2026
Accommodations Tax Funds Request Application

Organization Name: The Coastal Discovery Museum

Project/Event Name: Cultural and Eco-Tourism Programs

Executive Summary

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

The Coastal Discovery Museum is a mainstay for tourists visiting Hilton Head Island. Our 70-acre historic property and museum are open for visitors to enjoy free of charge seven days per week, and we offer year-round programming for all ages. We often hear from our tourists that a vacation on Hilton Head isn't complete without a trip to the Coastal Discovery Museum, with many making multiple visits per stay or returning year after year. Since opening in 2007, the Museum has welcomed over 1.8 million patrons, including more than 1.2 million tourists.

Both visitors and locals choose Honey Horn for milestone celebrations such as weddings—testament to the deep, emotional connection fostered through our ATAX-supported programs. The Museum also makes significant contributions to the town's tourism economy by providing parking space for major events, including the Concours d'Elegance and Motoring Festival and the RBC Heritage Golf Tournament. We also provide an ideal location for large community events such as the Gullah Festival, the Italian Festival, and the Seafood Festival.

In fiscal year 2025 we expanded email newsletters, refreshed our website, and cross-promoted TV and radio content through social media. New programs included evening art, culture, and environmental programming for adults, plus family-focused activities. Our Farmers' Market serves 500–600 patrons weekly, and upcoming fall programming, such as Legends & Luminaries speaker series, highlights islanders who helped shaped the development of the island at the time of the museum's founding in 1985. Marketing and programmatic enhancements, enabled by last year's ATAX grant, contributed to attendance exceeding our prior year totals and **achieving the highest number of visitors in our history**.

This past year, we served 132,165 in-person patrons, with a 93% tourism ratio (122,120 non-residents). Our surveys have shown that 24% of visitors learn of us from locals; 36% via our digital assets; 19% from print; and 21% from other sources, including radio and television. We measure our mission success through attendance, repeat visitation, and program participation. We have also started post-participation surveys to measure whether our programs have influenced thought and behavior in the months following a visit to the Museum. Survey initiatives will continue to establish baselines and track marketing impact as we roll out a more formal visitor-evaluation program.

In addition we have several measures of operational efficiency and regularly look at the ROI of our ATAX-funded initiatives. ATAX funding represents 20% of the Museum's operating budget and we always look at our cost per tourist to ensure that we are not wasting marketing funds without driving increased attendance. Over the past three years, our cost per tourist has been in the $3.00 range (it was $2.80 in FY2022; $3.26 in FY2023; and $3.12 in FY2025). We believe that this makes us a great value proposition for the town, as all tourists can enjoy our property, visit our exhibitions, and take advantage of all our amenities for free, with

nominal charges for some of our programs and at least one weekly free family program every season. We regularly rank as one of the top three most efficient ATAX recipients, often also serving the largest total number of tourists. The Museum is also one of six local nonprofits with GuideStar Platinum transparency status, demonstrating fiscal accountability and community trust.

Our impact is also measured by recognition, such as our TripAdvisor Certificate of Excellence, being awarded “Best Museum of the Lowcountry”, earnging a Smithsonian Affiliate status, and our inclusion on the American Camellia Trail. The Museum received broad recognition in 2025, including news coverage on SCETV, noting our Smithsonian Affiliate status, Honey Horn property, programs such as Legends & Luminaries speaker series and Revolutionary lecture series (Sept 2025). WTOC and WHHI-TV covered our Critter Meet & Greet, butterfly exhibits, Farmers’ Market, and Philadelphia Magazine listed us as one of the “Top 4 Things to Do on Hilton Head” (May–July). Bluffton Sun wrote about our Fall Native Plant Sale (Oct 2025) and the Hilton Head Sun featured our art exhibition “Deliberately Unpredictable” (Aug 2025). We have also heavily marketed our 24th Annual Art Market, Wild Bees Photography Exhibit, and Beaufort County High School Regional Art Exhibition. Numerous mentions across traditional news, blogs, social media, and reviews demonstrate the Museum’s strong visibility, visitor satisfaction, and essential role as a cultural and tourism anchor on Hilton Head Island.

ATAX funding enables the Coastal Discovery Museum to maximize tourism impact, strengthen Hilton Head’s cultural identity, and provide immersive, educational experiences for all visitors. Through marketing, innovative programming, operational efficiency, and widespread recognition, the Museum continues to be a must-see destination, connecting tourists and residents alike to the Lowcountry’s history, ecology, and arts—ensuring its legacy and relevance for generations to come.

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Date Received: 09/05/2025	Time Received: 11:27 AM	By: Online Submittal

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

A. **SUMMARY OF GRANT REQUEST:**

ORGANIZATION NAME: The Coastal Discovery Museum

Project/Event Name: Cultural and Eco-Tourism Programs

Contact Name: Rex Garniewicz Title: President

Address: PO Box 23497, Hilton Head Island, SC 29925

Email Address: rgarniewicz@coastaldiscovery.org Contact Phone: 843-415-8500

Event Date(s): Event Location(s): 70 Honey Horn Drive

Total Budget: $1,931,200.00 **Grant Requested:** $400,000.00

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

Coastal Discovery Museum uses marketing funds to position itself as a must-see destination that drives and enriches the tourist experience on Hilton Head Island. Multi-platform campaigns (digital, social, print, and broadcast) reach adults and families seeking authentic, educational activities which reflect the island's unique character. By promoting exhibits, live animal programs, tours, and our beautiful Honey Horn property, we encourage longer stays and repeat visits. Signature events (Art Market, Cocktails and Camellias) attract shoulder-season travelers. These efforts help align our tourism economy with the ethos and ecology of Hilton Head Island while generating benefits for hotels, restaurants, and local businesses.

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)*

Coastal Discovery Museum enhances the visitor experience by immersing guests in the Lowcountry's stories, culture, and ecology—offering a sense of place found nowhere else on Hilton Head Island. Website analytics confirm we are a highly researched destination before arrival, particularly among families seeking educational activities. More than 100,000 tourists annually engage in our tours, exhibits, and hands-on programs, deepening their connection to

the island. Impact is measured through attendance, online engagement, surveys, and thousands of reviews that consistently rank us among South Carolina's top ten museums and Hilton Head's top five attractions, reinforcing our role as a premier tourism driver.

A. Total Number of Physical Tourists Served: 122,120
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: 4,494
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: 5,551
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): 132,165

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

This year we collected a total of 28,497 zip codes and of these, 92.4% were tourists, 3.4% were off-island locals, and 4.2% were from Hilton Head Island. Based on these percentages and our total count of 132,165 patrons, we reached at least 122,120 tourists with our in-person programming. This number does not include many people who walk our property without checking-in at the museum. We served more tourists and more locals this year than the previous year.

This past year we had 128,000 visitors to our website, and increase of 6,000 from 2024. We also have 13,000 Facebook followers, an increase of 400 and 6,460 Instagram followers, an increase of 1,500. Of our digital impacts; 8% of these patrons were from HHI, 3% from Bluffton, and 89% tourist.

The Museum is a leading driver of ecological and heritage tourism to the island and works with our partners to showcase the diversity of tourist experiences on island and promote HHI to potential visitors outside our area. Our call center and front desk answer questions and direct tourists to other venues and services across the island. Although we don't track phone-call numbers by geography, it is an important service we provide to tourists and is available 7 days per week.

This year we served 5,551 residents compared to 5,302 last year (14.6% of the island population visits us annually).

In 2025 we served 122,120 tourists compared to 120,375 in 2024 (4.4% of tourists who come to the island visit Coastal Discovery Museum).

As part of our long-term strategic planning goals we want to serve 75% of residents (28,552) annually and 5% tourists (165,500) which will eventully lower our tourism ratio to 85%.

B. **DESCRIPTION OF OPERATIONS:**

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

Founded in 1985, the Coastal Discovery Museum's mission is to inspire people to care for the Lowcountry by exploring its fragile environment, rich history, and vibrant culture. Since moving to Honey Horn in 2007 we became more than just a museum. In addition to permanent exhibits and rotating displays, the grounds feature some of the island's oldest buildings, centuries-old live oaks, open fields, and boardwalks stretching into the tidal marsh.

The Museum is a community gathering place, hosting cultural festivals, weddings, special events, and a weekly Farmers' Market. Visitors are invited to immerse themselves in experiences that bring the Lowcountry to life: expert-led nature and history walks, lectures, and interactive encounters in our Discovery Lab and Butterfly Habitat. Guests can also stroll through the Heritage and Camellia Gardens, see our Dragonfly Pond and meet baby alligators during hands-on programs. Our director gives a guided tour of the property every Friday from Fall through Spring.

Over the 18 years we have been at Honey Horn, the Museum has continually expanded its cultural and eco-tourism programs, offering something for every interest. Programs range from Critter Meet and Greets, marine life presentations, and dolphin tours to birding excursions, butterfly workshops, and kayak tours. Visitors can experience sweetgrass basket-making, Civil War and Gullah culture demonstrations, art workshops, and the annual Art Market. Excursions extend to nearby Daufuskie and Pinckney Islands, providing deeper connections to the region's heritage.

Through these diverse experiences, the Coastal Discovery Museum fosters understanding, stewardship, and a lasting appreciation for the Lowcountry.

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

We use ATAX funding on printed calendars and promotional materials, website, digital assets, print and broadcast media. Our social media marketing for the Museum and Farmers Market is highly successful and we will continue these efforts. We have started a marketing campaign to drive destination weddings to our Honey Horn property that we will continue through 2026. ATAX funding allows us to be nimble in promoting programs, utilizing our Smithsonian Affiliation, and launching new programs.This year we will continue to produce video content about what makes Hilton Head Island so special. We will grow our exhibit program to draw art enthusiasts and nature lovers who may be thinking about visiting the island, and we are constantly adding new tours.

This integrated model of improved marketing, compelling programs and great

exhibitions continues to make Coastal Discovery Museum at Historic Honey Horn one of the leading organizations driving tourism on Hilton Head. Maintianing funding at this level will allow us to continue thee marketing, development and implementation of new programs focused on driving tourism and enriching the visitor experience on the island.

The 2026 ATAX grant request ($400,000), will be used to underwrite the Cultural and Ecotourism Program budget ($1,742,743). Of this grant, $80,000 will be applied to marketing, $40,000 to program expenses, and $280,000 to operations of Honey Horn including utilities and insurance, operating expenses, and staffing of tourist-focused programs. This ATAX grant is 23% of our ecotourism budget, down 1% from the prior year, reflecting increased programmatic self sufficiency.

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)*

Our overall attendance increased by 2,868 last year. While this was less than our growth of 14,183 in 2024, our increase of $60,000 in marketing to drive visitation helped us hold our numbers and revenue, growing them slightly as museums nationally and businesses locally saw declines. We are requesting level funding from the previous year, we will continue to provide phenomenal experiences for visitors at our current level and continue to drive more high-quality tourism to the island next year. We are increasing our anticipated overall revenues with participation fees ($250,000); property rental ($175,000); and individual donations and memberships ($485,000).

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

Serving 122,120 visitors from outside a 50-mile radius, the Museum is a leading tourism organization on the island. The Museum enhances the visitor experience through our diverse programs and works to connect to potential island visitors through our online and in-print marketing. Typically more than 12% of our website viewers are also looking at travel, hotels, and accommodations and our family-friendly offerings help influence their vacation decision. As a venue for over 40 weddings and public events, we drive tourism and overnight hotel stays on Hilton Head. Our organization and its visitors, contribute an estimated $5,767,252 to the local economy.

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.*	20	%
2 - Tourism-Related Events *Promotion of the arts and cultural events.*	10	%
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.*	70	%
4 - Tourism-Related Public Services *The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.*	0	%
5 - Tourist Public Transportation *Tourist shuttle transportation.*	0	%
6 - Waterfront Erosion/Control/Repair *Control and repair of waterfront erosion.*	0	%
7 - Operation of Visitor Information Centers *Operating visitor information centers.*	0	%
Total:	**100**	%

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

The Museum serves as a center for informing residents and visitors about the rich history and environmental diversity of the island, while also acting as a hub to connect people to other organizations in the region. We are a location for the start of Gullah Heritage Tours, Hilton Head Island History Tours, and Segway tours. We sell tours through Outside Hilton Head and other ecotourism vendors. The Museum regularly collaborates with the Pat Conroy Literary Center, the Outside Foundation, the Gullah Museum, Sandbox, Mitchelville, Heritage Library, Office of Cultural Affairs, HHI Audubon, and others. We collaborate with the USCB Marine Biology Research Lab, USCB Center for the Arts, Crescendo, and actively participate in other arts, culture, environment, and history events.

We operate a weekly Farmers' Market, an annual Art Market, and serve as the venue for many of the islands popular cultural events including NIBCA's Gullah Celebration, the Carmines Foundation's Seafood Festival, the Italian Festival and many more. We hope to be the location for a rodeo benefitting the Gullah Geechee Historic Neighborhoods Community Development Corporation this fall.

We have created a formal organization, the Historic Sites Collaborative which includes Coastal Discovery Museum, Gullah Museum, Heritage Library, Land Trust and Mitchelville. We are committed to collaboration and will explore joint marketing opportunities, physical sharing of promotional materials at our respective organizations,

and new opportunities to drive multiple site visits to increase heritage tourism on the island.

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

The Coastal Discovery Museum has played an important role in providing high-quality cultural and ecotourism opportunities on Hilton Head Island for 40 years. Since opening at Honey Horn in October 2007, we have made great strides in providing a unique experience for island visitors, impacting 1,869,278 people in the last 18 years.

This upcomong year we are featuring a number of new exhibitions, including: *It's Thursday! - Artists of the Round Table*, *5th Annual Beaufort County High School Regional Art Exhibit*, *Art Quilters of the Lowcountry*, A *Better Life for Their Children: Julius Rosenwald, Booker T Washington, and the 4,987 Schools that Changed America*, and *Botanica: Contemporary Visions of the Natural World*.

Honey Horn is a site for community and private events attracting tourists year round. This year we have continued to help out other organizations in need of outdoor meeting spaces. We have also continued to grow our wedding and event rental business and have 19 weddings already booked for 2026, and four for 2027.

The continued success of this organization has come about through the support and hard work of volunteers, community organizations, and governmental entities. The dedication by so many has allowed the Museum to capitalize on the natural attributes of Honey Horn and maintain a facility that showcases the history, beauty, and identity of the island. We are tremendously appreciative of the Town of Hilton Head Island, the ATAX committee, and the community here that has supported our success.

C. **FUNDING:**

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

Coastal Discovery Museum operations are funded through multiple income streams. Grants total $551,000; including ATAX, corporate, and federal grants. Our program, events, and rental revenues total $525,000. Our store sales, membership, and individual donations total $665,000. We receive $32,000 in interest on CDs. We also benefit from $141,650 in direct town funding. We earn approximately half of our operating budget through our business operations while still keeping the grounds open to visitors free of charge. Earned revenue reduces the public cost of operating this town-owned property and maintains it as one of the jewels of Hilton Head Island.

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

30	Government Sources	33	Private Contributions, Donations and Grants
4	Corporate Support, Sponsors	5	Membership, Dues, Subscriptions
10	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 **X** No ___

   If so, please list top 3 sources and amounts.

D. **FINANCIAL INFORMATION:**

Fiscal Year Disclosure: Start Month: **July** End Month: **June**

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:

   FY 2024- Previous FY 1
   FY 2025- Previous FY 2
   FY 2025- Previous FY 2

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

   Current fiscal year Balance Sheet Provided: Yes

   Previous fiscal year Balanace Sheets Provided:

   July 2024 - June 2025 - Previous FY 2

   July 2023 - June 2024 - 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:

   FY 2022 - Previous FY 2

   FY 2023 - Previous FY 1

E. FINANCIAL GUARANTEES AND PROCEDURES:

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

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

2. Indicate whether your 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	$325,000.00	Cultural and Eco-tourism Programs
2023	$695,350.00	Honey Horn Capital Improvements
2024	$375,000.00	Cultural and Eco-tourism Programs
2025	$400,000.00	Cultural and Eco-tourism Programs

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

   ATAX funding allowed the Coastal Discovery Museum to significantly expand its marketing reach and enhance visitor experiences. We printed and distributed over 75,000 program calendars, placed targeted TV, radio, and print ads, and strengthened electronic communications through social media, website updates, and an expanded email newsletter strategy. Working with a local marketing firm, we improved digital storytelling and created content that attracts and informs prospective visitors. Social media

campaigns—particularly on Facebook and Instagram—promoted both the Museum and the Farmers' Market, reinforcing our visibility with tourists and driving attendance.

Funding also supported signature events such as Art Market, while enabling significant growth in summer programming and our onsite tour and family programs. We expanded capacity to install larger exhibitions, positioning the Museum for a world-class exhibition program across our three historic buildings. Looking ahead, we aim to combine our remarkable Honey Horn property with a dynamic exhibition schedule that will elevate Hilton Head's cultural offerings and ensure the Museum remains a premier attraction for both new and returning visitors.

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

ATAX support, in combination with sound business practice, has allowed the museum to blossom. Visitors now return year after year as part of their vacation. Some even schedule vacations to be here for events like Art Market. Word-of-mouth and paid advertising have also helped, but the real driver of increased success has been our digital presence, and our ability to add new programs and increase our offerings. We strived to be creative and to develop new impactful programs that serve more visitors and to help make them better stewards of our environment and protectors of the historic resources on the Island. Our digital investments have led to 3695 additional Facebook followers and significant growth across our social media platforms.

FY24 was on par with our highest exhibit attendance numbers (65,000+) indicating that our benefit to the community has grown as a result of our strategic investments. We believe that the museum, through our focus on history, culture, art, and the environment, can help bring the types of tourists needed for the future success of the town and the fulfillment of its vision. We are particularly pleased with the performance of our exhibition program which serves tourists, locals, and schools.

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

The Coastal Discovery Museum measures effectiveness through ongoing evaluation of attendance, visitor feedback, and program performance. Underperforming programs are adjusted or replaced, while successful offerings are refined to ensure continued appeal to both tourists and residents. Survey data shows that 24% of visitors learn about the Museum from locals, 36% from the internet, 19% from print, and 21% from other sources—reflecting both strong community endorsement and effective marketing

outreach. Free admission, supported by ATAX funding, continues to drive accessibility and referrals.

To strengthen evaluation, we started formal survey this year to establish baselines and track the impact of specific marketing strategies. Current measures of success include increased mission-based attendance, expanded cultural and ecotourism opportunities, and consistently high visitor satisfaction. Online reviews regularly rank the Museum among the top attractions on Hilton Head, and recognition such as TripAdvisor's Certificate of Excellence, the Island Packet's "Best Museum of the Lowcountry," Smithsonian Affiliation, and inclusion on the American Camellia Trail affirm our standing as a premier tourism driver.

