church, convention of church	•		-		,		
2		A school described in <b>section</b> 1				170(D)(1)(	(A)(i).		
3	H	A hospital or a cooperative hos		•		h)/1\/ <b>A</b> \/iii			
4		A medical research organizatio			•	, , , , , , ,		tor the	
4		hospital's name, city, and state					170(b)(1)(A)(iii). Ell		
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in	
6		A federal, state, or local govern	ment or governmer	ntal unit described in <b>s</b> e	ection 170	)(b)(1)(A)(	v).		
7	Χ	An organization that normally redescribed in <b>section 170(b)(1)</b>			m a gove	rnmental ι	unit or from the gene	ral public	
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)				
9		An agricultural research organizor university or a non-land-graruniversity:							
10		An organization that normally receipts from activities related t support from gross investment acquired by the organization af	o its exempt function income and unrelated	ons, subject to certain e ed business taxable in	exceptions come (les	s; and (2) r s section t	no more than 33 1/3° 511 tax) from busine	% of its	
11		An organization organized and	operated exclusivel	ly to test for public safe	ety. See <b>s</b> e	ection 509	)(a)(4).		
12		An organization organized and of one or more publicly support Check the box on lines 12a thro	ed organizations de	escribed in section 509	<b>9(a)(1)</b> or s	section 50	9(a)(2). See section	n 509(a)(3).	
а		Type I. A supporting organiz the supported organization(s organization. You must con	s) the power to regu	larly appoint or elect a					
b		Type II. A supporting organized control or management of the organization(s). You must organization(s).	e supporting organi	ization vested in the sa					
С		Type III functionally integral its supported organization(s)	ated. A supporting o	organization operated i				rated with,	
d		Type III non-functionally in that is not functionally integr	ated. The organizat	ion generally must sat	isfy a distr	ibution red	quirement and an att		
е	1	requirement (see instruction Check this box if the organize						ااا م	
·	ļ	functionally integrated, or Ty					Type i, Type ii, Typ	o III	
f		Enter the number of supported	•						0
g	(i)	Provide the following information  Name of supported organization	about the support	ed organization(s). (iii) Type of organization	(iv) lo the (	organization	(v) Amount of monetary	(vi) Amount of	
	(1)	Ivaline of supported organization	(11) E114	(described on lines 1–10 above (see instructions))	listed in you	ur governing ment?	support (see instructions)	other support (see instructions)	!
					Yes	No			
A)					100				
В)									
C)									
D)									
E)									
ota	ı [						0		0

57-0823063

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	<b>(f)</b> Total
1	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
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	,	,	,	,		0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4 5</b>	Total. Add lines 1 through 3	93,036	103,552	99,152	63,343	113,687	472,770
6	Public support. Subtract line 5 from line 4						472,770
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	<b>(f)</b> Total
7	Amounts from line 4	93,036	103,552	99,152	63,343	113,687	472,770
8	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
9	Net income from unrelated business activities, whether or not the business is regularly carried on	*	G				0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	<b>(</b>					0
11	<b>Total support.</b> Add lines 7 through 10.					10	491,425
12 13	Gross receipts from related activities, etc. (s First 5 years. If the Form 990 is for the orga organization, check this box and stop here	nization's first, sec			section 501(c)(3)		
	ction C. Computation of Public Su					<u> </u>	
	Public support percentage for 2021 (line 6, c	1.7	•			14	96.20%
15	Public support percentage from 2020 Sched					15	94.66%
16a	33 1/3% support test—2021. If the organiz and stop here. The organization qualifies as						<b>▶</b> X
b	33 1/3% support test—2020. If the organiz box and stop here. The organization qualifie	ation did not check	a box on line 13 o	r 16a, and line 15 i	s 33 1/3% or more	, check this	
17a	a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—2020 15 is 10% or more, and if the organization m in Part VI how the organization meets the fac organization	eets the facts-and- cts-and-circumstan	circumstances tes ces test. The orga	t, check this box ar nization qualifies as	nd <b>stop here</b> . Expl s a publicly suppor	ain ted	▶ □
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		·
	instructions						▶

