**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

# VERIS LLC CERTIFIED PUBLIC ACCOUNTANTS AND ADVISORS 1156 BOWMAN ROAD, SUITE 100-A MOUNT PLEASANT, SC 29464

MAY 8, 2024

CHARLESTON SYMPHONY ORCHESTRA 480 EAST BAY F CHARLESTON, SC 29403

DEAR BOARD OF DIRECTORS:

ENCLOSED IS THE ORGANIZATION'S 2022 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY MAY 15, 2024.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

WE HAVE MAILED YOU A HARD COPY OF THE 990 INFORMATION RETURN. IF YOU HAVE A FILING REQUIREMENT WITH THE SC SECRETARY OF STATE FOR BEING REGISTERED AS A PUBLIC CHARITY, PLEASE SIGN PAGE 1 (PAGE 4 IF 990-EZ) AND MAIL TO THE SC SECRETARY OF STATE IN THE ENCLOSED ADDRESSED ENVELOPE.

IF YOU ARE UNCERTAIN OF YOUR FILING REQUIREMENTS WITH THE SC SECRETARY OF STATE FOR SOLICITING CONTRIBUTIONS FROM THE PUBLIC, YOU SHOULD CONTACT THEIR OFFICE FOR GUIDANCE AND REQUIREMENTS AT 803-734-1790.

SINCERELY,

JACQUELINE BROOKE GLOVER-SKINNER, EA MSA

#### Form 8879-TF

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

calendar year 2022, or fiscal year beginning $$	, 2022, and ending	$\mathtt{JUN}$	30	, 20

23

2022

Form **8879-TE** (2022)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Fo

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

EIN or SSN Name of filer CHARLESTON SYMPHONY ORCHESTRA \*\*-\*\*\*0192 MICHAEL A. SMITH Name and title of officer or person subject to tax EXECUTIVE DIRECTOR Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_\_ **1b** \_\_\_\_\_\_ **5 , 363 ,** 939 **.** Form 990 check here ...... 1a Form 990-EZ check here ... **b Total revenue,** if any (Form 990-EZ, line 9) **2b** 2a 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here ..... b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here 6a Form 4720 check here ..... 7a Form 5227 check here ..... 8a **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here ..... **b** Tax due (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Part II Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name of entity) 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 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 processary to answer inquiries and resolve issues related to the payment. I have selected a 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 | authorize VERIS LLC 57600 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros 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 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 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 57011325402 number (EFIN) followed by your five-digit self-selected PIN. 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. VERIS LLC 05/08/24 ERO's signature Date **ERO Must Retain This Form - See Instructions** 

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

202521 12-16-22

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

### **Application for Automatic Extension of Time To File an Exempt Organization Return**

File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print \*\*-\*\*\*0192 CHARLESTON SYMPHONY ORCHESTRA File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 480 EAST BAY, F return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 29403 CHARLESTON, SC Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 06 Form 990-T (corporation) 07 MICHAEL SMITH The books are in the care of ► 480 EAST BAY, STE F - CHARLESTON, SC 29403 Telephone No. ▶ 843-723-7528 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this \_\_l. If it is for part of the group, check this box ▶ \_\_\_\_ and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or ► X tax year beginning JUL 1, 2022 , and ending JUN 30, 2023 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