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)

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Signature: REXFORD C GARNIEWICZ

Title/Position:

Mailing Address: 70 Honey Horn Dr., HILTON HEAD ISLAND, SC 29926

Email Address: rgarniewicz@coastaldiscovery.org

Office Phone Number: 843-415-8500

Home Phone Number: 843-415-8400

ATAX EFFECTIVENESS MEASUREMENT

Note: This data was compiled as of the end of July, 7 months through the year, so the budget is corrected to 58.3% of the total, and the actual is the number through July.

TOPIC	THE PLAN	ATAX BUDGET	ATAX BUDGET YTD	ATAX Reimbursed YTD	ATAX Qualified YTD	RESULTS *When possible, provide planned results vs. actual results, and/or current year vs. prior year results .*
Marketing Efforts to Increase Tourist Attendance						
1. Tourism Advertising		$ 80,000.00	$ 46,640.00			
	Advertise seasonal programs, 1830 programs/year			$ 17,602.65	$ 17,602.65	Our 4 seasonal calendars (65,000 dist.) are distributed to 94 locations on and off the island annually. 26% of visitors indicating how they heard about us mention the calendar or one of the locations where they are distributed. We also distribute these in South Carolina Welcome Centers and Information Centers. (68 locations) and the SAV airport. Total cost includes calendars plus distribution.
	Social Media Marketing			$ 1,623.96	$ 1,623.96	Write stories and post on Facebook promoting the Museum, Farmers Market and all programs, Take photographs of events and post on Instagram, develop content for a monthly newsletter. Respond to all social media posts. We have added 400 more followers on the Museum's Facebook for a total of 13000. We have grown our Instagram folowers by 1500 to 6460 and additionally manage pages for Sea Turtle Protection Project and Farmers Market
	Special event and Art Market advertising			$ 5,224.70	$ 5,224.70	Postcards, posters, print ads, radio, WHHI-TV, mailings. This year we increased our TV and radio advertising and included Georgia Public Radio and other out of market media. Magazines and newspapers account for 6% of the total visitors who tell us how they heard about us, but the majority of art market visitors
	Website Marketing			$ 10,000.00	$ 10,000.00	Website hosting and updating, other online advertising. After the calendar, the highest category of visitors say they hear about us from a google search or the website. Our vistors increased by 7k to 128k with a 1m 20s average engagment. Our new calendar was heavily used by people planning vacations.
Total		$ 80,000.00	$ 46,640.00	$ 34,451.31	$ 34,451.31	

Program Offerings to Increase Visitor Interest in Hilton Head Island and the Coastal Discovery Museum						
2. Tourism Related Events		$ 40,000.00	$ 23,320.00			
	Review and improve programming at Honey Horn to better fulfill needs of Hilton Head Island tourists.			$ 2,748.30	$ 2,862.81	Through an integrated marketing campaign and increased number of offerings, we doubled our critter meet and greet attendance from the prior year. We continued Indigo Tie Dye Party and added Face Painting to our Farmer's Market, growing overall attendance and dwell time at the market. We reached nearly 25,000 attendees this year. We used funding to support Gullah Sweet Grass programming onsite, increasign the diversity of our programming.
	Increase visitor participation in new programs and those with currently lower tourism numbers.			$ 2,774.90	$ 2,890.52	We have been growing our programming and events that are art-related including exhibitions, art competitions, etc. Major program related expenses include shipping and borrowing artworks for exhibition.
	Provide technology to explore the property and learn about the Lowcountry - operate an app for visitors to learn about Honey Horn.			$ 675.00	$ 703.13	OnCell, cellphone tour, Last FY we had approximatel 15k visits, averaging over 8 minutes each, 97% of these from >50 miles. This is a very cost effective way of delivering content to visitors onsite. You can now use this as an app at: https://coastaldiscovery.oncell.com/en/index.html
Total		$ 40,000.00	$ 23,320.00	$ 6,198.20	$ 6,456.46	

ATAX EFFECTIVENESS MEASUREMENT

TOPIC	THE PLAN	ATAX BUDGET	ATAX BUDGET YTD	ATAX Reimbursed YTD	ATAX Qualified YTD	RESULTS *When possible, provide planned results vs. actual results, and/or current year vs. prior year results .*

TOPIC	THE PLAN	ATAX BUDGET	ATAX BUDGET YTD	ATAX Qualified YTD	ATAX Reimbursed YTD	RESULTS *When possible, provide planned results vs. actual results, and/or current year vs. prior year results .*
Facilities That Allow us to Serve Visitors to the Island						
3. Tourism Related Facilities		$ 280,000.00	$ 163,240.00			
	Maintain a high-quality destination, maintain buildings, clean bathrooms, install new signage, keep Honey Horn open 360 days/yr.			$ 111,496.35	$ 116,142.03	Maintenance, cleaning, utilities, liability insurance, signage. This covers normal wear and tear, and with increased tourism we are seeing more demand on maintaining the property.
	Continue to rotate temporary exhibitions, maintain buildings, gardens, landscaping, etc.			$ 160,414.13	$ 167,098.05	Temporary exhibit displays, plant and animal supplies, additional maintenance on buildings, flowerbeds, landscaping, etc.
Total		$ 280,000.00	$ 163,240.00	$ 271,910.48	$ 283,240.08	

COASTAL DISCOVERY MUSEUM

Experience The Lowcountry Up Close

August 14, 2025

Board Resolution for ATAX Funding

The Board of Directors of the Coastal Discovery Museum hereby resolves and approves the *Cultural and Ecotourism Programs* application that has been submitted for the 2026 Accommodations Tax Grant. The Board further resolves that it commits the Museum to the financial responsibility for carrying out these grants to the stage of completion so stated in the application, should funding be approved.

Margaret McManus,
Chair, Board of Directors

COASTAL DISCOVERY MUSEUM
Annual Operating Budget
July 1, 2025-June 30, 2026
July 1 2026-June 30 2027

	Budget FY26	Budget FY27
Income:		
Restricted - Grants:		
Accommodations Tax	**$400,000**	**$418,000**
Beaufort ATAX	**$16,000**	**$16,720**
Other grants	**$135,000**	**$141,075**
Property Rental	**$175,000**	**$182,875**
Onsite Donations	**$60,000**	**$62,700**
Miscellaneous	**$50,000**	**$52,250**
Management Fee	**$141,650**	**$148,024**
Museum Store	**$240,000**	**$250,800**
Museum Programs	**$250,000**	**$261,250**
Special Events/Benefits	**$100,000**	**$104,500**
Membership	**$55,000**	**$57,475**
Unrestricted	**$370,000**	**$386,650**
Total Income	**$1,992,650**	**$2,082,319**
Expenses:		
Personnel	**$1,189,650**	**$1,243,184**
Miscellaneous Operating	**$140,000**	**$146,300**
Property Rental	**$10,000**	**$10,450**
Miscellaneous Expenses	**$2,000**	**$2,090**
Temporary Exhibit Displays	**$40,000**	**$41,800**
Permanent Exhibits/Panels	**$20,000**	**$20,900**
Animal and Plant supplies	**$16,000**	**$16,720**
Museum Store	**$140,000**	**$146,300**
Museum Programs	**$100,000**	**$104,500**
Special Events/Benefits	**$40,000**	**$41,800**
Marketing	**$160,000**	**$167,200**
Honey Horn	**$120,000**	**$125,400**
Membership	**$5,000**	**$5,225**
Unrestricted (Development)	**$10,000**	**$10,450**
Total Expenses	**$1,992,650**	**$2,082,319**

COASTAL DISCOVERY MUSEUM
INCOME & EXPENSE STATEMENT
FOR THE PERIOD ENDING JULY 2025

	Budget July 2025	Actual July 2025	YTD Budget FY2026	YTD Actual FY2026	YTD Variance	% of Budget	Check Totals YTD Actual FY2026	Check Totals Budget FY2026
Ordinary Income/Expense								
Income:								
Restricted - Grants:								
Accommodations Tax	48,000.00	49,667.55	48,000.00	49,667.55	1,667.55	103.47%	**49,667.55**	**400,000**
Beaufort ATAX	-	-	-	-	-	0.00%	**-**	**16,000**
Other grants	-	-	-	-	-	0.00%	**-**	**135,000**
Property Rental	14,000.00	21,062.50	14,000.00	21,062.50	7,062.50	150.45%	**21,062.50**	**175,000**
Onsite Donations	6,000.00	5,638.77	6,000.00	5,638.77	(361.23)	93.98%	**5,638.77**	**60,000**
Miscellaneous	4,500.00	1,977.99	4,500.00	1,977.99	(2,522.01)	43.96%	**1,977.99**	**50,000**
Management Fee	-	-	-	-	-	0.00%	**-**	**141,650**
Temporary Exhibit Displays	-	-	-	-	-	0.00%	**-**	**-**
Museum Store	21,600.00	24,684.95	21,600.00	24,684.95	3,084.95	114.28%	**24,684.95**	**240,000**
Museum Programs	32,500.00	43,512.76	32,500.00	43,512.76	11,012.76	133.89%	**43,512.76**	**250,000**
Special Events/Benefits	1,000.00	1,483.00	1,000.00	1,483.00	483.00	148.30%	**1,483.00**	**100,000**
Membership	550.00	13,050.00	550.00	13,050.00	12,500.00	2372.73%	**13,050.00**	**55,000**
Unrestricted	22,200.00	16,687.93	22,200.00	16,687.93	(5,512.07)	75.17%	**16,687.93**	**370,000**
Total Income	**150,350.00**	**177,765.45**	**150,350.00**	**177,765.45**	**27,415.45**	118.23%	**177,765.45**	**1,992,650**
Expenses:								
Personnel	95,172.00	76,221.50	95,172.00	76,221.50	(18,950.50)	80.09%	**76,221.50**	**1,189,650**
Miscellaneous Operating	14,000.00	9,141.11	14,000.00	9,141.11	(4,858.89)	65.29%	**9,141.11**	**140,000**
Property Rental	833.00	500.00	833.00	500.00	(333.00)	60.02%	**500.00**	**10,000**
Miscellaneous Expenses	100.00	-	100.00	-	(100.00)	0.00%	**-**	**2,000**
Temporary Exhibit Displays	3,332.00	-	3,332.00	-	(3,332.00)	0.00%	**-**	**40,000**
Permanent Exhibits/Panels	1,666.00	-	1,666.00	-	(1,666.00)	0.00%	**-**	**20,000**
Animal and Plant supplies	1,332.80	521.25	1,332.80	521.25	(811.55)	39.11%	**521.25**	**16,000**
Museum Store	9,800.00	9,112.41	9,800.00	9,112.41	(687.59)	92.98%	**9,112.41**	**140,000**
Museum Programs	10,000.00	1,984.00	10,000.00	1,984.00	(8,016.00)	19.84%	**1,984.00**	**100,000**
Special Events/Benefits	-	-	-	-	-	0.00%	**-**	**40,000**
Marketing	8,000.00	6,484.02	8,000.00	6,484.02	(1,515.98)	81.05%	**6,484.02**	**160,000**
Honey Horn	6,000.00	10,508.60	6,000.00	10,508.60	4,508.60	175.14%	**10,508.60**	**120,000**
Membership	416.50	-	416.50	-	(416.50)	0.00%	**-**	**5,000**
Unrestricted (Development)	833.00	-	833.00	-	(833.00)	0.00%	**-**	**10,000**
Total Expenses	**151,485.30**	**114,472.89**	**151,485.30**	**114,472.89**	**(37,012.41)**	75.57%	**114,472.89**	**1,992,650**
Net Ordinary Income (Loss)	**(1,135.30)**	**63,292.56**	**(1,135.30)**	**63,292.56**	**64,427.86**		**63,292.56**	**-**

Check Totals Revenues FY2026 YTD	Check Totals Expenses FY2026 YTD
305,486.71	135,951.37
MTD	**MTD**
305,486.71	135,951.37

	Budget July 2025	Actual July 2025	Budget FY2026	Actual FY2026	Ytd Variance	% of Budget	Actual FY2026	
Other Income/Expense								
Income:								
Capital Campaign Income	-	87,953.28	-	87,953.28	87,953.28	0.00%	**87,953.28**	
Int-Cap Camp	-	237.59	-	237.59	237.59	0.00%	**237.59**	
Int-Sale of Bldg Proceeds	-	-	-	-	-	0.00%	**-**	
Dividend Income-Boys, Arnold & Co	-	5,078.33	-	5,078.33	5,078.33	0.00%	**5,078.33**	
Unrealized Gains(Losses)-Boys, Arnol	-	34,452.06	-	34,452.06	34,452.06	0.00%	**34,452.06**	
Realized Gains(Losses)-Boys, Arnold	-	-	-	-	-	0.00%	**-**	
ATAX Grant-Hay Barn		-	-	-	-	0.00%	**-**	
Maintenance Grant	-	-	-	-	-	0.00%	**-**	
Total Other Income	**-**	**127,721.26**	**-**	**127,721.26**	**127,721.26**		**127,721.26**	
Expenses:								
Capital Campaign Expenses	-	-	-	-	-	0.00%	**-**	
Professional Fees	-	-	-	-	-	0.00%	**-**	
Sale of Bldg Exps	-	-	-	-	-	0.00%	**-**	
Expense transfer-Op Acct	-	-	-	-	-	0.00%	**-**	
Transaction Costs/Mgmt Fees-Boys,	-	4,597.00	-	4,597.00	4,597.00	0.00%	**4,597.00**	
ATAX-Honey Horn (Hay Barn)	-	16,881.48	-	16,881.48	16,881.48	0.00%	**16,881.48**	**-**
Infrastructure Grant Expenses	-	-	-	-	-	0.00%	**-**	
Total Other Expenses	**-**	**21,478.48**	**-**	**21,478.48**	**21,478.48**		**21,478.48**	
Net Other Income/Expense	**-**	**106,242.78**	**-**	**106,242.78**	**106,242.78**		**106,242.78**	
Restricted Revenue-Donations								
Income:								
Donation-Butterfly Enclosure	-	-	-	-	-		**-**	
tal Restricted Revenue-Donations	**-**	**-**	**-**	**-**	**-**		**-**	
Expenses:								
Butterfly Enclosure	-	-	-	-	-		**-**	
al Restricted Expenses-Donations	**-**	**-**	**-**	**-**	**-**		**-**	
Net Restricted Revenue-Donations/	**-**	**-**	**-**	**-**	**-**		**-**	
Net Income (Loss)	**(1,135.30)**	**169,535.34**	**(1,135.30)**	**169,535.34**	**170,670.64**		**169,535.34**	
			(1,135.30)	**169,535.34**	**170,670.64**			

Coastal Discovey Museum
Balance Sheet
As of July 31, 2025

	FY2025 June 30, 2025 Unaudited	FY2026 Unaudited
ASSETS		
Current Assets		
Cash - Operating		
Wells Fargo-Operating	366,767.98	463,751.60
Petty Cash	225.00	225.00
Coastal States Bank-Cash	194,500.96	194,715.71
Merrill Lynch-Cash	216,068.21	216,068.21
Sub-Total Cash - Operating	777,562.15	874,760.52
Other Current Assets		
Accounts Receivable	17,023.80	12,962.08
Prepaid Expenses	9,135.33	7,940.91
Grant Receivable-Unrestricted	191,477.66	191,477.66
Inventory	42,960.85	42,960.85
Total Current Assets	1,038,159.79	1,130,102.02
Non-Current Assets		
Cash - Board Reserve Fund		
TD Bank-Capital Campaign Checking	1,248.60	4,819.09
TD Bank-Capital Campaign Money Market	4,101.70	4,101.87
Sub-Total Cash - Board Reserve Fund	5,350.30	8,920.96
Investments		
Merrill Lynch-CD	572,398.43	574,145.01
Boys, Arnold & Co	2,390,559.33	2,425,515.39
Sub-Total Investments	2,962,957.76	2,999,660.40
Property and Equipment		
Improvement-Infrastructure	7,007,295.98	7,007,295.98
Computers	1,729.91	1,729.91
Equipment	254,096.57	258,196.57
Furniture	11,792.82	11,792.82
Exhibits	78,684.68	78,684.68
Discovery Lab	306,648.18	306,648.18
Construction in Progress	-	-
Acc Depr-Imprv Infrastructure	(2,249,449.30)	(2,249,449.30)
Acc Depr-Computers	(1,729.91)	(1,729.91)
Acc Depr Equipment	(229,347.21)	(229,347.21)
Acc Depr-Furniture	(11,792.82)	(11,792.82)
Acc Depr-Exhibits	(31,778.93)	(31,778.93)
Acc. Depr-Website	-	-
Sub-Total Property & Equipment, Net	5,136,149.97	5,140,249.97
Total Non-Current Assets	8,104,458.03	8,148,831.33
TOTAL ASSETS	**9,142,617.82**	**9,278,933.35**

Coastal Discovey Museum
Balance Sheet
As of July 31, 2025

	FY2025 June 30, 2025 Unaudited	FY2026 Unaudited
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable	(15,534.11)	(8,687.52)
Accrued Salary	(26,491.24)	-
Accrued Vacation	(75,114.90)	(75,114.90)
Due to SC Commission-Sales Taxes	(1,262.64)	(1,380.66)
Total Current Liabilities	(118,402.89)	(85,183.08)
Fund Balance		
Fund Balance	(1,207,980.24)	(1,207,980.24)
Fund Balance-Bldg	(25,688.00)	(25,688.00)
Fund Balance-Unreserved	(7,596,727.93)	(7,790,546.69)
Revenue Control	(2,106,772.67)	(305,486.71)
Expenditure Control	1,912,953.91	135,951.37
Total Fund Balance	(9,024,214.93)	(9,193,750.27)
TOTAL LIABILITIES & EQUITY	**(9,142,617.82)**	**(9,278,933.35)**

Coastal Discovey Museum
Balance Sheet
As of June 30, 2025

	FY2024 June 30, 2024 Audited	FY2025 Unaudited
ASSETS		
Current Assets		
Cash - Operating		
Wells Fargo-Operating	519,898.05	366,767.98
Petty Cash	225.00	225.00
Coastal States Bank-Cash	205,465.36	194,500.96
Merrill Lynch-Cash	216,068.21	216,068.21
Sub-Total Cash - Operating	941,656.62	777,562.15
Other Current Assets		
Accounts Receivable	21,246.07	17,023.80
Prepaid Expenses	20,813.13	9,135.33
Grant Receivable-Unrestricted	191,477.66	191,477.66
Inventory	42,960.85	42,960.85
Total Current Assets	1,218,154.33	1,038,159.79
Non-Current Assets		
Cash - Board Reserve Fund		
TD Bank-Capital Campaign Checking	4,579.79	1,248.60
TD Bank-Capital Campaign Money Market	7,841.80	4,101.70
Sub-Total Cash - Board Reserve Fund	12,421.59	5,350.30
Investments		
Merrill Lynch-CD	548,062.51	572,398.43
Boys, Arnold & Co	2,179,207.46	2,390,559.33
Sub-Total Investments	2,727,269.97	2,962,957.76
Property and Equipment		
Improvement-Infrastructure	7,007,295.98	7,007,295.98
Computers	1,729.91	1,729.91
Equipment	254,096.57	254,096.57
Furniture	11,792.82	11,792.82
Exhibits	78,684.68	78,684.68
Discovery Lab	306,648.18	306,648.18
Construction in Progress	-	-
Acc Depr-Imprv Infrastructure	(2,249,449.30)	(2,249,449.30)
Acc Depr-Computers	(1,729.91)	(1,729.91)
Acc Depr Equipment	(229,347.21)	(229,347.21)
Acc Depr-Furniture	(11,792.82)	(11,792.82)
Acc Depr-Exhibits	(31,778.93)	(31,778.93)
Acc. Depr-Website	-	-
Sub-Total Property & Equipment, Net	5,136,149.97	5,136,149.97
Total Non-Current Assets	7,875,841.53	8,104,458.03
TOTAL ASSETS	**9,093,995.86**	**9,142,617.82**