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

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose					<b>A</b>	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						_
	received from disqualified persons						0
b	Amounts included on lines 2 and 3				"		
	received from other than disqualified						
	persons that exceed the greater of \$5,000						0
_	or 1% of the amount on line 13 for the year	0	0	0	0	0	<u>_</u> 0
_	Add lines 7a and 7b	U		0	U	U	U
8	Public support (Subtract line 7c from line 6.)						0
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,	•					
	payments received on securities loans, rents,	Ť					
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less	1					
	section 511 taxes) from businesses						
	acquired after June 30, 1975		•				0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	0	0
14	First 5 years. If the Form 990 is for the organization, check this box and stop here.						
200							
	ction C. Computation of Public Su			( <b>f</b> \)		15	0.00%
15 16	Public support percentage for 2021 (line 8, c Public support percentage from 2020 Sched					16	0.00% 0.00%
	tion D. Computation of Investmen			<u> </u>		10	0.0070
17	Investment income percentage for 2021 (line			olumn (f))		17	0.00%
18	Investment income percentage from 2020 Se		-			18	0.00%
	33 1/3% support tests—2021. If the organi						0.0070
	not more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2020. If the organi	-			-		<u>-</u>
	line 18 is not more than 33 1/3%, check this						🕨 🗌
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19	b, check this box a	and see instructions	S	

### 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**

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

		Yes	No
	1		
	2		
	3a		
	24		
	3b		
	3с		
	30		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
٠	0		
	9a		
	74		
	9b		
	9с		
	10a		
	10b		

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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44-		
b	11c below, the governing body of a supported organization? A family member of a person described on line 11a above?	11a 11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide</i>	110		
·	detail in <b>Part VI.</b>	11c		
Secti	ion B. Type I Supporting Organizations			ı
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <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			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported	1		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			ı
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
04!	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	2		
Secti	ion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc-	ction	<b>c</b> )	
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>3</b> ).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
			. ,	
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see it	nstruct		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	or its supported organizations: It it is, describe in Fart vi the role played by the organization in this regard.	่วม		

Schedule A (Form 990) 2021 HILTON HEAD DANCE THEATRE		57-0	0823063 Page <b>6</b>
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trus	st on Nov. 20, 1970 (explain	in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nizatio	ons must complete Section	s 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		<u></u>
8 Adjusted Net Income (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>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount 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 Minimum Asset Amount (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 Distributable Amount. 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-functionall	ly inte	egrated Type III supporting	organization (see
instructions).			

Part	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	izations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	1		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported	t l	
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required—	provide details in <b>Part V</b> i	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which the	ne organization is respoi	nsive	
	(provide details in <b>Part VI</b> ). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	0
10	Line 8 amount divided by line 9 amount	1	10	0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1_	Distributable amount for 2021 from Section C, line 6			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		<u></u>	
a	From 2016			
b	From 2017 0			
<u>C</u>	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e	0	_	
<u>g</u>	Applied to underdistributions of prior years		0	
<u>h</u>	Applied to 2021 distributable amount			0
<u> </u>	Carryover from 2016 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2021 from Section D, line 7: \$ 0			
	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 Part VI. See instructions.		0	
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain			
	in Part VI. See instructions.			0
7	Excess distributions carryover to 2022. Add lines 3j	_		
	and 4c.	0		
8	Breakdown of line 7.			
a	Excess from 2017			
b	Excess from 2018 0			
	Excess from 2019			
d				
е	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.)

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Supplemental Financial Statements**