LHA

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the	2022 calendar year, or tax year beginning UL 1, 2022 and ending	JUN 30, 2023	
B	Check if applicable	C Name of organization	D Employer identifi	cation number
	applicable	·	' '	
Г	Addres	S CHARLESTON SYMPHONY ORCHESTRA		
Ē	Name change		**-***01	92
Ē	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/suit	te <b>E</b> Telephone numbe	r
Ē	Final return/	480 EAST BAY	843-723-	
	termin- ated		G Gross receipts \$	5,363,939.
	Ameno		H(a) Is this a group re	
Ē	Application	·	for subordinates	
	pendin	SAME AS C ABOVE	<b>H(b)</b> Are all subordinates in	····· — —
$\overline{}$	Tax-exe	mpt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 52	<del>-</del> 1	list. See instructions
_	Websit		H(c) Group exemptio	
				1 State of legal domicile: SC
_	art I	Summary	ar or formation, = 5 5 7	Je otato or logar dominono, le o
	T	Briefly describe the organization's mission or most significant activities: THE CHARL	ESTON SYMPHO	NY'S
Governance		MISSION IS TO INSPIRE AND ENGAGE THE COMMUNIT	Y THROUGH EX	CEPTIONAL
'n	2	Check this box if the organization discontinued its operations or disposed of mo		
Š	3	Number of voting members of the governing body (Part VI, line 1a)	1	24
		Number of independent voting members of the governing body (Part VI, line 1b)		24
დ თ		Fotal number of individuals employed in calendar year 2022 (Part V, line 2a)	·····	334
iŧie	6	Fotal number of volunteers (estimate if necessary)		200
Activities	72	Fotal unrelated business revenue from Part VIII, column (C), line 12		0.
ĕ	' h	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
_	+ -	ver unrelated business taxable mount offit offit 550 1,1 art 1, into 11	Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)	7,656,074.	3,636,958.
une	9	Program service revenue (Part VIII, line 2g)	1,451,805.	1,557,023.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	54,642.	136,405.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,064.	33,553.
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,194,585.	5,363,939.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	1		0.	0.
"	I		2,593,762.	2,901,290.
Expenses	162	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  448,051.	0.	0.
pen	l loa	Fotal fundraising expenses (Part IX, column (D), line 25) 448 - 0.51 -		
Ě	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,294,897.	1,628,484.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,888,659.	4,529,774.
		Revenue less expenses. Subtract line 18 from line 12	5,305,926.	834,165.
<u></u>	2		Beginning of Current Year	End of Year
Net Assets or	일 20	Fold contact (Post V. France)	8,106,651.	9,676,718.
ASSI	등 20 3 21	Fotal liabilities (Part X, line 16)	1,164,271.	1,431,255.
let /	22	Net assets or fund balances. Subtract line 21 from line 20	6,942,380.	8,245,463.
P	art II	Signature Block	0/312/0000	0,210,1000
_		ties of perjury, I declare that I have examined this return, including accompanying schedules and state	ments, and to the best of m	v knowledge and belief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prepar		y miowiougo una bonon, it io
	, 001100	gana complete. Bookington of property (cardy than officer) to become an an information of without property	or nas any knowledge.	
Sig	an l	Signature of officer	Date	
He		MICHAEL A. SMITH, EXECUTIVE DIRECTOR		
110		Type or print name and title		
_		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Рa	id	JACQUELINE BROOKE GLOVER-JACQUELINE BROOKE GL	1 2 2	
	eparer	Firm's name VERIS LLC	Firm's EIN *	*-***2308
	e Only	Firm's address 1156 BOWMAN ROAD, SUITE 100-A	I IIIII 3 LIIV	2300
55	,	MOUNT PLEASANT, SC 29464	Phone no ( 8	43) 881-4477
N/10	av tha IE	S discuss this return with the preparer shown above? See instructions	I Holle Ho. ( O	X Yes No
ıvlć	ay iiile ih	o discuss this return with the preparer shown above? See instructions		145 140