Coastal Discovey Museum
Balance Sheet
As of June 30, 2025

	FY2024 June 30, 2024 Audited	FY2025 Unaudited
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable	(66,099.89)	(14,822.30)
Accrued Salary	(120,914.14)	(26,491.24)
Accrued Vacation	(75,114.90)	(75,114.90)
Due to SC Commission-Sales Taxes	(1,470.76)	(1,262.64)
Total Current Liabilities	(263,599.69)	(117,691.08)
Fund Balance		
Fund Balance	(1,207,980.24)	(1,207,980.24)
Fund Balance-Bldg	(25,688.00)	(25,688.00)
Fund Balance-Unreserved	(6,730,003.44)	(7,596,727.93)
Revenue Control	(2,829,530.68)	(2,106,772.67)
Expenditure Control	1,962,806.19	1,912,242.10
Total Fund Balance	(8,830,396.17)	(9,024,926.74)
TOTAL LIABILITIES & EQUITY	**(9,093,995.86)**	**(9,142,617.82)**

COASTAL DISCOVERY MUSEUM
INCOME & EXPENSE STATEMENT
FOR THE PERIOD ENDING JUNE 2025

	Budget July 2024	Actual July 2024	Budget August 2024	Actual August 2024	Budget September 2024	Actual September 2024	Budget October 2024	Actual October 2024	Budget November 2024	Actual November 2024	Budget December 2024	Actual December 2024	Budget January 2025	Actual January 2025	Budget February 2025	Actual February 2025	Budget March 2025	Actual March 2025	Budget April 2025	Actual April 2025	Budget May 2025	Actual May 2025	Budget June 2025	Actual June 2025	YTD Budget FY2025	YTD Actual FY2025	YTD Variance	% of Budget
Ordinary Income/Expense																												
Income:																												
Restricted - Grants:																												
Accommodations Tax	-	45,781.62	41,250.00	10,998.97	45,000.00	-	37,500.00	18,846.31	30,000.00	8,789.93	22,500.00	20,582.35	33,750.00	5,588.12	41,250.00	-	33,750.00	27,003.90	30,000.00	54,578.06	26,250.00	29,762.02	33,750.00	51,642.14	375,000.00	273,573.42	(101,426.58)	72.95%
Beaufort ATAX	-	-	18,250.00	-	-	-	-	-	-	-	-	6,750.00	-	-	18,250.00	-	-	-	-	-	-	-	-	18,000.00	36,500.00	24,750.00	(11,750.00)	67.81%
Other grants	16,600.00	-	16,600.00	-	16,800.00	-	16,600.00	-	16,600.00	32,000.00	16,800.00	37,500.00	16,600.00	-	16,600.00	-	16,600.00	-	16,600.00	-	16,800.00	-	16,800.00	32,500.00	200,000.00	102,000.00	(98,000.00)	51.00%
Property Rental	16,500.00	670.00	23,100.00	18,470.00	16,500.00	14,160.00	11,550.00	15,180.00	16,500.00	8,280.00	9,900.00	2,952.50	13,200.00	7,245.00	8,250.00	12,550.00	9,900.00	15,432.50	11,550.00	15,062.50	19,800.00	14,642.30	8,250.00	15,120.00	165,000.00	139,764.80	(25,235.20)	84.71%
Onsite Donations	5,360.00	4,747.26	5,360.00	3,573.18	4,690.00	4,368.72	6,030.00	5,085.36	5,360.00	4,157.05	4,020.00	3,357.08	5,360.00	3,328.22	6,030.00	5,692.92	6,700.00	6,742.85	6,700.00	5,677.97	6,030.00	5,508.45	5,360.00	4,483.85	67,000.00	56,722.91	(10,277.09)	84.66%
Miscellaneous	3,320.00	2,854.07	3,320.00	2,195.34	3,360.00	2,278.15	3,320.00	1,930.51	3,320.00	1,171.35	3,360.00	1,925.88	3,320.00	2,614.86	3,320.00	2,465.43	3,320.00	2,799.18	3,320.00	1,980.83	3,360.00	2,407.97	3,360.00	2,529.24	40,000.00	27,152.81	(12,847.19)	67.88%
Management Fee	-	-	-	-	26,925.00	26,925.00	-	-	-	-	26,925.00	-	-	-	-	26,925.00	26,925.00	26,925.00	-	-	-	-	26,925.00	26,925.00	107,700.00	107,700.00	-	100.00%
Temporary Exhibit Displays	-	8,530.00	-	2,920.00	-	2,050.00	-	195.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	13,695.00	13,695.00	0.00%
Museum Store	22,500.00	20,746.68	22,500.00	13,275.66	17,500.00	12,825.66	20,000.00	24,317.76	22,500.00	18,059.88	20,000.00	13,009.94	12,500.00	8,395.86	17,500.00	15,859.91	27,500.00	35,377.16	25,000.00	16,138.87	22,500.00	17,471.75	20,000.00	19,082.06	250,000.00	214,561.19	(35,438.81)	85.82%
Museum Programs	29,400.00	43,915.48	25,200.00	19,757.50	12,600.00	13,946.04	14,700.00	15,423.78	10,500.00	10,255.28	12,600.00	20,627.68	10,500.00	19,339.02	10,500.00	27,340.46	14,700.00	24,944.11	21,000.00	22,355.96	14,700.00	25,079.00	33,600.00	24,946.26	210,000.00	267,930.57	57,930.57	127.59%
Special Events/Benefits	-	1,505.00	-	1,309.00	-	1,220.00	2,550.00	2,405.00	1,700.00	2,165.00	2,550.00	4,910.00	25,500.00	12,825.00	21,250.00	24,170.00	5,100.00	15,940.00	25,500.00	23,737.00	850.00	5,600.00	-	960.00	85,000.00	96,746.00	11,746.00	113.82%
Membership	1,800.00	300.00	1,800.00	850.00	1,800.00	500.00	1,800.00	1,350.00	1,800.00	2,300.00	4,500.00	1,150.00	3,780.00	3,650.00	3,870.00	1,750.00	3,735.00	3,400.00	12,600.00	25,100.00	3,735.00	5,000.00	3,780.00	1,500.00	45,000.00	46,850.00	1,850.00	104.11%
Unrestricted	17,500.00	21,152.65	17,500.00	44,600.00	17,500.00	29,927.41	70,000.00	54,748.51	35,000.00	11,225.00	70,000.00	92,367.50	35,000.00	36,180.00	17,500.00	22,675.00	17,500.00	8,655.00	17,500.00	4,254.31	17,500.00	9,348.55	17,500.00	43,130.00	350,000.00	378,263.93	28,263.93	108.08%
Total Income	**112,980.00**	**150,202.76**	**174,880.00**	**117,949.65**	**162,675.00**	**108,200.98**	**184,050.00**	**139,482.23**	**143,280.00**	**98,403.49**	**193,155.00**	**205,132.93**	**159,510.00**	**99,166.08**	**164,320.00**	**139,428.72**	**165,730.00**	**167,219.70**	**169,770.00**	**168,885.50**	**131,525.00**	**114,820.04**	**169,325.00**	**240,818.55**	**1,931,200.00**	**1,749,710.63**	**(181,489.37)**	90.60%
Expenses:																												
Personnel	107,001.20	81,932.89	107,001.20	50,359.14	107,001.20	99,358.71	99,536.00	71,139.41	99,536.00	86,404.76	99,536.00	76,653.47	99,536.00	79,088.63	99,536.00	81,912.51	99,536.00	83,259.29	107,001.20	87,709.48	107,001.20	126,456.41	111,978.00	115,618.66	1,244,200.00	1,039,893.36	(204,306.64)	83.58%
Miscellaneous Operating	4,000.00	9,963.59	7,000.00	(4,317.84)	7,000.00	10,878.08	7,000.00	3,963.78	7,000.00	15,580.94	11,000.00	12,683.62	14,000.00	6,380.91	15,000.00	9,068.49	7,000.00	8,059.34	7,000.00	8,354.11	7,000.00	4,419.68	7,000.00	9,147.43	100,000.00	94,182.13	(5,817.87)	94.18%
Property Rental	837.00	500.00	833.00	-	833.00	500.00	833.00	500.00	833.00	-	833.00	1,000.00	833.00	-	833.00	-	833.00	3,250.00	833.00	500.00	833.00	5,250.00	833.00	2,150.15	10,000.00	13,650.15	3,650.15	136.50%
Miscellaneous Expenses	100.00	-	100.00	-	100.00	544.57	300.00	-	300.00	-	100.00	561.24	100.00	57.89	300.00	-	300.00	-	100.00	-	100.00	-	100.00	57.20	2,000.00	1,220.90	(779.10)	61.05%
Temporary Exhibit Displays	400.00	3,580.73	2,000.00	1,122.11	12,000.00	631.55	1,600.00	10,141.34	1,600.00	755.60	4,000.00	1,659.29	400.00	(200.00)	16,000.00	27.71	400.00	-	400.00	2,760.37	400.00	1,483.46	800.00	3,379.12	40,000.00	25,341.28	(14,658.72)	63.35%
Permanent Exhibits/Panels	1,255.50	425.00	1,249.50	-	1,249.50	4,506.00	1,249.50	6,000.00	1,249.50	450.00	1,249.50	450.00	1,249.50	-	1,249.50	462.55	1,249.50	-	1,249.50	1,999.43	1,249.50	240.89	1,249.50	46,350.00	15,000.00	60,883.87	45,883.87	405.89%
Animal and Plant supplies	1,339.20	758.43	1,332.80	1,101.03	1,332.80	735.48	1,332.80	(197.97)	1,332.80	679.45	1,332.80	963.26	1,332.80	218.45	1,332.80	354.97	1,332.80	1,058.87	1,332.80	5,630.41	1,332.80	7,553.52	1,332.80	2,314.75	16,000.00	21,170.65	5,170.65	132.32%
Museum Store	9,800.00	9,867.44	14,000.00	5,443.37	9,800.00	4,740.58	15,400.00	14,218.76	9,800.00	12,814.48	14,000.00	10,752.01	8,400.00	2,806.36	9,800.00	14,141.87	9,800.00	17,156.87	14,000.00	12,782.99	12,600.00	3,539.44	12,600.00	10,983.08	140,000.00	119,247.25	(20,752.75)	85.18%
Museum Programs	9,800.00	2,450.27	8,400.00	11,188.00	4,200.00	13,344.75	4,900.00	14,762.35	3,500.00	7,057.05	4,200.00	10,148.15	3,500.00	1,448.72	3,500.00	9,047.51	4,900.00	9,600.00	7,000.00	4,125.27	4,900.00	10,453.07	11,200.00	17,601.56	70,000.00	111,226.70	41,226.70	158.90%
Special Events/Benefits	-	-	-	-	-	-	8,800.00	-	220.00	-	220.00	1,164.75	440.00	-	3,300.00	12,789.22	5,500.00	10,010.44	-	9,011.45	-	2,917.69	3,520.00	789.48	22,000.00	36,683.03	14,683.03	166.74%
Marketing	10,500.00	2,276.18	15,000.00	7,326.36	10,500.00	9,313.14	10,500.00	653.92	10,500.00	11,952.99	16,500.00	10,983.55	9,000.00	4,894.52	15,000.00	1,491.06	10,500.00	6,604.86	15,000.00	4,136.72	13,500.00	4,809.37	13,500.00	4,925.56	150,000.00	69,368.23	(80,631.77)	46.25%
Honey Horn	8,370.00	4,916.61	8,330.00	8,919.07	8,330.00	19,476.49	8,330.00	6,200.57	8,330.00	4,317.38	8,330.00	9,194.60	8,330.00	8,888.64	8,330.00	8,122.90	8,330.00	8,388.38	8,330.00	21,040.45	8,330.00	62,062.25	8,330.00	59,210.79	100,000.00	220,738.13	120,738.13	220.74%
Membership	502.20	56.00	499.80	-	499.80	-	499.80	-	499.80	484.71	499.80	30.00	499.80	-	499.80	-	499.80	-	499.80	216.00	499.80	1,026.00	499.80	28.60	6,000.00	1,841.31	(4,158.69)	30.69%
Unrestricted (Development)	1,339.20	-	1,332.80	-	1,332.80	-	1,332.80	577.80	1,332.80	4,280.65	1,332.80	127.43	1,332.80	-	1,332.80	-	1,332.80	-	1,332.80	-	1,332.80	648.72	1,332.80	203.77	16,000.00	5,838.37	(10,161.63)	36.49%
Total Expenses	**155,244.30**	**116,727.14**	**167,079.10**	**81,141.24**	**164,179.10**	**164,029.35**	**161,613.90**	**127,959.96**	**146,033.90**	**144,778.01**	**163,133.90**	**136,371.37**	**148,953.90**	**103,584.12**	**176,013.90**	**137,418.79**	**151,513.90**	**147,388.05**	**164,079.10**	**158,266.68**	**159,079.10**	**230,860.50**	**174,275.90**	**272,760.15**	**1,931,200.00**	**1,821,285.36**	**(109,914.64)**	94.31%
Net Ordinary Income (Loss)	**(42,264.30)**	**33,475.62**	**7,800.90**	**36,808.41**	**(1,504.10)**	**(55,828.37)**	**22,436.10**	**11,522.27**	**(2,753.90)**	**(46,374.52)**	**30,021.10**	**68,761.56**	**10,556.10**	**(4,418.04)**	**(11,693.90)**	**2,009.93**	**14,216.10**	**19,831.65**	**5,690.90**	**10,618.82**	**(27,554.10)**	**(116,040.46)**	**(4,950.90)**	**(31,941.60)**	**-**	**(71,574.73)**	**(71,574.73)**	

	Budget July 2024	Actual July 2024	Budget August 2024	Actual August 2024	Budget September 2024	Actual September 2024	Budget October 2024	Actual October 2024	Budget November 2024	Actual November 2024	Budget December 2024	Actual December 2024	Budget January 2025	Actual January 2025	Budget February 2025	Actual February 2025	Budget March 2025	Actual March 2025	Budget April 2025	Actual April 2025	Budget May 2025	Actual May 2025	Budget June 2025	Actual June 2025	Budget FY2025	Actual FY2025	Ytd Variance	% of Budget
Other Income/Expense																												
Income:																												
Capital Campaign Income	-	30,308.75	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3,093.81	-	87,452.91	-	120,855.47	120,855.47	0.00%
Int-Cap Camp	-	241.80	-	219.90	-	227.54	-	227.79	-	213.34	-	235.63	-	228.53	-	206.65	-	229.01	-	311.77	-	209.73	-	219.46	-	2,771.15	2,771.15	0.00%
Int-Sale of Bldg Proceeds	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
Dividend Income-Boys, Arnold & Co	-	5,618.41	-	4,367.08	-	7,682.27	-	5,185.74	-	3,872.41	-	9,890.22	-	3,346.69	-	3,524.59	-	7,832.05	-	3,646.73	-	3,833.62	-	7,656.21	-	66,456.02	66,456.02	0.00%
Unrealized Gains(Losses)-Boys, Arno	-	30,344.32	-	15,760.98	-	15,854.90	-	4,629.31	-	65,696.52	-	(54,587.96)	-	40,569.35	-	(13,218.29)	-	(66,871.52)	-	(22,806.94)	-	-	-	146,808.73	-	162,179.40	162,179.40	0.00%
Realized Gains(Losses)-Boys, Arnold	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
ATAX Grant-Hay Barn		4,800.00		-		-		-		-		-		-		-		-		-		-		-	-	4,800.00	4,800.00	0.00%
Maintenance Grant	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
Total Other Income	**-**	**71,313.28**	**-**	**20,347.96**	**-**	**23,764.71**	**-**	**10,042.84**	**-**	**69,782.27**	**-**	**(44,462.11)**	**-**	**44,144.57**	**-**	**(9,487.05)**	**-**	**(58,810.46)**	**-**	**(18,848.44)**	**-**	**7,137.16**	**-**	**242,137.31**	**-**	**357,062.04**	**357,062.04**	
Expenses:																												
Capital Campaign Expenses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
Professional Fees	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
Sale of Bldg Exps	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
Expense transfer-Op Acct	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	15,000.00	-	-	-	-	-	-	-	2,037.50	-	17,037.50	17,037.50	0.00%
Transaction Costs/Mgmt Fees-Boys,	-	4,240.00	-	-	-	0.94	-	4,367.00	-	-	-	0.88	-	4,418.00	-	-	-	0.93	-	4,369.00	-	(76,569.49)	-	76,570.47	-	17,397.73	17,397.73	0.00%
ATAX-Honey Horn (Hay Barn)	-	10,909.02	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10,909.02	10,909.02	0.00%
Infrastructure Grant Expenses	-	-	-	-	-	-	-	-	-	-	-	-	-	20,948.00	-	-	-	-	-	11,836.12	-	12,328.37	-	500.00	-	45,612.49	45,612.49	0.00%
Total Other Expenses	**-**	**15,149.02**	**-**	**-**	**-**	**0.94**	**-**	**4,367.00**	**-**	**-**	**-**	**0.88**	**-**	**25,366.00**	**-**	**15,000.00**	**-**	**0.93**	**-**	**16,205.12**	**-**	**(64,241.12)**	**-**	**79,107.97**	**-**	**90,956.74**	**90,956.74**	
Net Other Income/Expense	**-**	**56,164.26**	**-**	**20,347.96**	**-**	**23,763.77**	**-**	**5,675.84**	**-**	**69,782.27**	**-**	**(44,462.99)**	**-**	**18,778.57**	**-**	**(24,487.05)**	**-**	**(58,811.39)**	**-**	**(35,053.56)**	**-**	**71,378.28**	**-**	**163,029.34**	**-**	**266,105.30**	**266,105.30**	
Restricted Revenue-Donations																												
Income:																												
Donation-Butterfly Enclosure	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
al Restricted Revenue-Donations	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	
Expenses:																												
Butterfly Enclosure	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
l Restricted Expenses-Donations	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	
Net Restricted Revenue-Donations	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	
Net Income (Loss)	**(42,264.30)**	**89,639.88**	**7,800.90**	**57,156.37**	**(1,504.10)**	**(32,064.60)**	**22,436.10**	**17,198.11**	**(2,753.90)**	**23,407.75**	**30,021.10**	**24,298.57**	**10,556.10**	**14,360.53**	**(11,693.90)**	**(22,477.12)**	**14,216.10**	**(38,979.74)**	**5,690.90**	**(24,434.74)**	**(27,554.10)**	**(44,662.18)**	**(4,950.90)**	**131,087.74**	**-**	**194,530.57**	**194,530.57**	
																			Check Totals						**0.00**	**194,530.57**	**194,530.57**	