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

HILT	ON HEAD DANCE THEATRE		57-0823063
Part	Organizations Maintaining Donor Advi-	sed Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered "Y		
	- 1	(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 ad	visors in writing that the assets held in	donor advised
•	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, and	-	
0	only for charitable purposes and not for the benefit of		
			Van Na
_	conferring impermissible private benefit?		Yes No
Part			
	Complete if the organization answered "Y		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example, re	creation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
	Preservation of open space	•	
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	in the form of a conservation
2	easement on the last day of the tax year.	d a qualified conservation contribution	Held at the End of the Tax Year
_	Total number of conservation easements		
a			2a   2b
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified hi		. 2c
d	Number of conservation easements included in (c) a historic structure listed in the National Register		2d
2	Number of conservation easements modified, transf		
3	•	erred, released, extilliguistied, or termi	nated by the organization during
	the tax year	ation accomment in Invested	
4	Number of states where property subject to conserv		
5	Does the organization have a written policy regarding		
^	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspecti	ng, nandling of violations, and enforcing co	onservation easements during the year
-		and the second section is a second section of the second section in the second section is a second section of the second section is a second section of the second section in the second section is a second section of the second section is a second section of the second section is a second section of the second section of the second section is a second section of the second section of the second section is a second section of the section of the section of th	and the same and a desident and the same
7	Amount of expenses incurred in monitoring, inspecting, h	landling of violations, and enforcing consei	rvation easements during the year
•	<b>\$</b>	0/4) -1	+i 470/L\/4\/D\/i\
8	Does each conservation easement reported on line		
•			Yes No
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of		
		<del>-</del>	iciai statements that describes the
Dow	organization's accounting for conservation easemer  Organizations Maintaining Collections		Other Cimiler Accets
Part			Other Similar Assets.
	Complete if the organization answered "Y		atatawa and halanaa ahaat
1a	If the organization elected, as permitted under FASI		
	works of art, historical treasures, or other similar ass		
	public service, provide in Part XIII the text of the foo		
b	If the organization elected, as permitted under FASI	•	
	works of art, historical treasures, or other similar ass		n, or research in furtherance of
	public service, provide the following amounts relating	g 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, hist		s for financial gain, provide the
	following amounts required to be reported under FA		
а	Revenue included on Form 990, Part VIII, line 1 . $$ .		<b>&gt;</b> \$
h	Assets included in Form 000 Part V		<b>▶ ↑</b>

Part	<b>Organizations Maintaining Colle</b>	ctions of Art, Histo	rical Treasures, or	Other Similar Asse	ts (continue	d)			
3									
	collection items (check all that apply):	_	7						
а	Public exhibition	d	Loan or exchange p	_					
b	Scholarly research	e	Other						
С									
4	Provide a description of the organization's ox XIII.	collections and explain h	now they further the org	ganization's exempt purp	oose in Part				
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								
Dowl			t of the organizations	collection:	res _				
Part	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, custoo	lian or other intermedia	ry for contributions or o	other assets not					
	included on Form 990, Part X?		-		Yes	No			
b	If "Yes," explain the arrangement in Part XII	I and complete the follo	wing table:						
					Amount				
C	Beginning balance			. 1c		0			
d e	Additions during the year			1d   1e					
f	Ending balance			1f		0			
2a	Did the organization include an amount on I				Yes	X No			
b	If "Yes," explain the arrangement in Part XII					≒			
Part		1. OHOOK HOLO II UIO OXP	idilation has been pro-	Adda off Fart Affice	· · · · <u>L</u>	<u> </u>			
ı aıt	Complete if the organization answ	ered "Yes" on Form	990. Part IV. line 10						
			ior year (c) Two year		ck (e) Four yea	ars back			
1a	Beginning of year balance	0	0	0	0	0			
b	Contributions								
С	Net investment earnings, gains,								
	and losses	<del></del>							
d e	Grants or scholarships								
C	and programs								
f	Administrative expenses								
g	End of year balance	0	0	0	0	0			
2	Provide the estimated percentage of the cur	rrent year end balance	(line 1g, column (a)) he	eld as:					
а	Board designated or quasi-endowment	<u> </u>							
b	Permanent endowment	<u>%</u>							
С	Term endowment ▶ %  The percentages on lines 2a, 2b, and 2c sh	ould agual 100%							
3a	Are there endowment funds not in the posse	•	on that are held and ac	Iministered for the					
ou	organization by:	ocolori or the organization	on that are now and are		Yes	s No			
	(i) Unrelated organizations				3a(i)				
	(ii) Related organizations				3a(ii)				
b	If "Yes" on line 3a(ii), are the related organize	•			3b				
4	Describe in Part XIII the intended uses of the		ment funds.						
Part			000 Danii IV II 44	- C F 200 D					
	Complete if the organization answ								
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	ilue			
1a	Land	(investment)		·		500			
b	Buildings					393,165			
С	Leasehold improvements	0				5,958			
d	Equipment	0	159,029	159,029		0			
е	Other	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.	IV. a. II a. Tarres 000	Doubly line 44h Coe Forms 000 Doubly line 42
		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	0	
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.). ▶	0	
Part VIII Investments—Program Related.	0	
	'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
(4)		Oost of enu-or-year market value
(1) (2)		
(3)		
(4)	A 4	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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) Descri	ption	(b) Book value
(1)		
(2)		
(3)		
(4)	*	
(5)		
(6)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) li  Part X Other Liabilities.	ne 15.)	
	'Yes" on Form 990,	Part IV, line 11e or 11f. See Form 990, Part X,
line 25.		
	tion of liability	(b) Book value
(1) Federal income taxes		0
(2)		
(3)		
(4)		
(5)		
(6)		
<u>(7)</u>		
(8)		
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) li	ine 25 )	
2. Liability for uncertain tax positions. In Part XIII, provide the te		
organization's liability for uncertain tax positions under FASB AS		· —