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE CHARLESTON SYMPHONY'S MISSION IS TO INSPIRE AND ENGAGE THE
	COMMUNITY THROUGH EXCEPTIONAL MUSICAL PERFORMANCES AND EDUCATIONAL
	PROGRAMS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
Ū	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	2 101 004
<del>T</del> a	THE CHARLESTON SYMPHONY 2022-2023 SEASON, THEMED "DEEPLY LOCAL, BOLDLY
	GLOBAL, " SHOWCASED A REMARKABLE LINEUP OF GUEST CONDUCTORS, VISITING
	ARTISTS, AND DIVERSE PROGRAMS. AMONG THE ROSTER OF INTERNATIONALLY
	ACCLAIMED CONDUCTORS AND SOLOISTS, THE CSO WELCOMED GUESTS INCLUDING
	GERARD SCHWARZ, JONATHON HEYWARD, VADIM GLUZMAN, OLGA KERN, AND GIL
	SHAHAM. ALONG WITH CLASSICAL MASTERPIECES, THE CSO ALSO INCORPORATED
	WORKS BY LESSER-KNOWN COMPOSERS AND PROGRAMS UNIQUE TO THE "CHARLESTON
	SOUND." THE CSO LAUNCHED PROJECT AURORA, A NEW INITIATIVE DESIGNED TO
	SHOWCASE CHARLESTON'S EXTRAORDINARY CULTURAL HERITAGE, AS WE CELEBRATE
	AFRICAN AMERICAN MUSIC AND ARTS WITH DEEP TIES TO THE LOWCOUNTRY.
	PROJECT AURORA CHAMPIONS THE WORKS OF UNDERREPRESENTED ARTISTS AS IT
	REMAINS PROGRAMMATICALLY INFUSED THROUGH THE CSO'S CONCERT LINEUP. THE
	454 000
4b	(Code:) (Expenses \$ 454,237 • including grants of \$) (Revenue \$30,474 • )  THE CSO REMAINS COMMITTED TO PRESENTING THE HIGHEST-QUALITY MUSICAL
	EXPERIENCES AND PROVIDING DIRECT ACCESS TO THE ARTS FOR OUR COMMUNITY'S
	CHILDREN, THEREBY NARROWING THE GAP OF EDUCATIONAL INEQUALITY FOR OVER
	20,000 STUDENTS ACROSS THE LOWCOUNTRY EACH SEASON. THE CSO IS PROUD TO
	OFFER MULTIPLE OPPORTUNITIES FOR EDUCATIONAL ENGAGEMENT, WITH A SPECIAL
	EMPHASIS ON PROVIDING FREE OR LOW-COST PROGRAMMING TO PROMOTE EQUITABLE
	ACCESS TO INSPIRATIONAL EDUCATION THROUGH MUSIC. EACH YEAR, SMALL
	ENSEMBLES OF CSO MUSICIANS TRAVEL DIRECTLY TO SCHOOLS ACROSS THE
	TRI-COUNTY AREA TO PRESENT CHAMBER MUSIC CONCERTS AND INSTRUMENTAL DEMONSTRATIONS FREE OF CHARGE THROUGH THE "MUSIC IN SCHOOLS" PROGRAM.
	DURING THE 2022-23 SCHOOL YEAR, STUDENTS ALSO HAD THE OPPORTUNITY TO
	ATTEND "YOUNG PEOPLE'S CONCERTS" AT THE GAILLARD CENTER IN PARTNERSHIP
4-	
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
4u	
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 3,646,161.
<del>-10</del>	Form <b>990</b> (2022)
	SEE SCHEDILE O FOR CONTINUETON(S)

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
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		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	١		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
_	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000.			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	טדו		
.5	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	١.		17
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	X

	n 990 (2022) CHARLESTON SYMPHONY ORCHESTRA **-***( rt IV   Checklist of Required Schedules (continued)		•	age <b>4</b>
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	Х
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>	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			X
	Schedule K. If "No," go to line 25a	24a		_^
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?// "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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?	330		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			

#### Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part \	V
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Yes 49 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable ..... 1a 0 **b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х (gambling) winnings to prize winners?