COASTAL DISCOVERY MUSEUM
INCOME & EXPENSE STATEMENT
FOR THE PERIOD ENDING JUNE 2024

	Budget July 2023	Actual July 2023	Budget August 2023	Actual August 2023	Budget September 2023	Actual September 2023	Budget October 2023	Actual October 2023	Budget November 2023	Actual November 2023	Budget December 2023	Actual December 2023
Ordinary Income/Expense												
Income:												
Restricted - Grants:												
Accommodations Tax	27,200.00	-	30,600.00	48,931.72	40,800.00	37,600.16	34,000.00	29,635.34	20,400.00	22,907.64	13,600.00	4,958.46
Beaufort ATAX	-	-	-	-	-	-	-	-	-	-	-	-
Other grants	10,375.00	-	10,375.00	-	10,500.00	-	10,375.00	-	10,375.00	1,785.00	10,500.00	40,000.00
Property Rental	6,000.00	27,290.00	12,000.00	16,600.00	16,800.00	21,490.00	12,000.00	11,485.00	6,000.00	2,540.00	4,800.00	7,705.00
Onsite Donations	5,200.00	4,733.04	5,200.00	5,527.27	4,550.00	5,180.50	5,850.00	6,239.75	5,200.00	5,310.04	3,900.00	3,926.56
Miscellaneous	1,411.00	2,663.93	1,411.00	3,218.99	1,428.00	3,275.59	1,411.00	3,486.42	1,411.00	3,815.61	1,428.00	4,013.63
Management Fee	-	-	-	-	25,500.00	25,608.00	-	-	-	-	25,500.00	25,608.00
Temporary Exhibit Displays	750.00	-	1,650.00	-	1,500.00	-	750.00	-	3,000.00	-	1,500.00	-
Museum Store	22,500.00	22,841.83	22,500.00	19,146.55	17,500.00	28,114.06	20,000.00	17,585.56	22,500.00	23,897.11	20,000.00	13,938.11
Museum Programs	27,300.00	29,121.71	23,400.00	26,499.63	11,700.00	10,873.11	13,650.00	15,108.85	9,750.00	9,386.30	11,700.00	15,032.70
Special Events/Benefits	-	1,045.00	1,200.00	1,310.00	-	1,250.00	600.00	2,395.00	-	1,490.00	1,200.00	2,310.00
Membership	3,780.00	3,250.00	3,735.00	7,350.00	3,735.00	850.00	3,780.00	2,900.00	3,735.00	1,700.00	3,735.00	3,750.00
Unrestricted	12,000.00	30,365.08	12,000.00	11,725.00	12,000.00	27,905.00	48,000.00	13,535.00	24,000.00	38,200.00	48,000.00	81,972.00
Total Income	**116,516.00**	**121,310.59**	**124,071.00**	**140,309.16**	**146,013.00**	**162,146.42**	**150,416.00**	**102,370.92**	**106,371.00**	**111,031.70**	**145,863.00**	**203,214.46**
Expenses:												
Personnel	77,056.00	87,645.29	77,056.00	70,632.07	77,056.00	65,762.49	71,680.00	75,774.96	71,680.00	65,187.11	71,680.00	81,328.01
Miscellaneous Operating	6,400.00	4,889.95	11,200.00	3,821.35	11,200.00	9,077.09	11,200.00	15,198.27	11,200.00	7,475.26	17,600.00	3,975.95
Property Rental	670.00	1,000.00	666.40	500.00	666.40	500.00	666.40	1,500.00	666.40	1,000.00	666.40	-
Miscellaneous Expenses	175.00	59.14	175.00	-	175.00	100.78	525.00	80.68	525.00	149.80	175.00	-
Temporary Exhibit Displays	500.00	2,085.65	2,500.00	3,750.00	15,000.00	2,623.37	2,000.00	9,246.85	2,000.00	2,858.26	5,000.00	(599.93)
Permanent Exhibits/Panels	1,256.00	149.00	1,249.50	-	1,249.50	773.16	1,249.50	6,450.00	1,249.50	-	1,249.50	-
Animal and Plant supplies	1,674.00	3,037.67	1,666.00	465.65	1,666.00	4,247.79	1,666.00	3,762.65	1,666.00	275.92	1,666.00	2,540.00
Museum Store	10,150.00	10,544.33	14,500.00	11,913.10	10,150.00	5,752.37	10,150.00	26,055.84	10,150.00	16,484.07	15,950.00	4,320.95
Museum Programs	9,800.00	6,898.79	8,400.00	1,037.04	4,200.00	8,349.78	4,900.00	11,191.86	3,500.00	2,281.75	4,200.00	4,022.64
Special Events/Benefits	-	-	-	-	-	152.31	4,000.00	107.67	100.00	-	100.00	477.00
Marketing	6,570.00	7,329.92	6,570.00	4,115.47	6,660.00	6,277.90	10,170.00	11,158.92	6,570.00	5,257.32	6,660.00	6,290.64
Honey Horn	10,044.00	8,052.95	9,996.00	5,738.59	9,996.00	4,704.60	9,996.00	8,573.06	9,996.00	8,221.65	9,996.00	7,563.61
Membership	209.00	224.00	208.25	-	208.25	3,046.15	208.25	220.52	208.25	-	208.25	112.00
Unrestricted (Development)	670.00	-	666.40	-	666.40	283.59	666.40	-	666.40	4,615.78	666.40	3,761.05
Restricted Grants	837.00	-	833.00	-	833.00	-	833.00	-	833.00	-	833.00	-
Total Expenses	**126,011.00**	**131,916.69**	**135,686.55**	**101,973.27**	**139,726.55**	**111,651.38**	**129,910.55**	**169,321.28**	**121,010.55**	**113,806.92**	**136,650.55**	**113,791.92**
Net Ordinary Income (Loss)	**(9,495.00)**	**(10,606.10)**	**(11,615.55)**	**38,335.89**	**6,286.45**	**50,495.04**	**20,505.45**	**(66,950.36)**	**(14,639.55)**	**(2,775.22)**	**9,212.45**	**89,422.54**

	Budget July 2023	Actual July 2023	Budget August 2023	Actual August 2023	Budget September 2023	Actual September 2023	Budget October 2023	Actual October 2023	Budget November 2023	Actual November 2023	Budget December 2023	Actual December 2023
Other Income/Expense												
Income:												
Capital Campaign Income	-	-	-	-	-	-	-	-	-	-	-	-
Int-Cap Camp	-	225.11	-	225.34	-	210.91	-	232.95	-	136.73	-	108.24
Int-Sale of Bldg Proceeds	-	-	-	-	-	-	-	-	-	-	-	-
Dividend Income-Boys, Arnold & Co	-	4,520.24	-	4,045.96	-	5,829.30	-	6,226.93	-	4,029.88	-	9,752.51
Unrealized Gains(Losses)-Boys, Arnold & Co	-	41,896.04	-	(21,781.02)	-	(49,071.55)	-	(33,906.03)	-	73,038.89	-	51,806.35
Realized Gains(Losses)-Boys, Arnold & Co	-	-	-	-	-	-	-	-	-	-	-	2,618.32
ATAX Grant-Hay Barn		432,263.55		-		52,219.08		-		122,912.73	-	100,000.00
Maintenance Grant	-	8,400.00	-	2,585.25	-	4,626.10	-	-	-	-	-	-
Total Other Income	**-**	**487,304.94**	**-**	**(14,924.47)**	**-**	**13,813.84**	**-**	**(27,446.15)**	**-**	**200,118.23**	**-**	**164,285.42**
Expenses:												
Capital Campaign Expenses	-	-	-	-	-	-	-	-	-	-	-	-
Professional Fees	-	-	-	-	-	-	-	-	-	-	-	-
Sale of Bldg Exps	-	-	-	-	-	-	-	-	-	-	-	-
Expense transfer-Op Acct	-	-	-	-	-	-	-	2,000.00	-	424.80	-	-
Transaction Costs/Mgmt Fees-Boys, Arnold & C	-	3,787.00	-	-	-	0.88	-	3,756.00	-	-	-	0.90
ATAX-Honey Horn (Hay Barn)	-	-	-	3,610.00	-	-	-	241,117.14	-	-	-	337,071.77
Infrastructure Grant Expenses	-	-	-	4,045.10	-	2,150.00	-	-	-	-	-	-
Total Other Expenses	**-**	**3,787.00**	**-**	**7,655.10**	**-**	**2,150.88**	**-**	**246,873.14**	**-**	**424.80**	**-**	**337,072.67**
Net Other Income/Expense	**-**	**483,517.94**	**-**	**(22,579.57)**	**-**	**11,662.96**	**-**	**(274,319.29)**	**-**	**199,693.43**	**-**	**(172,787.25)**
Restricted Revenue-Donations												
Income:												
Donation-Butterfly Enclosure	-	-	-	-	-	-	-	-	-	-	-	-
Total Restricted Revenue-Donations	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Expenses:												
Butterfly Enclosure	-	-	-	-	-	-	-	-	-	-	-	-
Total Restricted Expenses-Donations	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Net Restricted Revenue-Donations/Restricted	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Net Income (Loss)	**(9,495.00)**	**472,911.84**	**(11,615.55)**	**15,756.32**	**6,286.45**	**62,158.00**	**20,505.45**	**(341,269.65)**	**(14,639.55)**	**196,918.21**	**9,212.45**	**(83,364.71)**

COASTAL DISCOVERY MUSEUM
INCOME & EXPENSE STATEMENT
FOR THE PERIOD ENDING JUNE 2024

	Budget January 2024	Actual January 2024	Budget February 2024	Actual February 2024	Budget March 2024	Actual March 2024	Budget April 2024	Actual April 2024	Budget May 2024	Actual May 2024	Budget June 2024	Actual June 2024	YTD Budget FY2024	YTD Actual FY2024	YTD Variance	% of Budget
Ordinary Income/Expense																
Income:																
Restricted - Grants:																
Accommodations Tax	30,600.00	-	37,400.00	35,088.32	30,600.00	54,634.39	27,200.00	69,338.77	23,800.00	40,577.43	23,800.00	64,773.80	340,000.00	408,446.03	68,446.03	120.13%
Beaufort ATAX	-	-	34,000.00	-	-	-	-	18,000.00	-	-	-	-	34,000.00	18,000.00	(16,000.00)	52.94%
Other grants	10,375.00	-	10,375.00	-	10,375.00	-	10,375.00	80,000.00	10,500.00	-	10,500.00	45,000.00	125,000.00	166,785.00	41,785.00	133.43%
Property Rental	12,000.00	15,960.00	6,000.00	4,950.00	7,200.00	3,805.00	14,400.00	8,490.00	16,800.00	7,670.00	6,000.00	12,895.00	120,000.00	140,880.00	20,880.00	117.40%
Onsite Donations	5,200.00	4,073.84	5,850.00	6,567.25	6,500.00	8,689.89	6,500.00	6,617.69	5,850.00	5,974.52	5,200.00	4,983.13	65,000.00	67,823.48	2,823.48	104.34%
Miscellaneous	1,411.00	3,543.74	1,411.00	2,940.69	1,411.00	2,622.85	1,411.00	2,411.62	1,428.00	3,331.78	1,428.00	3,081.63	17,000.00	38,406.48	21,406.48	225.92%
Management Fee	-	-	-	-	25,500.00	25,608.00	-	-	-	-	25,500.00	25,608.00	102,000.00	102,432.00	432.00	100.42%
Temporary Exhibit Displays	-	700.00	1,500.00	350.00	-	-	-	-	1,950.00	725.00	2,400.00	1,705.00	15,000.00	3,480.00	(11,520.00)	23.20%
Museum Store	12,500.00	10,034.82	17,500.00	16,415.45	27,500.00	43,154.45	25,000.00	20,432.52	22,500.00	20,582.05	20,000.00	19,947.21	250,000.00	256,089.72	6,089.72	102.44%
Museum Programs	9,750.00	20,354.78	9,750.00	13,126.72	13,650.00	30,116.74	19,500.00	22,539.37	13,650.00	17,306.69	31,200.00	57,393.57	195,000.00	266,860.17	71,860.17	136.85%
Special Events/Benefits	3,600.00	16,025.00	27,000.00	19,023.00	3,600.00	10,065.00	22,200.00	19,446.00	600.00	2,000.00	-	8,430.00	60,000.00	84,789.00	24,789.00	141.32%
Membership	3,780.00	200.00	3,735.00	1,500.00	3,735.00	2,000.00	3,735.00	11,550.00	3,735.00	6,300.00	3,780.00	1,650.00	45,000.00	43,000.00	(2,000.00)	95.56%
Unrestricted	24,000.00	15,610.00	12,000.00	45,341.80	12,000.00	2,875.00	12,000.00	11,871.00	12,000.00	6,430.00	12,000.00	2,937.10	240,000.00	288,766.98	48,766.98	120.32%
Total Income	**113,216.00**	**86,502.18**	**166,521.00**	**145,303.23**	**142,071.00**	**183,571.32**	**142,321.00**	**270,696.97**	**112,813.00**	**110,897.47**	**141,808.00**	**248,404.44**	**1,608,000.00**	**1,885,758.86**	**277,758.86**	117.27%
Expenses:																
Personnel	71,680.00	66,359.59	71,680.00	76,643.54	71,680.00	71,148.67	77,056.00	70,783.26	77,056.00	101,383.02	80,640.00	86,241.45	896,000.00	918,889.46	22,889.46	102.55%
Miscellaneous Operating	22,400.00	6,688.71	24,000.00	13,656.20	11,200.00	30,483.65	11,200.00	7,126.50	11,200.00	5,120.98	11,200.00	6,644.71	160,000.00	114,158.62	(45,841.38)	71.35%
Property Rental	666.40	250.00	666.40	(250.00)	666.40	1,000.00	666.40	4,250.00	666.40	3,500.00	666.40	1,000.00	8,000.40	14,250.00	6,249.60	178.12%
Miscellaneous Expenses	175.00	77.62	525.00	-	525.00	-	175.00	9.63	175.00	207.29	175.00	21.87	3,500.00	706.81	(2,793.19)	20.19%
Temporary Exhibit Displays	500.00	73.51	20,000.00	300.00	500.00	-	500.00	1,702.10	500.00	15,284.86	1,000.00	3,632.60	50,000.00	40,957.27	(9,042.73)	81.91%
Permanent Exhibits/Panels	1,249.50	-	1,249.50	-	1,249.50	-	1,249.50	450.00	1,249.50	5,450.00	1,249.50	225.00	15,000.50	13,497.16	(1,503.34)	89.98%
Animal and Plant supplies	1,666.00	3,380.48	1,666.00	2,529.37	1,666.00	3,503.60	1,666.00	3,966.05	1,666.00	2,896.40	1,666.00	3,717.66	20,000.00	34,323.24	14,323.24	171.62%
Museum Store	8,700.00	5,355.47	14,500.00	8,214.29	10,150.00	17,554.04	14,500.00	20,013.86	13,050.00	12,013.36	13,050.00	8,524.42	145,000.00	146,746.10	1,746.10	101.20%
Museum Programs	3,500.00	5,853.02	3,500.00	10,410.85	4,900.00	3,819.49	7,000.00	16,385.74	4,900.00	6,621.45	11,200.00	21,946.69	70,000.00	98,819.10	28,819.10	141.17%
Special Events/Benefits	200.00	2,399.28	1,500.00	11,968.50	2,500.00	602.18	-	6,755.35	-	2,241.97	1,600.00	2,111.26	10,000.00	26,815.52	16,815.52	268.16%
Marketing	6,570.00	10,873.92	10,170.00	13,591.61	6,570.00	10,937.40	6,570.00	6,790.09	6,660.00	8,009.94	10,260.00	7,670.43	90,000.00	98,303.56	8,303.56	109.23%
Honey Horn	9,996.00	6,188.86	9,996.00	11,921.49	9,996.00	4,159.22	9,996.00	8,331.70	9,996.00	4,249.86	9,996.00	41,007.26	120,000.00	118,712.85	(1,287.15)	98.93%
Membership	208.25	-	208.25	-	208.25	154.00	208.25	-	208.25	-	208.25	476.00	2,499.75	4,232.67	1,732.92	169.32%
Unrestricted (Development)	666.40	-	666.40	74.90	666.40	-	666.40	-	666.40	1,489.72	666.40	-	8,000.40	10,225.04	2,224.64	127.81%
Restricted Grants	833.00	-	833.00	-	833.00	-	833.00	-	833.00	-	833.00	-	10,000.00	-	(10,000.00)	0.00%
Total Expenses	**129,010.55**	**107,500.46**	**161,160.55**	**149,060.75**	**123,310.55**	**143,362.25**	**132,286.55**	**146,564.28**	**128,826.55**	**168,468.85**	**144,410.55**	**183,219.35**	**1,608,001.05**	**1,640,637.40**	**32,636.35**	102.03%
Net Ordinary Income (Loss)	**(15,794.55)**	**(20,998.28)**	**5,360.45**	**(3,757.52)**	**18,760.45**	**40,209.07**	**10,034.45**	**124,132.69**	**(16,013.55)**	**(57,571.38)**	**(2,602.55)**	**65,185.09**	**(1.05)**	**245,121.46**	**245,122.51**	