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	<del></del>	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	_	
b	Donated services and use of facilities	-	
C	Recoveries of prior year grants	_	
d	Other (Describe in Part XIII.)	- 20	0
е 3	Subtract line 2e from line 1	2e 3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form</i> 990, <i>Part I, line</i> 12.)	5	0
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)	4-	0
С 5	Add lines <b>4a</b> and <b>4b</b>	4c 5	0
	XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b; Par	art V line 4: Ps	art X line
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		iit X, iiiC
_,	, , , , , , , , , , , , , , , , , , ,		
	X		
	. 71	·	

Schedule D (Fo		HILTON HEAD DANCE THEATRE	57-0823063	Page <b>5</b>
Part XIII	Supplem	ental Information (continued)		
			<u> </u>	
			<b>,</b> 	
		·····		
		$\bigcap$		
		- 0		

#### 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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

HILTON HEAD DANCE THEATRE 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events С d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to b be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of contributions? (or retained by) (ii) Activity or entity (fundraiser) fundraiser listed in organization col. (i) Yes No 1 0 0 0 0 0 3 0 0 0 0 0 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 10 0 0 0 0 Total. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pá	art II	Fundraising Events.	Complete if the organiz	zation answered "Yes"	' on Form 990, Part IV	, line 18, or reported
•		more than \$15,000 of fu	undraising event contr	ibutions and gross inc	come on Form 990-EZ	, lines 1 and 6b. List
		events with gross recei	pts greater than \$5,00	0.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Fundraising		NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
ne						
en/	1	Gross receipts	18,445		0	18,445
Revenue		•	,			<u> </u>
-	2	Less: Contributions			_ 0	0
	3	Gross income (line 1 minus				
		line 2)	18,445		0	18,445
	4	Cash prizes			0	0
	5	Noncash prizes			0	0
တ္သ						
nse	6	Rent/facility costs			0	0
be						
ы	7	Food and beverages			0	0
Direct Expenses	_					
흐	8	Entertainment			0	0
	_	Other disent assesses	0.040			0.040
	9	Other direct expenses	9,846		0	9,846
	10	Direct expense summary. Add	Nings 4 through 0 in colu	ump (d)	_	( 9,846)
	10 11	Net income summary. Subtract				8,599
P۵	rt III		ne organization answe	red "Yes" on Form 99		
. 0		\$15,000 on Form 990-E		ica ica diri dilii aa	o, r art rv, iirio 10, or r	oported more than
<b>a</b>		Ψ10,000 0H1 0HH 300-L	z, iiic oa.	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
e e				7		
ď	1	Gross revenue	• (			0
es	2	Cash prizes				0
eus						
Expenses	3	Noncash prizes				0
t E						
Dire	4	Rent/facility costs				0
	_	0.11				
	5	Other direct expenses				0
			Yes%	Yes%	Yes%	
	6	Volunteer labor	No	No	No No	
	7	Direct expense summary. Add	lines 2 through 5 in colu	mn (d)		( 0)
	8	Net gaming income summary	. Subtract line 7 from line	1, column (d)	<u> </u>	0
•	_	nter the state(s) in which the or				
9		, ,	•			
		the organization licensed to co				
	<b>b</b> If	"No," explain:				
10		Vere any of the organization's ga	-	·	-	
	<b>b</b> If	"Yes," explain:				

Sched	lule G (Form 990) 2021 HILTON HEAD DANCE THEATRE	57	<u>-082</u>	23063	,	Page <b>3</b>
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:					
а	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 an records:	d				
	Name ▶					
	Address ▶	<b>3</b>				
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 amount of gaming revenue retained by the third party ▶ \$ 0					
С	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:					
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to					
				Yes	Ш	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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional				and	
	See instructions.	111101	ma	tion.		
	<b>V</b>					
	·					

#### **SCHEDULE O** (Form 990)

Department of the Treasury

#### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2021 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number HILTON HEAD DANCE THEATRE 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.