232004 12-13-22

## Form 990 (2022) CHARLESTON SYMPHONY ORCHESTRA Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a 334   show the contribution of the part					Yes	No
b If a least one is reported on line 2a, did the organization file all regulared referred employment tax returns?  2b X  b If "Yes," has it filled a Form 1907 for this year? "No' To line 3b, provide an explanation on Schedule 0  3ch   X   X   X   X   X   X   X   X   X	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
3a DX If "Yes," has it filled a Form 990-Tr for this year? 47 No! to line 20, provide an explication on Schedule 0 3b		filed for the calendar year ending with or within the year covered by this return	2a 334			
b If Yes, * fast if filled a Form 990-T for this year? If Wo * to fire 3b, provide an explanation on Schedule 0  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authorly over, a fire financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5b If Yes, * enter the name of the foreign country Seui instructions for filling requirements for FinCN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibitote tax shofter transaction at any time during the tax year?  5b If Yes * to line 5a or 5b, did the organization file Form 8886 17  6c If Yes * to line 5a or 5b, did the organization file Form 8886 17  6d Does the organization and gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6c If Yes * to line 5a or 5b, did the organization that that are normally greater than \$100,000, and did the organization solicit any contributions that the received eductible contributions under section 170(c).  a bill the organization traverse a gyment in soces of \$75 made party as a contribution and party for goods and services provided to the payor?  7a Organization start may receive deductible contributions under section 170(c).  a bill the organization seal, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8882 filed during the year  6 bill the organization seal, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8886 filed during the year  9 bill the organization curve year, pay premiums, circetly or indirectly, to pay premiums on a personal benefit contract?  7b If the organization curve year, pay premiums, circetly or indirectly, to pay premiums on a personal benefit contract?  7c If If the organization received a contribution of qualified intellectual	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	
4a A any time during the calendary year, dd 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 accounts ("Fash).  5b If "Yes": reter the name of the foreign country  5ce instructions for filing requirements for FiroEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  5a Was the organization to be a probable tax shelter transaction at any time during the tax year?  5c If "Yes" to line 5a or 5b, did the organization file Foreign 8894.  5c If "Yes" to line 5a or 5b, did the organization file Foreign 8894.  5c If "Yes" to line 5a or 5b, did the organization file organization file of the organization and schartable contributions?  5c If "Yes," did the organization that we will be contribution on the statement that such contributions or gifts were not tax deductibles of small party for gods and services provided to the payor?  7c Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," did the organization netwer any approximation and approximation and party for gods and services provided to the payor?  7d If "Yes," did the organization netwer any approximation and party for gods and services provided to the payor?  7d If "Yes," did the organization netwer any approximation decreased any to the vision of the organization of the vision of the	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b if Yes, fire 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 your time during the tax year?  5b Did any textible party notify the organization file Form 8898-77  6 If Yes, 1 on ine So of Sb, did the organization file Form 8898-77  6 Does the organization should provide that twen or is a possible that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitatele contributions?  b if Yes, 2 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a bid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided 7  7 Organizations that may receive deductible contributions under section 170(c).  b If Yes, 2 did the organization notify the donor of the value of the goods or services provided 7  7 Organizations that may receive deductible as dispose of tangible personal property for which it was required to the Form 8822?  6 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided 0 the payor?  7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file 7  b If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file 8 Form 1098 C?  8 Sponsoring organization have excess business holdings at any time during the year?  10 Section 501(c)(2) quanization	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
b If "Yes," in the same 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 for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization for the organization file form 88967.  5b Id any taxable party notify the organization file Form 88967.  6c Id Yes 1 to line Sa or 5b, did the organization file Form 88967.  6c Dese the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles carbriatable contributions?  6c Desembly organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that when rot tax deductibles carbriatable contributions?  6c Desembly organization and the every solicitation an express statement that such contributions or gifts were not tax deductibles as charlatable contributions?  6c Desembly organization and the every solicitation and express statement that such contributions or gifts were not tax deductible or the such and the gross of the property of the organization receive and posity the does not file form 88967.  7c Desembly 16 Yes, "Indicate the number of forms 88267 for the value of the goods or services provided?  