	Budget January 2024	Actual January 2024	Budget February 2024	Actual February 2024	Budget March 2024	Actual March 2024	Budget April 2024	Actual April 2024	Budget May 2024	Actual May 2024	Budget June 2024	Actual June 2024	**Budget** FY2024	Actual FY2024	Ytd Variance	% of Budget
Other Income/Expense																
Income:																
Capital Campaign Income	-	-	-	2,157.00	-	-	-	300.00	-	-	-	-	-	2,457.00	2,457.00	0.00%
Int-Cap Camp	-	123.24	-	108.45	-	108.59	-	151.93	-	226.72	-	205.02	-	2,063.23	2,063.23	0.00%
Int-Sale of Bldg Proceeds	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
Dividend Income-Boys, Arnold & Co	-	3,722.45	-	3,950.63	-	7,756.80	-	4,174.91	-	4,308.16	-	7,795.04	-	66,112.81	66,112.81	0.00%
Unrealized Gains(Losses)-Boys, Arnold & Co	-	13,005.29	-	47,934.87	-	60,231.89	-	(42,727.20)	-	60,269.17	-	-	-	200,696.70	200,696.70	0.00%
Realized Gains(Losses)-Boys, Arnold & Co	-	-	-	-	-	-	-	-	-	-	-	14,398.11	-	17,016.43	17,016.43	0.00%
ATAX Grant-Hay Barn		320,218.19		-		-		-		-		-	-	1,027,613.55	1,027,613.55	0.00%
Maintenance Grant	-	-	-	-	-	-	-	-	-	-	-	-	-	15,611.35	15,611.35	0.00%
Total Other Income	**-**	**337,069.17**	**-**	**54,150.95**	**-**	**68,097.28**	**-**	**(38,100.36)**	**-**	**64,804.05**	**-**	**22,398.17**	**-**	**1,331,571.07**	**1,331,571.07**	
Expenses:																
Capital Campaign Expenses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
Professional Fees	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
Sale of Bldg Exps	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.00%
Expense transfer-Op Acct	-	-	-	-	-	-	-	-	-	-	-	-	-	2,424.80	2,424.80	0.00%
Transaction Costs/Mgmt Fees-Boys, Arnold & C	-	3,942.00	-	-	-	0.93	-	4,166.00	-	-	-	0.93	-	15,654.64	15,654.64	0.00%
ATAX-Honey Horn (Hay Barn)	-	-	-	-	-	-	-	-	-	-	-	-	-	581,798.91	581,798.91	0.00%
Infrastructure Grant Expenses	-	-	-	-	-	-	-	-	-	-	-	-	-	6,195.10	6,195.10	0.00%
Total Other Expenses	**-**	**3,942.00**	**-**	**-**	**-**	**0.93**	**-**	**4,166.00**	**-**	**-**	**-**	**0.93**	**-**	**606,073.45**	**606,073.45**	
Net Other Income/Expense	**-**	**333,127.17**	**-**	**54,150.95**	**-**	**68,096.35**	**-**	**(42,266.36)**	**-**	**64,804.05**	**-**	**22,397.24**	**-**	**725,497.62**	**725,497.62**	
Restricted Revenue-Donations																
Income:																
Donation-Butterfly Enclosure	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total Restricted Revenue-Donations	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	
Expenses:																
Butterfly Enclosure	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total Restricted Expenses-Donations	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	
Net Restricted Revenue-Donations/Restricted	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	
Net Income (Loss)	**(15,794.55)**	**312,128.89**	**5,360.45**	**50,393.43**	**18,760.45**	**108,305.42**	**10,034.45**	**81,866.33**	**(16,013.55)**	**7,232.67**	**(2,602.55)**	**87,582.33**	**(1.05)**	**970,619.08**	**970,620.13**	

Coastal Discovey Museum
Balance Sheet
As of June 30, 2024

	FY2023 June 30, 2023 Audited	FY2024 Unaudited
ASSETS		
Current Assets		
Cash - Operating		
Wells Fargo-Operating	366,608.61	519,898.05
Petty Cash	225.00	225.00
Coastal States Bank-Cash	203,406.70	205,465.36
Merrill Lynch-Cash	216,068.21	216,068.21
Sub-Total Cash - Operating	786,308.52	941,656.62
Other Current Assets		
Accounts Receivable	10,024.38	21,701.09
Prepaid Expenses	24,538.82	20,813.13
Grant Receivable-Unrestricted	579,276.91	579,276.91
Inventory	38,288.07	38,288.07
Total Current Assets	1,438,436.70	1,601,735.82
Non-Current Assets		
Cash - Board Reserve Fund		
TD Bank-Capital Campaign Checking	6,043.23	4,579.79
TD Bank-Capital Campaign Money Market	12,387.23	7,841.80
Sub-Total Cash - Board Reserve Fund	18,430.46	12,421.59
Investments		
Merrill Lynch-CD	513,029.84	548,062.51
Boys, Arnold & Co	1,911,032.52	2,179,207.46
Sub-Total Investments	2,424,062.36	2,727,269.97
Property and Equipment		
Improvement-Infrastructure	5,261,136.59	5,261,136.59
Computers	1,729.91	1,729.91
Equipment	254,096.57	254,096.57
Furniture	11,792.82	11,792.82
Exhibits	78,684.68	78,684.68
Discovery Lab	306,648.18	306,648.18
Construction in Progress	1,164,360.48	1,164,360.48
Acc Depr-Imprv Infrastructure	(2,084,354.44)	(2,084,354.44)
Acc Depr-Computers	(1,729.91)	(1,729.91)
Acc Depr Equipment	(223,425.70)	(223,425.70)
Acc Depr-Furniture	(11,792.82)	(11,792.82)
Acc Depr-Exhibits	(26,336.81)	(26,336.81)
Acc. Depr-Website	-	-
Sub-Total Property & Equipment, Net	4,730,809.55	4,730,809.55
Total Non-Current Assets	7,173,302.37	7,470,501.11
TOTAL ASSETS	**8,611,739.07**	**9,072,236.93**

Coastal Discovey Museum
Balance Sheet
As of June 30, 2024

	FY2023 June 30, 2023 Audited	FY2024 Unaudited
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable	(523,697.51)	(60,963.70)
Accrued Salary	(64,648.66)	(17,414.14)
Accrued Vacation	(58,097.57)	(58,097.57)
Due to SC Commission-Sales Taxes	(1,623.65)	(1,470.76)
Total Current Liabilities	(648,067.39)	(137,946.17)
Fund Balance		
Fund Balance	(1,207,980.24)	(1,207,980.24)
Fund Balance-Bldg	(25,688.00)	(25,688.00)
Fund Balance-Unreserved	(5,793,840.70)	(6,730,003.44)
Revenue Control	(2,540,309.54)	(3,217,329.93)
Expenditure Control	1,604,146.80	2,246,710.85
Total Fund Balance	(7,963,671.68)	(8,934,290.76)
TOTAL LIABILITIES & EQUITY	**(8,611,739.07)**	**(9,072,236.93)**

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: October 17, 2002

Person to Contact:
Kimberly Ann Mahan
Customer Service Specialist
Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
57-0801415

Coastal Discovery Museum
100 William Hilton Pkwy
Hilton Head, SC 29926-1208

Dear Sir or Madam:

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

Our records indicate that a determination letter issued in July 1986 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

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

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

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

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

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

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Coastal Discovery Museum
57-0801415

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

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of $20 a day for each day you do not make these documents available for public inspection (up to a maximum of $10,000 in the case of an annual return).

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

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

This letter affirms your organization's exempt status.

Sincerely,

John E. Ricketts

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

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

October 15, 2024

CONFIDENTIAL

Coastal Discovery Museum
70 Honey Horn Drive
Hilton Head Island, SC 29926

Dear Rex:

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

We will prepare your federal and state exempt organization returns from information which you will furnish to us. Please verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

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

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

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

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

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

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

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Carey & Company P.A.

Accepted By: _____

Date: _____

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

October 15, 2024

CONFIDENTIAL

Coastal Discovery Museum
70 Honey Horn Drive
Hilton Head Island, SC 29926

Dear Rex:

We have prepared the enclosed returns from information provided by you, which was audited through a financial statement audit of the Foundation's financial records.

Return of Organization Exempt From Income Tax (Form 990)

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

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

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

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

Sincerely,

Carey & Company P.A.

Form **990**

Two Year Comparison Report

For calendar year 2023, or tax year beginning **07/01/23** , ending **06/30/24**

2022 & 2023

Name

Coastal Discovery Museum

Taxpayer Identification Number

57-0801415

			2022	2023	Differences
Revenue	1. Contributions, gifts, grants	1.	367,910	390,559	22,649
	2. Membership dues and assessments	2.	24,850	43,000	18,150
	3. Government contributions and grants	3.	1,232,800	1,233,045	245
	4. Program service revenue	4.	308,683	366,263	57,580
	5. Investment income	5.	65,570	108,561	42,991
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.	29,967	45,826	15,859
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.	147,663	115,037	-32,626
	11. Other revenue	11.	116,073	141,774	25,701
	12. **Total revenue.** Add lines 1 through 11	12.	2,293,516	2,444,065	150,549
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	243,299	251,225	7,926
	16. Salaries, other compensation, and employee benefits	16.	601,923	788,182	186,259
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	29,124	27,235	-1,889
	19. Occupancy, rent, utilities, and maintenance	19.	177,958	231,559	53,601
	20. Depreciation and Depletion	20.	153,542	176,458	22,916
	21. Other expenses	21.	257,455	317,522	60,067
	22. **Total expenses.** Add lines 13 through 21	22.	1,463,301	1,792,181	328,880
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	830,215	651,884	-178,331
Other Information	24. Total exempt revenue	24.	2,293,516	2,444,065	150,549
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	637,989	731,635	93,646
	27. Total assets	27.	8,611,739	9,093,997	482,258
	28. Total liabilities	28.	648,069	263,602	-384,467
	29. Retained earnings	29.	7,963,670	8,830,395	866,725
	30. Number of voting members of governing body	30.	17	16	
	31. Number of independent voting members of governing body	31.	16	15	
	32. Number of employees	32.	13	23	
	33. Number of volunteers	33.	150	150	

Form **990**

Tax Return History

2023

Name

Coastal Discovery Museum

Employer Identification Number

57-0801415

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	1,044,018	1,111,937	1,321,737	1,600,710	1,623,604	
Membership dues	53,725	50,930	58,033	24,850	43,000	
Program service revenue	217,482	193,433	282,377	308,683	366,263	
Capital gain or loss	2,879					
Investment income	41,440	18,281	29,264	65,570	108,561	
Fundraising revenue (income/loss)	9,148	18,981	29,763	29,967	45,826	
Gaming revenue (income/loss)						
Other revenue	190,656	169,089	190,489	263,736	256,811	
Total revenue	1,559,348	1,562,651	1,911,663	2,293,516	2,444,065	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	227,754	208,951	234,820	243,299	251,225	
Other compensation	575,613	612,107	605,952	601,923	788,182	
Professional fees	21,765	31,849	25,603	29,124	27,235	
Occupancy costs	149,991	227,050	211,642	177,958	231,559	
Depreciation and depletion	160,313	159,252	157,020	153,542	176,458	
Other expenses	330,160	230,588	274,439	257,455	317,522	
Total expenses	1,465,596	1,469,797	1,509,476	1,463,301	1,792,181	
Excess or (Deficit)	93,752	92,854	402,187	830,215	651,884	
Total exempt revenue	1,559,348	1,562,651	1,911,663	2,293,516	2,444,065	
Total unrelated revenue						
Total excludable revenue	452,457	380,803	502,130	637,989	731,635	
Total Assets	6,451,285	6,960,433	7,166,489	8,611,739	9,093,997	
Total Liabilities	59,186	147,390	138,981	648,069	263,602	
Net Fund Balances	6,392,099	6,813,043	7,027,508	7,963,670	8,830,395	

Filing Instructions

Coastal Discovery Museum

Exempt Organization Tax Return

Taxable Year Ended June 30, 2024

Date Due: November 15, 2024

Remittance: None is required. Your Form 990 for the tax year ended 6/30/24 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

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

Important: **Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning 7/01, 2023, and ending 6/30, 20 24

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

OMB No. 1545-0047

2023

Name of filer

Coastal Discovery Museum

EIN or SSN

57-0801415

Name and title of officer or person subject to tax **Rex Garniewicz**
President and CEO

Part I Type of Return and Return Information

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

1a	**Form 990** check here	[X]	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b** 2,444,065
2a	**Form 990-EZ** check here	[ ]	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**
3a	**Form 1120-POL** check here	[ ]	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**
4a	**Form 990-PF** check here	[ ]	**b**	**Tax based on investment income** (Form 990-PF, Part V, line 5)	**4b**
5a	**Form 8868** check here	[ ]	**b**	**Balance due** (Form 8868, line 3c)	**5b**
6a	**Form 990-T** check here	[ ]	**b**	**Total tax** (Form 990-T, Part III, line 4)	**6b**
7a	**Form 4720** check here	[ ]	**b**	**Total tax** (Form 4720, Part III, line 1)	**7b**
8a	**Form 5227** check here	[ ]	**b**	**FMV of assets at end of tax year** (Form 5227, Item D)	**8b**
9a	**Form 5330** check here	[ ]	**b**	**Tax due** (Form 5330, Part II, line 19)	**9b**
10a	**Form 8038-CP** check here	[ ]	**b**	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**

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

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

PIN: check one box only

[X] I authorize **Carey & Company P.A.** to enter my PIN **12345** as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax _____ Date **10/15/24**

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. **57507812345**

Do not enter all zeros

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

ERO's signature **Patrick P. Carey, Jr., CPA** Date **10/15/24**

ERO Must Retain This Form — See Instructions

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

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 07/01/23 , and ending 06/30/24

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

C Name of organization
Coastal Discovery Museum

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
70 Honey Horn Drive

City or town, state or province, country, and ZIP or foreign postal code
Hilton Head Island SC 29926

D Employer identification number
57-0801415

E Telephone number
843-689-6767

G Gross receipts $ **2,614,688**

F Name and address of principal officer:
Rex Garniewicz
70 Honey Horn Drive
Hilton Head Island SC 29926

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

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

If "No," attach a list. See instructions

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

J Website: **coastaldiscovery.org**

H(c) Group exemption number

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

L Year of formation: **1985**

M State of legal domicile: **SC**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
To communicate to its members and to the general public the significance of the cultural and environmental heritage of the Lowcountry; to provide educational programming to residents of and visitors to Hilton Head, SC.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	23
6 Total number of volunteers (estimate if necessary)	6	150
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,625,560	1,666,604
9 Program service revenue (Part VIII, line 2g)	308,683	366,263
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	65,570	108,561
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	293,703	302,637
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,293,516	2,444,065
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	845,222	1,039,407
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) **170,370**		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	618,079	752,774
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,463,301	1,792,181
19 Revenue less expenses. Subtract line 18 from line 12	830,215	651,884

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	8,611,739	9,093,997
21 Total liabilities (Part X, line 26)	648,069	263,602
22 Net assets or fund balances. Subtract line 21 from line 20	7,963,670	8,830,395

Part II Signature Block

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

Sign Here

Signature of officer — Date

Rex Garniewicz **President and CEO**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Patrick P. Carey, Jr., CPA	Patrick P. Carey, Jr., CPA			P00033247

Firm's name **Carey & Company P.A.** Firm's EIN **57-0927046**

Firm's address **70 Main Street, Suite 100 Hilton Head Island, SC 29926** Phone no. **843-681-4430**

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2023)

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

To communicate to its members and to the general public the significance of the cultural and environmental heritage of the Lowcountry; to provide educational programming to residents of and visitors to Hilton Head, SC.

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

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

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

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

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

4a (Code:) (Expenses $ **1,238,460** including grants of $) (Revenue $)

To communicate to its members and to the general public the significance of the cultural and environmental heritage of the Lowcountry; to provide educational programming to residents of and visitors to Hilton Head Island, South Carolina.

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

N/A

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

N/A

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

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

4e Total program service expenses **1,238,460**

Part IV Checklist of Required Schedules

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

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**		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	X	
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**		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	**26**		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	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**		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	**28c**		X
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**		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	**33**		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		X
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**		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	**38**	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	**1a**	**36**		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	**1b**	**0**		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		X	

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**	**23**		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule 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).				
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**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		X
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		**13a**		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		**17**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
	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	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	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			X
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			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

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

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

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

Jennifer Stupica **70 Honey Horn**
Hilton Head **SC 29926** **843-689-6767**

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) **Diane Bartlett**	1.00									
Secretary	0.00	X		X				0	0	0
(2) **Dave Howitt**	1.00									
Chair	0.00	X		X				0	0	0
(3) **Margaret McManus**	1.00									
Vice Chair	0.00	X		X				0	0	0
(4) **Paul Stevens**	1.00									
Treasurer	0.00	X		X				0	0	0
(5) **Fred Manske, Jr.**	1.00									
Emeritus	0.00	X						0	0	0
(6) **Frederick Hack**	1.00									
Member	0.00	X						0	0	0
(7) **Dr. Roselle L. Wilson**	1.00									
Member	0.00	X						0	0	0
(8) **Lenore Gleason**	1.00									
Member	0.00	X						0	0	0
(9) **Lindsay Bunting**	1.00									
Member	0.00	X						0	0	0
(10) **Lesley Green**	1.00									
Member	0.00	X						0	0	0
(11) **Georgia West**	1.00									
Member	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Leslie Richardson										
(12)	1.00									
Member	0.00	X						0	0	0
(13) Burn Sears										
(13)	1.00									
Member	0.00	X						0	0	0
(14) Shirley Peterson										
(14)	1.00									
Member	0.00	X						0	0	0
(15) Lori Wellinghoff										
(15)	1.00									
Member	0.00	X						0	0	0
(16) Rex Garniewicz										
(16)	40.00									
President and CEO	0.00	X		X				226,314	0	24,911
(17)										
(18)										
(19)										
1b Subtotal								226,314		24,911
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								226,314		24,911

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

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

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

Part VIII **Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	43,000				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,233,045				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	390,559				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a–1f			1,666,604			
Program Service Revenue		Business Code					
	2a **Management fee**			102,432	102,432		
	b **Marine/dolphin history cruise**			68,860	68,860		
	c **Walks/tours**			53,768	53,768		
	d **Other Program Revenue**			52,521	52,521		
	e **Community programs-schools**			45,684	45,684		
	f All other program service revenue			42,998	42,998		
	g **Total.** Add lines 2a–2f			366,263			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			108,561	17,016		91,545
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a						
	b Less: rental expenses 6b						
	c Rental inc. or (loss) 6c						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a						
	b Less: cost or other basis and sales exps. 7b						
	c Gain or (loss) 7c						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	8a	72,641				
	b Less: direct expenses	8b	26,815				
	c Net income or (loss) from fundraising events			45,826			
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a	258,845				
	b Less: cost of goods sold	10b	143,808				
	c Net income or (loss) from sales of inventory			115,037	115,037		
Miscellaneous Revenue		Business Code					
	11a **Weddings**		531390	86,775	86,775		
	b **Private receptions**		531390	54,105	54,105		
	c **Book royalties**		531390	496	496		
	d All other revenue			398	398		
	e **Total.** Add lines 11a–11d			141,774			
	12 **Total revenue.** See instructions			2,444,065	640,090	0	91,545

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	251,225	150,735	62,807	37,683
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	582,168	349,301	145,542	87,325
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	68,277	40,966	17,069	10,242
9 Other employee benefits	83,469	50,081	20,867	12,521
10 Payroll taxes	54,268	32,561	13,567	8,140
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	11,581	1,158	10,423	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	15,654	1,565	14,089	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	63,149	63,149		
13 Office expenses	35,990	17,126	14,631	4,233
14 Information technology				
15 Royalties				
16 Occupancy	231,559	231,559		
17 Travel	4,642	3,250	1,392	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	176,458	123,520	52,938	
23 Insurance	45,068	31,548	13,520	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Other Program services	98,819	98,819		
b Miscellaneous	34,288	26,353	7,935	
c Bank and Credit Card fees	16,327	9,746	6,581	
d Fundraising expense	10,226			10,226
e All other expenses	9,013	7,023	1,990	
25 Total functional expenses. Add lines 1 through 24e	1,792,181	1,238,460	383,351	170,370
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	786,309	1	921,256
	2	Savings and temporary cash investments	18,430	2	12,422
	3	Pledges and grants receivable, net	579,277	3	191,478
	4	Accounts receivable, net	10,024	4	21,246
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	38,288	8	42,961
	9	Prepaid expenses and deferred charges	24,539	9	20,813
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 7,660,248			
	b	Less: accumulated depreciation — 10b: 2,524,098	4,730,810	10c	5,136,150
	11	Investments—publicly traded securities	2,424,062	11	2,747,671
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	8,611,739	16	9,093,997
Liabilities	17	Accounts payable and accrued expenses	525,322	17	67,572
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	122,747	25	196,030
	26	**Total liabilities.** Add lines 17 through 25	648,069	26	263,602
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	7,639,230	27	8,511,694
	28	Net assets with donor restrictions	324,440	28	318,701
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	7,963,670	32	8,830,395
	33	Total liabilities and net assets/fund balances	8,611,739	33	9,093,997

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,444,065
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,792,181
3	Revenue less expenses. Subtract line 2 from line 1	3	651,884
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,963,670
5	Net unrealized gains (losses) on investments	5	214,841
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,830,395

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

Coastal Discovery Museum

Employer identification number

57-0801415

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....