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization	Employer identification number
HILTON HEAD DANCE THEATRE	57-0823063
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	( )
	<b>/</b>
	<b></b>
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X	
. (7)	

## Form **8879-TE**

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

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

101 0 107				
endar vear 2021, or fiscal year beginning	8/1	. 2021, and ending	7/31	. 20 22

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For cale ▶ Do not send to the IRS. Keep for your records.

Name of file	r			EIN or SSN	
HILTON I	HEAD DANCE THEATRE			57-08	23063
	tle of officer or person subject to tax		*		
₋ori Finge	er			President	
Part I	Type of Return and F	Return Information			
Check the CP and Fo Fo Forn Sa Forn Forn Sa Forn Forn Sa Forn Forn Forn Forn Forn Forn Forn Forn	box for the return for which you orm 5330 filers may enter dollars, 8a, 9a, or 10a below, and the b, 8b, 9b, or 10b, whichever is a line below. Do not complete min 990 check here.  In 1120-POL check here.  In 990-PF check here.  In 990-T check here.  In 4720 check here.  In 5330 check here.  In 5330 check here.  In 8038-CP check here.  In 8038-CP check here.  In 8038-CP check here.  In 8038-CP check here.  In 8038-CP check here.  In 8038-CP check here.  In 8038-CP check here.  In 8038-CP check here.  In 8038-CP check here.	u are using this Form 8879-TE and enter the sand cents. For all other forms, enter whole amount on that line for the return being filed applicable, blank (do not enter -0-). But, if you note than one line in Part I.    X	e dollars only. If you che dollars only. Part VIII, column (A) D-EZ, line 9)	eck the box on line 1a, ank, then leave line 1b, sturn, then enter -0- on line 12)	2a, 3a, 4a, 2b, 3b, 4b, the  232,414  232,414  244  255  256  257  258  259  259  259  259  259  259  259
ntermedia acknowled he date of direct deb eturn, and 1-888-353 processing he payme	the service provider, transmitter, dement of receipt or reason for fany refund. If applicable, I authoit) entry to the financial institution to debit 4537 no later than 2 business of the electronic payment of ta	nt in Part I above is the amount shown on the control of the transmission, (b) the reason the rejection of the transmission, (b) the reason the transmission, (b) the reason the transmission of the transmission of the transmission of the transmission of the entry to this account. To revoke a paying days prior to the payment (settlement) date axes to receive confidential information necession of the transmission of the payment (settlement) date axes to receive confidential information necession.	nd the return to the IRS in for any delay in procuring and to inition and to inition and to inition and to inition and to inition and to inition and to inition and to inition and the file and to inition and the file and to inition and the file and the	and to receive from the essing the return or refute an electronic funds of the federal taxes owe as U.S. Treasury Financial institutions invotes and resolve issues	e IRS (a) an und, and (c) withdrawal d on this ial Agent at lved in the related to
PIN: che	ck one box only				
	I authorize Vital Bus	siness & Accounting Solutions, PC ERO firm name	to enter my PIN	23063 Enter five numbers, be	as my signature ut
	a state agency(ies) regulating enter my PIN on the return's		program, I also auth	orize the aforemention	oned ERO to
	electronically filed return. If I	ect to tax with respect to the entity, I will I have indicated within this return that a of the IRS Fed/State program, I will ente	copy of the return is	being filed with a stat	te agency(ies)
Signature of	officer or person subject to tax			Date ►	12/6/2022
Part III	Certification and Aut	thentication			
	FIN/PIN. Enter your six-digit e				
number (l	EFIN) followed by your five-d	digit self-selected PIN.		23868805	
hat I am	nat the above numeric entry is submitting this return in acco Providers for Business Retu	is my PIN, which is my signature on the ordance with the requirements of <b>Pub. 4</b> urns.	2021 electronically f	enter all zeros led return indicated a ile (MeF) Information	above. I confirm n for Authorized
ERO's signa	ature ► Tina M Clark		Date ▶		
	Do No	ERO Must Retain This Form- ot Submit This Form to the IRS U			

HILTON HEAD DANCE THEATRE 57-0823063

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

7/31/2022

#### **Summary of Qualified Property by Activity**

																					Un	aajus	stea	ı
	Activity																				Cos	t or E	3asi	s
1	990																					808	8,35	50

**Detail of Qualified Property** 

			Date In	Recovery	Years in	Total Cost	Business/Time	Unadjusted		
	Activity	Asset Description	Service	Period	Service	or Basis	Use Percent	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 IMPROVEMEN	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-PA	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		