7d Did the organization receive and ornity the docen or of the value of the goods or services provided?  7e Did the organization receive and contribution of qualified intellectual property, did the organization file a Form 108407.  7f Did the organization received an contribution of qualified intellectual property, did the organization file a Form 108407.  7g If the organization received an contribution of the property of the organization file Form 8993 as required?  7h If the organization received an contribution of the property of the organization file Form 108407.  8 Sponsoring organizations and services property of the organization	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  8 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  8 Did any taxable party notify the organization file Form 888617  8 Did any contributions that may consult gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that that were not tax deductible as charitable contributions?  8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9 To reganizations that may receive deductible contributions under section 170(c).  1 If "Yes," did the organization notify the donor of the value of the goods or services provided?  1 If "Yes," did the organization notify the donor of the value of the goods or services provided?  1 If "Yes," did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  2 If I I I I I I I I I I I I I I I I I I		financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х
Sa X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c If "Yes" to line Sa or Sb, did the organization file Form 8886-17?  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 eductibles?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$76 made party as a contribution and partly for goods and services provided to the payor?  7 If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 If "Yes," indicate the number of Forms 8282 field during the year and to file Form 8282?  7 If "Yes," indicate the number of Forms 8282 field during the year and bid the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of or losts, boats, sirplanes, or other vehicles, did the organization file Form 8899 as required?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Section 501(c)(2) qualified nontributions included on Part VIII, line 12 in linitation fees and capital contributions included on Part VIII, line 12 in linitation fees and capital contributions included on Part VIII, line 12 in linitation fees and capital contributions in required to maintain by the states in which the organiza	b	If "Yes," enter the name of the foreign country				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes" to line Sa or 55, did the organization file Form 8886-T7  8 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?  8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9 Organizations that may receive deductible contributions under section 170(c).  1 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?  1 Did the organization receive a payment in excess of \$75 made partly as a contribution of pagnization and partly for goods and services provided to the payor?  2 Did the organization notify the donor of the value of the goods or services provided?  3 Did the organization receive a payment in excess of \$75 made partly as a contribution of carbage, or otherwise dispose of transplie personal property for which it was required to file Form 8282?  5 Did the organization received a contribution of carbage in the payment of the organization file Form 899 as required?  6 Did the organization received a contribution of carb, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7 and 1098		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
til "Yes" to line 5a or 5b, did the organization file Form 8888-17  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 eductible?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive apprentin inexoses of 57 made partly as contribution and partly for goods and services provided to the payor?  7 a X  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization receive agreement in excess of 57 made partly as contribution and partly for goods and services provided to the payor?  7 a X  1 f"Yes," indicate the number of Forms 8282 filed during the year  1 d Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 e Did the organization received as contribution of qualified intellectual property, did the organization file Form 8999 as required?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  If the organization received a contribution of cars, botats, airplanes, or other vehicles, did the organization file Form 8999 as required?  8 Sponsoring organizations make any taxable distributions under section 4966?  9 sponsoring organization make any taxable distributions under section 4966?  9 sponsoring organization make any taxable distributions under section 4966?  9 sponsoring organization make any taxable distributions under section 4966?  9 sponsoring organization make any taxable distributions under section 4966?  9 section 501(c)(X) qualified nonprofit health insurance issuers.  1 objective forms the organization file form 8900 in lieu of Form 1041?  1 objective forms 8900 part VIII, line 12, for public use	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		