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

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

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....

10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

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

Section B. Total Support

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

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

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

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

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

16a **33 1/3% support test — 2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test — 2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test — 2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test — 2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,097,743	1,162,867	1,295,032	1,573,092	1,564,256	6,692,990
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	525,343	349,231	357,961	342,664	258,845	1,834,044
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	1,623,086	1,512,098	1,652,993	1,915,756	1,823,101	8,527,034
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	134,350	178,164	46,250	87,200	105,200	551,164
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	58,358	59,605	58,177	72,962	83,286	332,388
c Add lines 7a and 7b	192,708	237,769	104,427	160,162	188,486	883,552
8 **Public support.** (Subtract line 7c from line 6.)						7,643,482

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	1,623,086	1,512,098	1,652,993	1,915,756	1,823,101	8,527,034
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	41,105	27,391	29,264	65,570	91,545	254,875
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	41,105	27,391	29,264	65,570	91,545	254,875
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	1,664,191	1,539,489	1,682,257	1,981,326	1,914,646	8,781,909

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	87.04 %
16	Public support percentage from 2022 Schedule A, Part III, line 15	16	88.43 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	3 %
18	Investment income percentage from **2022** Schedule A, Part III, line 17	18	2 %

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

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

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

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

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

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

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

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

Section D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in Part VI*)	5	
6	Other distributions (*describe in Part VI*). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in Part VI*). See instructions.	8	
9	Distributable amount for 2022 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

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

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

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

Coastal Discovery Museum

Employer identification number

57-0801415

Organization type (check one):

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

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

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33$^{1}/_{3}$% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . $ . . . . . .

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization
Coastal Discovery Museum

Employer identification number
57-0801415

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Community Foundation of Lowcountry 4 Northridge Drive, Suite A Hilton Head Island SC 29925	$ 40,035	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

Coastal Discovery Museum

Employer identification number

57-0801415

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

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

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

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X $

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

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

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

Part V Endowment Funds

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

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

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

- **a** Board designated or quasi-endowment ____ %
- **b** Permanent endowment ____ %
- **c** Term endowment ____ %

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

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		7,660,248	2,524,098	5,136,150
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				5,136,150

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 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)		
Total. *(Column (b) must equal Form 990, Part X, line 13, col. (B))*		

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) **Accrued vacation and salary**	**196,030**
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	**196,030**

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	2,829,529
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	214,841		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	170,623		
e	Add lines **2a** through **2d**			2e	385,464
3	Subtract line **2e** from line **1**			3	2,444,065
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	2,444,065

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

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

1	Total expenses and losses per audited financial statements			1	1,962,804
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	170,623		
e	Add lines **2a** through **2d**			2e	170,623
3	Subtract line **2e** from line **1**			3	1,792,181
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	1,792,181

Part XIII Supplemental Information

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

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Fundraising activity expense	$	26,815
Cost of goods sold	$	143,808

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Fundraising activities expense	$	26,815
Cost of goods sold	$	143,808

Part XIII Supplemental Information *(continued)*

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

2023

Open to Public Inspection

Name of the organization

Coastal Discovery Museum

Employer identification number

57-0801415

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Art Market (event type)	Cocktails and C (event type)	None (total number)	
Revenue	1 Gross receipts	49,366	23,275		72,641
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	49,366	23,275		72,641
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	11,251	15,564		26,815
	10 Direct expense summary. Add lines 4 through 9 in column (d)				26,815
	11 Net income summary. Subtract line 10 from line 3, column (d)				45,826

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

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

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

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

b If "No," explain:

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

b If "Yes," explain:

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

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

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

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

Name

Address

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

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

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

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

Part IV Supplemental Information.

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

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization
Coastal Discovery Museum

Employer identification number
57-0801415

Part I Questions Regarding Compensation

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

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)–(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1	**Rex Garniewicz** **President and CEO**	(i)	226,314	0	0	0	24,911	251,225	0
		(ii)	0	0	0	0	0	0	0
2		(i)							
		(ii)							
3		(i)							
		(ii)							
4		(i)							
		(ii)							
5		(i)							
		(ii)							
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part III - Other Additional Information

Compensation is determined by the Board based on overall performance.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
Coastal Discovery Museum

Employer identification number
57-0801415

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The tax return is discussed at a Board meeting and made available to all Board Members.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The Board and the President/CEO monitor the conflict of interest policy.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Board Compensation Committee approves the executive compensation.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The documents are available upon request.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Fundraising activity expense	**$**	**26,815**
Cost of goods sold	**$**	**143,808**
Fundraising activities expense	**$**	**-26,815**
Cost of goods sold	**$**	**-143,808**
Round	**$**	**0**

Form **4562**

Department of the Treasury
Internal Revenue Service

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

Attachment Sequence No. **179**

Name(s) shown on return: **Coastal Discovery Museum**

Identifying number: 57-0801415

Business or activity to which this form relates: **Museum Store**

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,160,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See 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 2024. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	171,067

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	5,391
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

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

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

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	176,458
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	

Form **990**

Event Income and Deduction Worksheet

Description **Museum Store**

2023

Name
Coastal Discovery Museum

Taxpayer Identification Number
57-0801415

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

Income & Expense Summary:

1. Gross receipts or sales	**1.**	**258,845**
2. Advertising income	**2.**	
3. Circulation income	**3.**	
4. Other income	**4.**	
5. Returns and allowances	**5.**	
6. Contributions received	**6.**	
7. Total revenue. Add lines 1 through 6	**7.**	**258,845**
8. Cost of Goods Sold	**8.**	**143,808**
9. Employment Expense	**9.**	
10. Fees for services	**10.**	
11. Indirect Expense	**11.**	
12. Depreciation Expense	**12.**	**176,458**
13. Exempt Activity Expense	**13.**	
14. Fundraising Expense	**14.**	
15. Total expenses. Add lines 8 through 14	**15.**	**320,266**
16. Net Income/Loss. Line 7 minus Line 15	**16.**	**-61,421**

Expense Details - Cost of Goods Sold:

Beginning inventory	**38,288**
Purchases	**148,481**
Labor	
Section 263A costs	
Other costs	
Ending inventory	**42,961**
Total Cost of Goods Sold	**143,808**

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

- ☐ Part V, Debt Financing
- ☐ Part VI, Controlled Org Income
- ☐ Part VII, Investments for C(7)(9)(17)
- ☐ Part VIII, Exploited Activities
- ☐ Part IX, Advertising Income

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	**176,458**
Amortization	
Depletion	
Total Depreciation Expense	**176,458**

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	**176,458**

Form **990**

Event Income and Deduction Worksheet

Description **Art Market**

2023

Name
Coastal Discovery Museum

Taxpayer Identification Number
57-0801415

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

Income & Expense Summary:

1. Gross receipts or sales	**1.**	**49,366**
2. Advertising income	**2.**	
3. Circulation income	**3.**	
4. Other income	**4.**	
5. Returns and allowances	**5.**	
6. Contributions received	**6.**	
7. Total revenue. Add lines 1 through 6	**7.**	**49,366**
8. Cost of Goods Sold	**8.**	**11,251**
9. Employment Expense	**9.**	
10. Fees for services	**10.**	
11. Indirect Expense	**11.**	
12. Depreciation Expense	**12.**	
13. Exempt Activity Expense	**13.**	
14. Fundraising Expense	**14.**	
15. Total expenses. Add lines 8 through 14	**15.**	**11,251**
16. Net Income/Loss. Line 7 minus Line 15	**16.**	**38,115**

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	**11,251**
Ending inventory	
Total Cost of Goods Sold	**11,251**

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

- ☐ Part V, Debt Financing
- ☐ Part VI, Controlled Org Income
- ☐ Part VII, Investments for C(7)(9)(17)
- ☐ Part VIII, Exploited Activities
- ☐ Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form **990**

Event Income and Deduction Worksheet

Description **Cocktails and Camellias**

2023

Name
Coastal Discovery Museum

Taxpayer Identification Number
57-0801415

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

Income & Expense Summary:

1. Gross receipts or sales	**1.**	**23,275**
2. Advertising income	**2.**	
3. Circulation income	**3.**	
4. Other income	**4.**	
5. Returns and allowances	**5.**	
6. Contributions received	**6.**	
7. Total revenue. Add lines 1 through 6	**7.**	**23,275**
8. Cost of Goods Sold	**8.**	**15,564**
9. Employment Expense	**9.**	
10. Fees for services	**10.**	
11. Indirect Expense	**11.**	
12. Depreciation Expense	**12.**	
13. Exempt Activity Expense	**13.**	
14. Fundraising Expense	**14.**	
15. Total expenses. Add lines 8 through 14	**15.**	**15,564**
16. Net Income/Loss. Line 7 minus Line 15	**16.**	**7,711**

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	**15,564**
Ending inventory	
Total Cost of Goods Sold	**15,564**

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

- ☐ Part V, Debt Financing
- ☐ Part VI, Controlled Org Income
- ☐ Part VII, Investments for C(7)(9)(17)
- ☐ Part VIII, Exploited Activities
- ☐ Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
Interest income	$ 23,369		14			
Interest - cap campaign	2,063		14			
Total	$ 25,432					

Taxable Dividends from Securities

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
Dividend income	$ 66,113		14			
Total	$ 66,113					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Supplies	$ 9,013	$ 7,023	$ 1,990	$
Total	$ 9,013	$ 7,023	$ 1,990	$ 0

Federal Statements

Schedule A, Part III, Line 7a - Support from Disqualified Persons

Donor Name	2019	2020	2021	2022	2023
	$ 134,350	$ 178,164	$ 46,250	$ 87,200	$ 105,200
Total	$ 134,350	$ 178,164	$ 46,250	$ 87,200	$ 105,200

Federal Statements

Schedule A, Part III, Line 7b - Excess Gross Receipts

Donor Name	Total	Excess
Town of Hilton Head	$	$
2023	102,432	83,286
2022	92,775	72,962
2021	75,000	58,177
2020	75,000	59,605
2019	75,000	58,358
Total	$ 420,207	$ 332,388

Art Market

Other Direct Fundraising or Gaming Expenses

Description	Amount
Fundraising	$
Total	$ 0

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

October 11, 2023

CONFIDENTIAL

Coastal Discovery Museum
70 Honey Horn Drive
Hilton Head Island, SC 29926

Dear Rex:

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

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

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

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

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

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

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

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

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Carey & Company P.A.

Accepted By: _____

Date: _____

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

October 11, 2023

CONFIDENTIAL

Coastal Discovery Museum
70 Honey Horn Drive
Hilton Head Island, SC 29926

Dear Rex:

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

Return of Organization Exempt From Income Tax (Form 990)

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

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

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

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

Sincerely,

Carey & Company P.A.

Form **990**

Two Year Comparison Report

For calendar year 2022, or tax year beginning **07/01/22** , ending **06/30/23**

2021 & 2022

Name

Coastal Discovery Museum

Taxpayer Identification Number

57-0801415

			2021	2022	Differences
Revenue	1. Contributions, gifts, grants	1.	363,797	367,910	4,113
	2. Membership dues and assessments	2.	58,033	24,850	-33,183
	3. Government contributions and grants	3.	957,940	1,232,800	274,860
	4. Program service revenue	4.	282,377	308,683	26,306
	5. Investment income	5.	29,264	65,570	36,306
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.	29,763	29,967	204
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.	65,458	147,663	82,205
	11. Other revenue	11.	125,031	116,073	-8,958
	12. **Total revenue.** Add lines 1 through 11	12.	1,911,663	2,293,516	381,853
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	234,820	243,299	8,479
	16. Salaries, other compensation, and employee benefits	16.	605,952	601,923	-4,029
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	25,603	29,124	3,521
	19. Occupancy, rent, utilities, and maintenance	19.	211,642	177,958	-33,684
	20. Depreciation and Depletion	20.	157,020	153,542	-3,478
	21. Other expenses	21.	274,439	257,455	-16,984
	22. **Total expenses.** Add lines 13 through 21	22.	1,509,476	1,463,301	-46,175
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	402,187	830,215	428,028
Other Information	24. Total exempt revenue	24.	1,911,663	2,293,516	381,853
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	502,130	637,989	135,859
	27. Total assets	27.	7,166,489	8,611,739	1,445,250
	28. Total liabilities	28.	138,981	648,069	509,088
	29. Retained earnings	29.	7,027,508	7,963,670	936,162
	30. Number of voting members of governing body	30.	13	17	
	31. Number of independent voting members of governing body	31.	12	16	
	32. Number of employees	32.	18	13	
	33. Number of volunteers	33.	150	150	

Form **990**

Tax Return History

2022

Name

Coastal Discovery Museum

Employer Identification Number

57-0801415

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	893,988	1,044,018	1,111,937	1,321,737	1,600,710	
Membership dues	54,600	53,725	50,930	58,033	24,850	
Program service revenue	304,389	217,482	193,433	282,377	308,683	
Capital gain or loss	20,522	2,879				
Investment income	43,647	41,440	18,281	29,264	65,570	
Fundraising revenue (income/loss)	27,690	9,148	18,981	29,763	29,967	
Gaming revenue (income/loss)						
Other revenue	296,882	190,656	169,089	190,489	263,736	
Total revenue	1,641,718	1,559,348	1,562,651	1,911,663	2,293,516	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	221,515	227,754	208,951	234,820	243,299	
Other compensation	574,165	575,613	612,107	605,952	601,923	
Professional fees	27,933	21,765	31,849	25,603	29,124	
Occupancy costs	220,120	149,991	227,050	211,642	177,958	
Depreciation and depletion	180,838	160,313	159,252	157,020	153,542	
Other expenses	349,943	330,160	230,588	274,439	257,455	
Total expenses	1,574,514	1,465,596	1,469,797	1,509,476	1,463,301	
Excess or (Deficit)	67,204	93,752	92,854	402,187	830,215	
Total exempt revenue	1,641,718	1,559,348	1,562,651	1,911,663	2,293,516	
Total unrelated revenue						
Total excludable revenue	665,440	452,457	380,803	502,130	637,989	
Total Assets	6,404,805	6,451,285	6,960,433	7,166,489	8,611,739	
Total Liabilities	72,443	59,186	147,390	138,981	648,069	
Net Fund Balances	6,332,362	6,392,099	6,813,043	7,027,508	7,963,670	

Filing Instructions

Coastal Discovery Museum

Exempt Organization Tax Return

Taxable Year Ended June 30, 2023

Date Due: November 15, 2023

Remittance: None is required. Your Form 990 for the tax year ended 6/30/23 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

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

Important: **Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2022, or fiscal year beginning 7/01, 2022, and ending 6/30, 20 23

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

OMB No. 1545-0047

2022

Name of filer

Coastal Discovery Museum

EIN or SSN

57-0801415

Name and title of officer or person subject to tax **Rex Garniewicz**
President and CEO

Part I Type of Return and Return Information

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

1a	**Form 990** check here	X	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b** 2,293,516
2a	**Form 990-EZ** check here		**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**
3a	**Form 1120-POL** check here		**b**	**Total tax** (Form 1120-POL, line 22)	**3b**
4a	**Form 990-PF** check here		**b**	**Tax based on investment income** (Form 990-PF, Part V, line 5)	**4b**
5a	**Form 8868** check here		**b**	**Balance due** (Form 8868, line 3c)	**5b**
6a	**Form 990-T** check here		**b**	**Total tax** (Form 990-T, Part III, line 4)	**6b**
7a	**Form 4720** check here		**b**	**Total tax** (Form 4720, Part III, line 1)	**7b**
8a	**Form 5227** check here		**b**	**FMV of assets at end of tax year** (Form 5227, Item D)	**8b**
9a	**Form 5330** check here		**b**	**Tax due** (Form 5330, Part II, line 19)	**9b**
10a	**Form 8038-CP** check here		**b**	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**

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

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

PIN: check one box only

[X] I authorize **Carey & Company P.A.** to enter my PIN **12345** as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax _____ Date _____

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. **57507812345**

Do not enter all zeros

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

ERO's signature **Patrick P. Carey, Jr., CPA** Date _____

ERO Must Retain This Form — See Instructions

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

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 07/01/22 , and ending 06/30/23

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

C Name of organization
Coastal Discovery Museum

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
70 Honey Horn Drive

City or town, state or province, country, and ZIP or foreign postal code
Hilton Head Island SC 29926

D Employer identification number
57-0801415

E Telephone number
843-689-6767

G Gross receipts $ **2,434,363**

F Name and address of principal officer:
Rex Garniewicz
70 Honey Horn Drive
Hilton Head Island SC 29926

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

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

If "No," attach a list. See instructions

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

J Website: **coastaldiscovery.org**

H(c) Group exemption number

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

L Year of formation: **1985**

M State of legal domicile: **SC**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
To communicate to its members and to the general public the significance of the cultural and environmental heritage of the Lowcountry; to provide educational programming to residents of and visitors to Hilton Head, SC.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	13
6 Total number of volunteers (estimate if necessary)	6	150
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,379,770	1,625,560
9 Program service revenue (Part VIII, line 2g)	282,377	308,683
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29,264	65,570
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	220,252	293,703
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,911,663	2,293,516
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	840,772	845,222
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) **136,232**		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	668,704	618,079
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,509,476	1,463,301
19 Revenue less expenses. Subtract line 18 from line 12	402,187	830,215

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	7,166,489	8,611,739
21 Total liabilities (Part X, line 26)	138,981	648,069
22 Net assets or fund balances. Subtract line 21 from line 20	7,027,508	7,963,670

Part II Signature Block

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

Sign Here

Signature of officer — Date

Rex Garniewicz **President and CEO**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Patrick P. Carey, Jr., CPA	Patrick P. Carey, Jr., CPA			P00033247

Firm's name **Carey & Company P.A.** Firm's EIN **57-0927046**

Firm's address **70 Main Street, Suite 100 Hilton Head Island, SC 29926** Phone no. **843-681-4430**

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

To communicate to its members and to the general public the significance of the cultural and environmental heritage of the Lowcountry; to provide educational programming to residents of and visitors to Hilton Head, SC.