6a Des 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?  6a X  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization ceceive a payment in excess of \$75 made parily as a contribution and partly for goods and services provided to the payor?  7 To Uffection of the organization notify the donor of the value of the goods or services provided?  5 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6 Did the organization received any funds, directly or indirectly, no pay premiums on a personal benefit contract?  7 To I Did the organization received an contribution of qualified intellectual property, did the organization file Form 8898 as required?  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4968?  9 Sponsoring organization make any taxable distributions under section 4968?  9 Sponsoring organization make any taxable distributions under section 4968?  9 Sponsoring organization make any taxable distributions under section 4968?  9 Section 501(c)(T) organizations. Enter:  a initiation fees and capital contributions included on Part VIII, line 12  b Gross received in organization make any taxable distributions under section 4968 contributions of the sources against amounts due or received in organization file from 500 f(c)(2) organizations. Enter:  a first organization subject on the amounts due or paid to other sources against amounts due or received in organization in the organization in	b			5b		X
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b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  f If the organization received a contribution of dras, boats, arighnees, or other whicles, did the organization file a Form 1089-C2  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 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  10 Gross received from them)  12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  11 If "Yes," enter the amount of tax-exempt interest received or accrued during the year  11 If If Yes, "the tent the amount of reserves the organization is more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves on hand  14 Did the organization receive any payments for indoor tanning services during the tax year?  14 If "Yes," see the instructions and file Form 4720. Schedule N.  15 Is the organization is licensed to issue qualified health plans in more than one state?  16 If "Yes," see the instructions and file Form 4720. Schedule N.  17 If "Yes," see the instructions		- , , ,		_		v
to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7f  f Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7f  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make and sistributions under section 4966?  9 Sponsoring organization make and institution of a donor, donor advised funds by the sponsoring organization make and institution to a donor, donor advised person?  9 Sponsoring organization make a distribution to a donor, donor advised person?  9 Sponsoring organization make a distribution to a donor, donor advised person?  9 Sponsoring organization make a distribution of the sponsoring organization make a distribution of the sponsoring organization make and institution of the sponsoring organization make and institution included on Part VIII, line 12  b Gross income from other sources, (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 501(c)(2) organizations. Enter:  a Gross income from others sources, (Do not net amounts due or paid to other sources against amounts due or received from them.)  12b If "Yes," enter the amount of tax exempt interest received or accrued during the year  12b If "Yes," enter the amount of tax exempt interest received or accrued during the year  13c Is the organization incleased to issue qualified	_					
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d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7	С		' <del>-</del> '			v
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Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  If "Yes," complete Form 6069.						
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If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  If "Yes," complete Form 6069.				15		X
Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  If "Yes," complete Form 6069.						
If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  If "Yes," complete Form 6069.	16		t income?	16		X
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  If "Yes," complete Form 6069.						
If "Yes," complete Form 6069.	17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
		that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
		If "Yes," complete Form 6069.				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		_	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only	) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d fina	ncial	
	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			
	MICHAEL SMITH - 843-723-7528			
	480 EAST BAY, STE F, CHARLESTON, SC 29403			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	l ge		(C	<b>C)</b>		iout	(D)	(E)	(F)
Name and title	Average hours per	(do	not c	heck	more	i than is bot	one h an	Reportable compensation	Reportable compensation	Estimated amount of
	week	offic				r/trus		from	from related	other
	(list any hours for	lirecto				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or c	stee			nsatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trust	nal tru		loyee	ompe e		1099-NEC)	·	and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MICHAEL A. SMITH	60.00									
EXECUTIVE DIRECTOR				Х				131,125.	0.	4,192.
(2) YURIY BEKKER	60.00									
CONCERTMASTER				Х				0.	0.	0.
(3) EDWARD HART	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(4) PATRICK ILDERTON	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(5) RAJAN GOVINDAN	1.00									
TREASURER	1 00			X				0.	0.	0.
(6) TAYLOR CHARPIA	1.00									0
DIRECTOR	1 00	Х						0.	0.	0.
(7) DR. BOBBY BAKER	1.00	-		77				_	0.	0
PRESIDENT	1.00			Х				0.	0.	0.
(8) CLYDE HIERS	1.00	X						0.	0.	0.
OIRECTOR (9) NATALIE HAM	1.00	^						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(10) JODI RUSH	1.00	^						0.	· ·	<u> </u>
DIRECTOR	1.00	x						0.	0.	0.
(11) DAVID SAVARD	1.00							0.	•	<u> </u>
VICE PRESIDENT	100	1		х				0.	0.	0.
(12) GERALD TANENBAUM	1.00							•		
DIRECTOR		х						0.	0.	0.
(13) KAY MAYBANK	1.00							-		
DIRECTOR		Х						0.	0.	0.
(14) MICHAEL MOODY	1.00									
DIRECTOR		Х						0.	0.	0.
(15) SUSAN SULLIVAN	1.00									
SECRETARY				Х				0.	0.	0.
(16) JERRY EVANS	1.00									
VICE PRESIDENT				Х				0.	0.	0.
(17) WENDI HUFF	1.00									
VICE PRESIDENT				Х				0.	0.	0.

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the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	NONE	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but	t not limited to those liste	ed above) who received more than	

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\$100,000 of compensation from the organization

Ра	rt V	Ш							
			Check if Schedule O contains a res	onse	or note to any lir			(0)	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b d e f	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f  Total. Add lines 1a-1f	3,	152,973. 233,091. 250,894.				
					Business Code				
ø	2	а	CONCERT REVENUE		711130	1,557,023.	1,557,023.		
e Zi		b							
Se		С							
am		d							
Program Service Revenue		е							
P		f	All other program service revenue						
		g	Total. Add lines 2a-2f			1,557,023.			
	3		Investment income (including dividends						
			other similar amounts)			136,405.	136,405.		
	4		Income from investment of tax-exempt	ond p	roceeds				
	5		Royalties						
			(i) Re	al	(ii) Personal				
	6	а	Gross rents6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i) Secu	rities	(ii) Other				
			assets other than inventory <b>7a</b>						
		b	Less: cost or other basis						
une			and sales expenses <b>7b</b>						
Revenue		С	Gain or (loss) 7c						
		d	Net gain or (loss)	<u></u>					
ther	8	а	Gross income from fundraising events (not						
oth			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18						
		b	Less: direct expenses	. 8b					
			Net income or (loss) from fundraising ev						
	9	а	Gross income from gaming activities. Se						
			Part IV, line 19			-			
			Less: direct expenses						
			Net income or (loss) from gaming activit	ies	 I				
	10	а	Gross sales of inventory, less returns						
			and allowances			-			
			Less: cost of goods sold						
		С	Net income or (loss) from sales of inven	ory	Business Code				
sn l			OTHER INCOME		900099	33,553.	33,553.		
Jeo ne	11		OIUEV INCOME		300033	33,333.	33,333.		
lla ven		b							
Miscellaneous Revenue		C	All others versers a						
Ξ			All other revenue			33,553.			
	10	е	Total Add lines 11a-11d			5,363,939.		0.	0.
	12		Total revenue. See instructions			<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	F, 120, 301•	<u>_</u>	<u>U•</u>

#### 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).

Do:	Check if Schedule O contains a responsor include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,	125 217	22 020	67 650	22 020
	trustees, and key employees	135,317.	33,829.	67,659.	33,829
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 765 072	2 520 707	21 067	212 200
7	Other salaries and wages	2,765,973.	2,520,707.	31,867.	213,399
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management				
b	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	181,998.		181,998.	
	column (A), amount, list line 11g expenses on Sch O.)	281,570.	281,570.	101,990.	
12	Advertising and promotion	22,577.	201,570.	22,577.	
13	Office expenses	22,311.		22,311•	
14	Information technology				
15	Royalties	82,731.	37,577.	22,577.	22,577
16 47	Occupancy	02,731.	31,311.	22,311.	22,511
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	18,202.		18,202.	
20	Interest Payments to affiliates	10,202•		10,202	
21 22	Payments to affiliates  Depreciation, depletion, and amortization	13,079.		13,079.	
23		44,247.		44,247.	
23 24	Other expenses. Itemize expenses not covered	11/41/		11/41/	
<b>24</b>	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.)  STAGE CREWS	264,568.	264,568.		
a b	GUEST ARTISTS AND CONDU	220,038.	220,038.		
C	DEVELOPMENT FUNDRAISING	178,246.	,		178,246
d	PRODUCTION	64,452.	64,452.		_, 0,210
u	All other expenses	256,776.	223,420.	33,356.	
_	/ III OUTOT CAPOTIOGO	4,529,774.	3,646,161.	435,562.	448,051
	Total functional expenses Add lines 1 through 24a		~ , ~ ~ ~ , ~ ~ ~ •		
25	Total functional expenses. Add lines 1 through 24e	4,525,7746			
25	Joint costs. Complete this line only if the organization	4,525,774.			
		1,323,771.			