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

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

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

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

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

4a (Code:) (Expenses $ **1,000,059** including grants of $) (Revenue $ **308,683**)

To communicate to its members and to the general public the significance of the cultural and environmental heritage of the Lowcountry; to provide educational programming to residents of and visitors to Hilton Head Island, South Carolina.

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

N/A

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

N/A

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

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

4e Total program service expenses **1,000,059**

Part IV Checklist of Required Schedules

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

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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	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		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	29		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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**	**13**		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**		X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule 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).				
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**			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			X
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	**13a**			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	**15**			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**			X
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	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			X
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			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

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

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

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

Jennifer Stupica **70 Honey Horn**
Hilton Head **SC 29926** **843-689-6767**

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) **Diane Bartlett**	1.00									
Secretary	0.00	X		X				0	0	0
(2) **Fred Manske, Jr.**	1.00									
Vice Chair	0.00	X		X				0	0	0
(3) **Dave Howitt**	1.00									
Chair	0.00	X		X				0	0	0
(4) **Frederick Hack**	1.00									
Member	0.00	X						0	0	0
(5) **Albert George**	1.00									
Member	0.00	X						0	0	0
(6) **Margaret McManus**	1.00									
Member	0.00	X						0	0	0
(7) **Luana Graves Sellars**	1.00									
Member	0.00	X						0	0	0
(8) **Dr. Roselle L. Wilson**	1.00									
Member	0.00	X						0	0	0
(9) **John Batson**	1.00									
Member	0.00	X						0	0	0
(10) **Lenore Gleason**	1.00									
Member	0.00	X						0	0	0
(11) **Lindsay Bunting**	1.00									
Member	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Porter Morgan	1.00									
Member	0.00	X						0	0	0
(13) Russell Fredericks	1.00									
Member	0.00	X						0	0	0
(14) Lesley Green	1.00									
Member	0.00	X						0	0	0
(15) Paul Stevens	1.00									
Treasurer	0.00	X		X				0	0	0
(16) Georgia West	1.00									
Member	0.00	X						0	0	0
(17) Rex Garniewicz	40.00									
President and CEO	0.00	X		X				220,291	0	23,008
1b Subtotal								220,291		23,008
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								220,291		23,008

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

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

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

Part VIII **Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	24,850				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,232,800				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	367,910				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a–1f			1,625,560			
Program Service Revenue			Business Code				
	2a **Management fee**			92,775	92,775		
	b **Walks/tours**			58,180	58,180		
	c **Community programs-schools**			45,849	45,849		
	d **Marine/dolphin history cruise**			36,959	36,959		
	e **Other Program Revenue**			34,404	34,404		
	f All other program service revenue			40,516	40,516		
	g **Total.** Add lines 2a–2f			308,683			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			65,570			65,570
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	8a	41,542				
	b Less: direct expenses	8b	11,575				
	c Net income or (loss) from fundraising events			29,967			
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a	276,935				
	b Less: cost of goods sold	10b	129,272				
	c Net income or (loss) from sales of inventory			147,663	147,663		
Miscellaneous Revenue			Business Code				
	11a **Weddings**		531390	80,550	80,550		
	b **Private receptions**		531390	34,575	34,575		
	c **Book royalties**		531390	495	495		
	d All other revenue			453	453		
	e **Total.** Add lines 11a–11d			116,073			
	12 **Total revenue.** See instructions			2,293,516	572,419	0	65,570

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	243,299	145,980	60,825	36,494
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	436,872	262,123	109,218	65,531
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	69,807	41,884	17,452	10,471
9 Other employee benefits	49,236	29,540	12,310	7,386
10 Payroll taxes	46,008	27,605	11,502	6,901
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	14,852	1,485	13,367	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	14,272	1,427	12,845	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	26,698	26,698		
13 Office expenses	32,901	15,908	14,231	2,762
14 Information technology				
15 Royalties				
16 Occupancy	177,958	177,958		
17 Travel	3,787	2,651	1,136	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	153,542	107,479	46,063	
23 Insurance	42,406	29,684	12,722	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Other Program services	77,380	77,380		
b Miscellaneous	44,537	37,463	7,074	
c Bank and Credit Card fees	16,204	9,397	6,807	
d Supplies	6,855	5,397	1,458	
e All other expenses	6,687			6,687
25 Total functional expenses. Add lines 1 through 24e	1,463,301	1,000,059	327,010	136,232
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	785,721	1	786,309
	2	Savings and temporary cash investments	41,804	2	18,430
	3	Pledges and grants receivable, net	248,642	3	579,277
	4	Accounts receivable, net	7,583	4	10,024
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	9,385	8	38,288
	9	Prepaid expenses and deferred charges	29,047	9	24,539
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 7,078,451			
	b	Less: accumulated depreciation — 10b: 2,347,641	4,068,652	10c	4,730,810
	11	Investments—publicly traded securities	1,975,655	11	2,424,062
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	7,166,489	16	8,611,739
Liabilities	17	Accounts payable and accrued expenses	23,030	17	525,322
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	115,951	25	122,747
	26	**Total liabilities.** Add lines 17 through 25	138,981	26	648,069
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	6,483,793	27	7,639,230
	28	Net assets with donor restrictions	543,715	28	324,440
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	7,027,508	32	7,963,670
	33	Total liabilities and net assets/fund balances	7,166,489	33	8,611,739

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,293,516
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,463,301
3	Revenue less expenses. Subtract line 2 from line 1	3	830,215
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,027,508
5	Net unrealized gains (losses) on investments	5	105,947
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,963,670

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ..... [ ]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
Coastal Discovery Museum

Employer identification number
57-0801415

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....

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

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

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....

10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

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

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

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

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

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

16a **33 1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	948,588	1,097,743	1,162,867	1,295,032	1,573,092	6,077,322
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	775,799	525,343	349,231	357,961	342,664	2,350,998
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	1,724,387	1,623,086	1,512,098	1,652,993	1,915,756	8,428,320
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	40,050	134,350	178,164	46,250	87,200	486,014
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	57,324	58,358	59,605	58,177	72,962	306,426
c Add lines 7a and 7b	97,374	192,708	237,769	104,427	160,162	792,440
8 **Public support.** (Subtract line 7c from line 6.)						7,635,880

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	1,724,387	1,623,086	1,512,098	1,652,993	1,915,756	8,428,320
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	43,216	41,105	27,391	29,264	65,570	206,546
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	43,216	41,105	27,391	29,264	65,570	206,546
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	1,767,603	1,664,191	1,539,489	1,682,257	1,981,326	8,634,866

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	88.43 %
16	Public support percentage from 2021 Schedule A, Part III, line 15	16	89.23 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2022** (line 10c, column (f), divided by line 13, column (f))	17	2 %
18	Investment income percentage from **2021** Schedule A, Part III, line 17	18	2 %

19a **33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

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

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

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

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

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

Section D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in Part VI*)	5	
6	Other distributions (*describe in Part VI*). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in Part VI*). See instructions.	8	
9	Distributable amount for 2022 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

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

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

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

Coastal Discovery Museum

Employer identification number

57-0801415

Organization type (check one):

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

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

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33$^{1}/_{3}$% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . $ . . . . . .

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization
Coastal Discovery Museum

Employer identification number
57-0801415

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Community Foundation of Lowcountry 4 Northridge Drive, Suite A Hilton Head Island SC 29925	$ 47,800	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	Bargain Box 546 William Hilton Pakway Hilton Head island SC 29928	$ 35,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	The Heritage Classic Foundation 71 Lighthouse Road Hilton Head Island SC 29928	$ 62,890	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	Walter S Schymik Revocable Trust N 7759 State Park Road Sherwood WI 54169	$ 60,293	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Coastal Discovery Museum

Employer identification number

57-0801415

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X $

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

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

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

Part V Endowment Funds.

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

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

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

- **a** Board designated or quasi-endowment ____ %
- **b** Permanent endowment ____ %
- **c** Term endowment ____ %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		7,078,451	2,347,641	4,730,810
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)*				4,730,810

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)*		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) **Accrued vacation and salary**	**122,747**
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)*	**122,747**

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	2,540,310
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	105,947		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	140,847		
e	Add lines **2a** through **2d**			2e	246,794
3	Subtract line **2e** from line **1**			3	2,293,516
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	2,293,516

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

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

1	Total expenses and losses per audited financial statements			1	1,604,148
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	140,847		
e	Add lines **2a** through **2d**			2e	140,847
3	Subtract line **2e** from line **1**			3	1,463,301
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	1,463,301

Part XIII Supplemental Information.

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

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Fundraising activity expense	**$ 11,575**
Cost of goods sold	**$ 129,272**

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Fundraising activities expense	**$ 11,575**
Cost of goods sold	**$ 129,272**

Part XIII Supplemental Information *(continued)*

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Coastal Discovery Museum

Employer identification number

57-0801415

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Art Market (event type)	(event type)	None (total number)	
Revenue	1 Gross receipts	41,542			41,542
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	41,542			41,542
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	11,575			11,575
	10 Direct expense summary. Add lines 4 through 9 in column (d)				11,575
	11 Net income summary. Subtract line 10 from line 3, column (d)				29,967

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

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

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

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

b If "No," explain:

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

b If "Yes," explain:

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

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

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

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

Name

Address

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

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

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

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

Part IV Supplemental Information.

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

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Coastal Discovery Museum

Employer identification number

57-0801415

Part I Questions Regarding Compensation

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

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)–(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1	**Rex Garniewicz** **President and CEO**	(i)	220,291	0	0	23,008	0	243,299	0
		(ii)	0	0	0	0	0	0	0
2		(i)							
		(ii)							
3		(i)							
		(ii)							
4		(i)							
		(ii)							
5		(i)							
		(ii)							
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part III - Other Additional Information

Compensation is determined by the Board based on overall performance.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
Coastal Discovery Museum

Employer identification number
57-0801415

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The tax return is discussed at a Board meeting and made available to all Board Members.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The Board and the President/CEO monitor the conflict of interest policy.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Board Compensation Committee approves the executive compensation.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The documents are available upon request.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Fundraising activity expense	**$**	**11,575**
Cost of goods sold	**$**	**129,272**
Fundraising activities expense	**$**	**-11,575**
Cost of goods sold	**$**	**-129,272**
Round	**$**	**0**

Form **4562**

Department of the Treasury
Internal Revenue Service

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

2022

Attachment Sequence No. **179**

Name(s) shown on return: **Coastal Discovery Museum**

Identifying number: 57-0801415

Business or activity to which this form relates: **Museum Store**

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	148,151

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	5,391
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

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

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

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	153,542
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	

Form **990**

Event Income and Deduction Worksheet

Description **Museum Store**

2022

Name
Coastal Discovery Museum

Taxpayer Identification Number
57-0801415

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

Income & Expense Summary:

1. Gross receipts or sales	**1.**	**276,935**
2. Advertising income	**2.**	
3. Circulation income	**3.**	
4. Other income	**4.**	
5. Returns and allowances	**5.**	
6. Contributions received	**6.**	
7. Total revenue. Add lines 1 through 6	**7.**	**276,935**
8. Cost of Goods Sold	**8.**	**129,272**
9. Employment Expense	**9.**	
10. Fees for services	**10.**	
11. Indirect Expense	**11.**	
12. Depreciation Expense	**12.**	**153,542**
13. Exempt Activity Expense	**13.**	
14. Fundraising Expense	**14.**	
15. Total expenses. Add lines 8 through 14	**15.**	**282,814**
16. Net Income/Loss. Line 7 minus Line 15	**16.**	**-5,879**

Expense Details - Cost of Goods Sold:

Beginning inventory	**9,385**
Purchases	**158,175**
Labor	
Section 263A costs	
Other costs	
Ending inventory	**38,288**
Total Cost of Goods Sold	**129,272**

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

- ☐ Part V, Debt Financing
- ☐ Part VI, Controlled Org Income
- ☐ Part VII, Investments for C(7)(9)(17)
- ☐ Part VIII, Exploited Activities
- ☐ Part IX, Advertising Income

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	**153,542**
Amortization	
Depletion	
Total Depreciation Expense	**153,542**

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	**153,542**

Form **990**

Event Income and Deduction Worksheet

Description **Art Market**

2022

Name
Coastal Discovery Museum

Taxpayer Identification Number
57-0801415

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

Income & Expense Summary:

1. Gross receipts or sales	**1.**	**41,542**
2. Advertising income	**2.**	
3. Circulation income	**3.**	
4. Other income	**4.**	
5. Returns and allowances	**5.**	
6. Contributions received	**6.**	
7. Total revenue. Add lines 1 through 6	**7.**	**41,542**
8. Cost of Goods Sold	**8.**	**11,575**
9. Employment Expense	**9.**	
10. Fees for services	**10.**	
11. Indirect Expense	**11.**	
12. Depreciation Expense	**12.**	
13. Exempt Activity Expense	**13.**	
14. Fundraising Expense	**14.**	
15. Total expenses. Add lines 8 through 14	**15.**	**11,575**
16. Net Income/Loss. Line 7 minus Line 15	**16.**	**29,967**

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	**11,575**
Ending inventory	
Total Cost of Goods Sold	**11,575**

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

- ☐ Part V, Debt Financing
- ☐ Part VI, Controlled Org Income
- ☐ Part VII, Investments for C(7)(9)(17)
- ☐ Part VIII, Exploited Activities
- ☐ Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
Interest income	$ 14,494		14			
Interest - cap campaign	3,056		14			
Total	$ 17,550					

Taxable Dividends from Securities

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
Dividend income	$ 48,020		14			
Total	$ 48,020					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Fundraising expense	$ 6,687	$	$	$ 6,687
Total	$ 6,687	$ 0	$ 0	$ 6,687

Federal Statements

Schedule A, Part III, Line 7a - Support from Disqualified Persons

Donor Name	2018	2019	2020	2021	2022
	$ 40,050	$ 134,350	$ 178,164	$ 46,250	$ 87,200
Total	$ 40,050	$ 134,350	$ 178,164	$ 46,250	$ 87,200

Federal Statements

Schedule A, Part III, Line 7b - Excess Gross Receipts

Donor Name	Total	Excess
Town of Hilton Head	$	$
2022	92,775	72,962
2021	75,000	58,177
2020	75,000	59,605
2019	75,000	58,358
2018	75,000	57,324
Total	$ 392,775	$ 306,426

Art Market

Other Direct Fundraising or Gaming Expenses

Description	Amount
Fundraising	$
Total	$ 0

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

November 3, 2022

CONFIDENTIAL

Coastal Discovery Museum
70 Honey Horn Drive
Hilton Head Island, SC 29926

Dear Rex:

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

Return of Organization Exempt From Income Tax (Form 990)

Annual Financial Report for a Charitable Organization - SC Secretary of State's Office

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

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

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

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

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

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

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

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Carey & Company P.A.

Accepted By: _____

Date: _____

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

November 3, 2022

CONFIDENTIAL

Coastal Discovery Museum
70 Honey Horn Drive
Hilton Head Island, SC 29926

Dear Rex:

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

Return of Organization Exempt From Income Tax (Form 990)

Annual Financial Report for a Charitable Organization - SC Secretary of State's Office

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

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

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

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

Sincerely,

Carey & Company P.A.

Form **990**

Two Year Comparison Report

For calendar year 2021, or tax year beginning **07/01/21** , ending **06/30/22**

2020 & 2021

Name

Coastal Discovery Museum

Taxpayer Identification Number

57-0801415

			2020	2021	Differences
Revenue	1. Contributions, gifts, grants	1.	490,018	363,797	-126,221
	2. Membership dues and assessments	2.	50,930	58,033	7,103
	3. Government contributions and grants	3.	621,919	957,940	336,021
	4. Program service revenue	4.	193,433	282,377	88,944
	5. Investment income	5.	18,281	29,264	10,983
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.	18,981	29,763	10,782
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.	65,254	65,458	204
	11. Other revenue	11.	103,835	125,031	21,196
	12. **Total revenue.** Add lines 1 through 11	12.	1,562,651	1,911,663	349,012
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	208,951	234,820	25,869
	16. Salaries, other compensation, and employee benefits	16.	612,107	605,952	-6,155
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	31,849	25,603	-6,246
	19. Occupancy, rent, utilities, and maintenance	19.	227,050	211,642	-15,408
	20. Depreciation and Depletion	20.	159,252	157,020	-2,232
	21. Other expenses	21.	230,588	274,439	43,851
	22. **Total expenses.** Add lines 13 through 21	22.	1,469,797	1,509,476	39,679
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	92,854	402,187	309,333
Other Information	24. Total exempt revenue	24.	1,562,651	1,911,663	349,012
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	380,803	502,130	121,327
	27. Total assets	27.	6,960,433	7,166,489	206,056
	28. Total liabilities	28.	147,390	138,981	-8,409
	29. Retained earnings	29.	6,813,043	7,027,508	214,465
	30. Number of voting members of governing body	30.	13	13	
	31. Number of independent voting members of governing body	31.	12	12	
	32. Number of employees	32.	17	18	
	33. Number of volunteers	33.	150	150	

Form **990**

Tax Return History

2021

Name

Coastal Discovery Museum

Employer Identification Number

57-0801415

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	888,483	893,988	1,044,018	1,111,937	1,321,737	
Membership dues	57,475	54,600	53,725	50,930	58,033	
Program service revenue	303,036	304,389	217,482	193,433	282,377	
Capital gain or loss		20,522	2,879			
Investment income	51,861	43,647	41,440	18,281	29,264	
Fundraising revenue (income/loss)	22,563	27,690	9,148	18,981	29,763	
Gaming revenue (income/loss)						
Other revenue	230,319	296,882	190,656	169,089	190,489	
Total revenue	1,553,737	1,641,718	1,559,348	1,562,651	1,911,663	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	223,947	221,515	227,754	208,951	234,820	
Other compensation	431,360	574,165	575,613	612,107	605,952	
Professional fees	23,611	27,933	21,765	31,849	25,603	
Occupancy costs	159,685	220,120	149,991	227,050	211,642	
Depreciation and depletion	181,674	180,838	160,313	159,252	157,020	
Other expenses	371,866	349,943	330,160	230,588	274,439	
Total expenses	1,392,143	1,574,514	1,465,596	1,469,797	1,509,476	
Excess or (Deficit)	161,594	67,204	93,752	92,854	402,187	
Total exempt revenue	1,553,737	1,641,718	1,559,348	1,562,651	1,911,663	
Total unrelated revenue						
Total excludable revenue	585,216	665,440	452,457	380,803	502,130	
Total Assets	6,417,665	6,404,805	6,451,285	6,960,433	7,166,489	
Total Liabilities	164,301	72,443	59,186	147,390	138,981	
Net Fund Balances	6,253,364	6,332,362	6,392,099	6,813,043	7,027,508	

Filing Instructions

Coastal Discovery Museum

Exempt Organization Tax Return

Taxable Year Ended June 30, 2022

Date Due: November 15, 2022

Remittance: None is required. Your Form 990 for the tax year ended 6/30/22 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

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

Important: **Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2021, or fiscal year beginning 7/01, 2021, and ending 6/30, 20 22

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

OMB No. 1545-0047

2021

Name of filer

Coastal Discovery Museum

EIN or SSN

57-0801415

Name and title of officer or person subject to tax **Rex Garniewicz**
President and CEO

Part I Type of Return and Return Information

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

1a	**Form 990** check here ▶	X	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b** 1,911,663
2a	**Form 990-EZ** check here ▶		**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**
3a	**Form 1120-POL** check here ▶		**b**	**Total tax** (Form 1120-POL, line 22)	**3b**
4a	**Form 990-PF** check here ▶		**b**	**Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**
5a	**Form 8868** check here ▶		**b**	**Balance due** (Form 8868, line 3c)	**5b**
6a	**Form 990-T** check here ▶		**b**	**Total tax** (Form 990-T, Part III, line 4)	**6b**
7a	**Form 4720** check here ▶		**b**	**Total tax** (Form 4720, Part III, line 1)	**7b**
8a	**Form 5227** check here ▶		**b**	**FMV of assets at end of tax year** (Form 5227, Item D)	**8b**
9a	**Form 5330** check here ▶		**b**	**Tax due** (Form 5330, Part II, line 19)	**9b**
10a	**Form 8038-CP** check here ▶		**b**	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**

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

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize **Carey & Company P.A.** to enter my PIN **12345** as my signature
ERO firm name
Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax } Date }

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. **57507812345**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature } **Patrick P. Carey, Jr., CPA** Date } _____

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

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07/01/21 , and ending 06/30/22

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

C Name of organization
Coastal Discovery Museum

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
70 Honey Horn Drive

City or town, state or province, country, and ZIP or foreign postal code
Hilton Head Island SC 29926

D Employer identification number
57-0801415

E Telephone number
843-689-6767

G Gross receipts $ **2,147,844**

F Name and address of principal officer:
Rex Garniewicz
70 Honey Horn Drive
Hilton Head Island SC 29926

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

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

If "No," attach a list. See instructions

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

J Website: **u coastaldiscovery.org**

H(c) Group exemption number **u**

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

L Year of formation: **1985**

M State of legal domicile: **SC**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
To communicate to its members and to the general public the significance of the cultural and environmental heritage of the Lowcountry; to provide educational programming to residents of and visitors to Hilton Head, SC.

2 Check this box **u** ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	18
6	Total number of volunteers (estimate if necessary)	6	150
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,162,867	1,379,770
9	Program service revenue (Part VIII, line 2g)	193,433	282,377
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,281	29,264
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	188,070	220,252
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,562,651	1,911,663
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	821,058	840,772
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) **u** 136,319		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	648,739	668,704
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,469,797	1,509,476
19	Revenue less expenses. Subtract line 18 from line 12	92,854	402,187

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	6,960,433	7,166,489
21	Total liabilities (Part X, line 26)	147,390	138,981
22	Net assets or fund balances. Subtract line 21 from line 20	6,813,043	7,027,508

Part II Signature Block

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

Sign Here

Signature of officer — Date

Rex Garniewicz — **President and CEO**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Patrick P. Carey, Jr., CPA	Patrick P. Carey, Jr., CPA			P00033247

Firm's name } **Carey & Company P.A.** Firm's EIN } **57-0927046**

Firm's address } **70 Main Street, Suite 100 Hilton Head Island, SC 29926** Phone no. **843-681-4430**

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2021)

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

To communicate to its members and to the general public the significance of the cultural and environmental heritage of the Lowcountry; to provide educational programming to residents of and visitors to Hilton Head, SC.

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

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

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

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

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

4a (Code:) (Expenses $ **1,050,288** including grants of $) (Revenue $)

To communicate to its members and to the general public the significance of the cultural and environmental heritage of the Lowcountry; to provide educational programming to residents of and visitors to Hilton Head Island, South Carolina.

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

N/A

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

N/A

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

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

4e Total program service expenses u **1,050,288**

Part IV Checklist of Required Schedules

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

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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	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		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	28		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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**	**18**		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* 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**		
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 **u**				
	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**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		X
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		**13a**		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		**17**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	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			X
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			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

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

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

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

Jennifer Stupica **70 Honey Horn**
Hilton Head **SC 29926** **843-689-6767**

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) **Porter Morgan**	1.00									
Chair	0.00	X		X				0	0	0
(2) **Diane Bartlett**	1.00									
Secretary	0.00	X		X				0	0	0
(3) **Fred Manske, Jr.**	1.00									
Vice Chair	0.00	X		X				0	0	0
(4) **Dave Howitt**	1.00									
Treasurer	0.00	X		X				0	0	0
(5) **Rex Garniewicz**	40.00									
President and CEO	0.00	X		X				211,811	0	23,008
(6) **Frederick Hack**	1.00									
Member	0.00	X						0	0	0
(7) **Albert George**	1.00									
Member	0.00	X						0	0	0
(8) **Margaret McManus**	1.00									
Member	0.00	X						0	0	0
(9) **Luana Graves Sellars**	1.00									
Member	0.00	X						0	0	0
(10) **Dr. Roselle L. Wilson**	1.00									
Member	0.00	X						0	0	0
(11) **John Batson**	1.00									
Member	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Lenore Gleason	1.00									
Member	0.00	X						0	0	0
(13) Lindsay Bunting	1.00									
Member	0.00	X						0	0	0
1b Subtotal u								211,811		23,008
c Total from continuation sheets to Part VII, Section A u										
d Total (add lines 1b and 1c) u								211,811		23,008

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization u 1

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

Section B. Independent Contractors

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

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

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

Part VIII **Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	58,033				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	957,940				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	363,797				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a–1f	u		1,379,770			
Program Service Revenue			Business Code				
	2a **Management fee**			75,000	75,000		
	b **Walks/tours**			62,274	62,274		
	c **Marine/dolphin history cruise**			34,460	34,460		
	d **Community programs**			33,769	33,769		
	e **Other Program Revenue**			26,882	26,882		
	f All other program service revenue			49,992	49,992		
	g **Total.** Add lines 2a–2f	u		282,377			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u		29,264			29,264
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)	u					
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)	u					
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	8a	45,510				
	b Less: direct expenses	8b	15,747				
	c Net income or (loss) from fundraising events	u		29,763			
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities	u					
	10a Gross sales of inventory, less returns and allowances	10a	285,892				
	b Less: cost of goods sold	10b	220,434				
	c Net income or (loss) from sales of inventory	u		65,458	65,458		
Miscellaneous Revenue			Business Code				
	11a **Weddings**		531390	98,070	98,070		
	b **Private receptions**		531390	25,910	25,910		
	c **Misc income**		531390	1,051	1,051		
	d All other revenue						
	e **Total.** Add lines 11a–11d	u		125,031			
	12 **Total revenue.** See instructions	u		1,911,663	472,866	0	29,264

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	234,820	140,892	58,705	35,223
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	438,783	263,270	109,696	65,817
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	75,348	45,173	18,882	11,293
9 Other employee benefits	46,836	28,137	11,664	7,035
10 Payroll taxes	44,985	26,991	11,246	6,748
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	10,700	1,070	9,630	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	14,903	1,490	13,413	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	49,207	49,207		
13 Office expenses	28,213	14,553	11,674	1,986
14 Information technology				
15 Royalties				
16 Occupancy	211,642	211,642		
17 Travel	7,172	5,020	2,152	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	157,020	109,913	47,107	
23 Insurance	38,967	27,277	11,690	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Other Program services	81,081	81,081		
b Miscellaneous	37,084	29,050	8,034	
c Bank and Credit Card fees	17,694	10,135	7,559	
d Fundraising expense	8,217			8,217
e All other expenses	6,804	5,387	1,417	
25 Total functional expenses. Add lines 1 through 24e	1,509,476	1,050,288	322,869	136,319
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	696,776	1	785,721
	2	Savings and temporary cash investments	80,923	2	41,804
	3	Pledges and grants receivable, net	165,977	3	248,642
	4	Accounts receivable, net	295	4	7,583
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	34,156	8	9,385
	9	Prepaid expenses and deferred charges	16,277	9	29,047
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 6,262,749			
	b	Less: accumulated depreciation — 10b: 2,194,097	3,811,536	10c	4,068,652
	11	Investments—publicly traded securities	2,154,493	11	1,975,655
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	6,960,433	16	7,166,489
Liabilities	17	Accounts payable and accrued expenses	43,067	17	23,030
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	104,323	25	115,951
	26	**Total liabilities.** Add lines 17 through 25	147,390	26	138,981
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here u ☒ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	6,347,457	27	6,483,793
	28	Net assets with donor restrictions	465,586	28	543,715
		Organizations that do not follow FASB ASC 958, check here u ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	6,813,043	32	7,027,508
	33	Total liabilities and net assets/fund balances	6,960,433	33	7,166,489

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,911,663
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,509,476
3	Revenue less expenses. Subtract line 2 from line 1	3	402,187
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,813,043
5	Net unrealized gains (losses) on investments	5	-187,722
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,027,508

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ..... [ ]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		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	3b		

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
Coastal Discovery Museum

Employer identification number
57-0801415

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

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

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

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

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

f Enter the number of supported organizations

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

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

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

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) **14** %

15 Public support percentage from 2020 Schedule A, Part II, line 14 **15** %

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	945,958	948,588	1,097,743	1,162,867	1,295,032	5,450,188
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	686,654	775,799	525,343	349,231	357,961	2,694,988
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	1,632,612	1,724,387	1,623,086	1,512,098	1,652,993	8,145,176
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	14,450	40,050	134,350	178,164	46,250	413,264
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	58,155	57,324	58,358	59,605	58,177	291,619
c Add lines 7a and 7b	72,605	97,374	192,708	237,769	104,427	704,883
8 **Public support.** (Subtract line 7c from line 6.)						7,440,293

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	1,632,612	1,724,387	1,623,086	1,512,098	1,652,993	8,145,176
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	51,861	43,216	41,105	27,391	29,264	192,837
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	51,861	43,216	41,105	27,391	29,264	192,837
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	1,684,473	1,767,603	1,664,191	1,539,489	1,682,257	8,338,013

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	89.23 %
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	89.42 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f))	17	2 %
18	Investment income percentage from **2020** Schedule A, Part III, line 17	18	2 %

19a **33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

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

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

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

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

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in Part VI*)	
6	Other distributions (*describe in Part VI*). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in Part VI*). See instructions.	
9	Distributable amount for 2021 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

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

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

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

Coastal Discovery Museum

Employer identification number

57-0801415

Organization type (check one):

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

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

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33$^{1}/_{3}$% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ . . . . . .

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization
Coastal Discovery Museum

Employer identification number
57-0801415

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 105,100	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 60,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 89,700	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

u 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.
u Attach to Form 990.
u Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Coastal Discovery Museum

Employer identification number

57-0801415

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Tax Year
a	Total number of conservation easements 2a	
b	Total acreage restricted by conservation easements 2b	
c	Number of conservation easements on a certified historic structure included in (a) 2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d	

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

4 Number of states where property subject to conservation easement is located **u**

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **u** $

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 **u** $
(ii) Assets included in Form 990, Part X **u** $

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

a Revenue included on Form 990, Part VIII, line 1 **u** $
b Assets included in Form 990, Part X **u** $

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

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

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

Part V Endowment Funds.

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

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

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

- **a** Board designated or quasi-endowment **u** %
- **b** Permanent endowment **u** %
- **c** Term endowment **u** %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		25,711	25,711	
e Other		6,237,038	2,168,386	4,068,652
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* **u**				4,068,652

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* u	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) **Accrued vacation and salary**	**115,951**
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* u	**115,951**

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	1,935,351
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-187,722		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	211,410		
e	Add lines **2a** through **2d**			2e	23,688
3	Subtract line **2e** from line **1**			3	1,911,663
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	1,911,663

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

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

1	Total expenses and losses per audited financial statements			1	1,720,886
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	211,410		
e	Add lines **2a** through **2d**			2e	211,410
3	Subtract line **2e** from line **1**			3	1,509,476
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	1,509,476

Part XIII Supplemental Information.

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

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Fundraising activity expense	**$ 15,747**
Cost of goods sold	**$ 195,663**

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Fundraising activities expense	**$ 15,747**
Cost of goods sold	**$ 195,663**

Part XIII Supplemental Information *(continued)*

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Coastal Discovery Museum

Employer identification number

57-0801415

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Art Market (event type)	(event type)	None (total number)	
Revenue	1 Gross receipts	45,510			45,510
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	45,510			45,510
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	15,747			15,747
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				15,747
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				29,763

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

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

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

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

b If "No," explain:

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

b If "Yes," explain:

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

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

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

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

Name **u**

Address **u**

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 **u** $ and the amount of gaming revenue retained by the third party **u** $

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

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u** $

Description of services provided **u**

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

Part IV Supplemental Information.

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

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
u Attach to Form 990.
u Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Coastal Discovery Museum

Employer identification number

57-0801415

Part I Questions Regarding Compensation

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

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)–(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1	**Rex Garniewicz**	(i)	211,811	0	0	0	23,008	234,819	0
	President and CEO	(ii)	0	0	0	0	0	0	0
2		(i)							
		(ii)							
3		(i)							
		(ii)							
4		(i)							
		(ii)							
5		(i)							
		(ii)							
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part III - Other Additional Information

Compensation is determined by the Board based on overall performance.

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
Coastal Discovery Museum

Employer identification number
57-0801415

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The tax return is discussed at a Board meeting and made available to all Board Members.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The Board and the President/CEO monitor the conflict of interest policy.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Board Compensation Committee approves the executive compensation.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The documents are available upon request.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Fundraising activity expense	**$**	**15,747**
Cost of goods sold	**$**	**195,663**
Fundraising activities expense	**$**	**-15,747**
Cost of goods sold	**$**	**-195,663**
Round	**$**	**0**

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)
u Attach to your tax return.
u Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2021

Attachment Sequence No. **179**

Name(s) shown on return: **Coastal Discovery Museum**

Identifying number: 57-0801415

Business or activity to which this form relates: **Museum Store**

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 ▶	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	151,628

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	5,392
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here u ☐		

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

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

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	157,020
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

There are no amounts for Page 2

Form **990**

Event Income and Deduction Worksheet

Description **Museum Store**

2021

Name
Coastal Discovery Museum

Taxpayer Identification Number
57-0801415

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

Income & Expense Summary:

1. Gross receipts or sales	**1.**	**285,892**
2. Advertising income	**2.**	
3. Circulation income	**3.**	
4. Other income	**4.**	
5. Returns and allowances	**5.**	
6. Contributions received	**6.**	
7. Total revenue. Add lines 1 through 6	**7.**	**285,892**
8. Cost of Goods Sold	**8.**	**220,434**
9. Employment Expense	**9.**	
10. Fees for services	**10.**	
11. Indirect Expense	**11.**	
12. Depreciation Expense	**12.**	**157,020**
13. Exempt Activity Expense	**13.**	
14. Fundraising Expense	**14.**	
15. Total expenses. Add lines 8 through 14	**15.**	**377,454**
16. Net Income/Loss. Line 7 minus Line 15	**16.**	**-91,562**

Expense Details - Cost of Goods Sold:

Beginning inventory	**34,156**
Purchases	**195,663**
Labor	
Section 263A costs	
Other costs	
Ending inventory	**9,385**
Total Cost of Goods Sold	**220,434**

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

- ☐ Part V, Debt Financing
- ☐ Part VI, Controlled Org Income
- ☐ Part VII, Investments for C(7)(9)(17)
- ☐ Part VIII, Exploited Activities
- ☐ Part IX, Advertising Income

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	**157,020**
Amortization	
Depletion	
Total Depreciation Expense	**157,020**

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	**157,020**

Form **990**

Event Income and Deduction Worksheet

Description **Art Market**

2021

Name
Coastal Discovery Museum

Taxpayer Identification Number
57-0801415

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

Income & Expense Summary:

1. Gross receipts or sales	**1.**	**45,510**
2. Advertising income	**2.**	
3. Circulation income	**3.**	
4. Other income	**4.**	
5. Returns and allowances	**5.**	
6. Contributions received	**6.**	
7. Total revenue. Add lines 1 through 6	**7.**	**45,510**
8. Cost of Goods Sold	**8.**	**15,747**
9. Employment Expense	**9.**	
10. Fees for services	**10.**	
11. Indirect Expense	**11.**	
12. Depreciation Expense	**12.**	
13. Exempt Activity Expense	**13.**	
14. Fundraising Expense	**14.**	
15. Total expenses. Add lines 8 through 14	**15.**	**15,747**
16. Net Income/Loss. Line 7 minus Line 15	**16.**	**29,763**

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	**15,747**
Ending inventory	
Total Cost of Goods Sold	**15,747**

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

- ☐ Part V, Debt Financing
- ☐ Part VI, Controlled Org Income
- ☐ Part VII, Investments for C(7)(9)(17)
- ☐ Part VIII, Exploited Activities
- ☐ Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
Interest income	$ 5,256		14			
Interest - cap campaign	1,098		14			
Total	$ 6,354					

Taxable Dividends from Securities

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
Dividend income	$ 22,910		14			
Total	$ 22,910					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Supplies	$ 6,804	$ 5,387	$ 1,417	$
Total	$ 6,804	$ 5,387	$ 1,417	$ 0

Federal Statements

Schedule A, Part III, Line 7a - Support from Disqualified Persons

Donor Name	2017	2018	2019	2020	2021
	$ 14,450	$ 40,050	$ 134,350	$ 178,164	$ 46,250
Total	$ 14,450	$ 40,050	$ 134,350	$ 178,164	$ 46,250

Federal Statements

Schedule A, Part III, Line 7b - Excess Gross Receipts

Donor Name	Total	Excess
Town of Hilton Head	$	$
2021	75,000	58,177
2020	75,000	59,605
2019	75,000	58,358
2018	75,000	57,324
2017	75,000	58,155
Total	$ 375,000	$ 291,619

Federal Statements

Art Market

Other Direct Fundraising or Gaming Expenses

Description	Amount
Fundraising	$
Total	$ 0