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Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this Part	X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1,821,558.	1	1,047,913.
	2	Savings and temporary cash investments		3,770,683.	2	5,128,897.
	3	Pledges and grants receivable, net		1,211,160.	3	2,146,534.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, director				
		trustee, key employee, creator or founder, substantial contributor, or 35	%			
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined	· [			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(E	s) [		6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ř	9	Prepaid expenses and deferred charges		39,572.	9	102,525.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 549	283.			
	b	Less: accumulated depreciation 10b 209	312.	352,800.	10c	339,971.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		910,878.	15	910,878.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		8,106,651.	16	9,676,718.
	17	Accounts payable and accrued expenses		212,792.	17	336,965.
	18	Grants payable			18	
	19	Deferred revenue		659,726.	19	839,306.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
es	22	Loans and other payables to any current or former officer, director,	- 1			
#		trustee, key employee, creator or founder, substantial contributor, or 35	%			
Liabilities		controlled entity or family member of any of these persons		00 025	22	
_	23	Secured mortgages and notes payable to unrelated third parties	· · · · · · · · · · · · · · · · · · ·	20,835.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties		270,918.	24	254,984.
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part	×			
		of Schedule D		1,164,271.	25	1 /21 255
	26	Total liabilities. Add lines 17 through 25		1,104,2/1.	26	1,431,255.
S		Organizations that follow FASB ASC 958, check here				
ğ		and complete lines 27, 28, 32, and 33.	- 1	5,818,241.		6,340,346.
i Balan	27	Net assets without donor restrictions		1,124,139.	27	1,905,117.
B	28	Net assets with donor restrictions		1,124,139.	28	1,903,117.
Ē		Organizations that do not follow FASB ASC 958, check here	_			
Net Assets or Fund Balances		and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
SS	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
et /	31	Retained earnings, endowment, accumulated income, or other funds		6,942,380.	31	8,245,463.
Ž	32	Total net assets or fund balances		8,106,651.	32	9,676,718.
	33	Total liabilities and net assets/fund balances		0,100,031.	33	9,070,710.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,36		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,52	9,7	74.
3	Revenue less expenses. Subtract line 2 from line 1	3		4,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,94		
5	Net unrealized gains (losses) on investments	5	27	3,9	<u> 18.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	19	5,0	00.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	8,24	5,4	63.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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 Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.			
За	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 requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990 or Form 990-EZ.

Open to Public

Employer identification number

OMB No. 1545-0047

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

Inspection

\*\*-\*\*\*0192 CHARLESTON SYMPHONY ORCHESTRA Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 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. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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.						
-	tion B. Total Support	I					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4		,	, ,	, ,	,	
	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	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	_
13	First 5 years. If the Form 990 is for th	ne organization's fir				501(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publ						
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided 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 o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	<b>stop here.</b> The organization qualifies	as a publicly suppo	orted organizatior	١			
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	upported organiz	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and <b>stop he</b>	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a p	ublicly supported	organization		
b	10% -facts-and-circumstances tes	<b>t - 2021.</b> If the orga	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	eck this box and <b>s</b> t	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ie organization qu	alifies as a publicl	y supported organ	ization	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s
						O a la a alcula. A s	(Earm 000) 2022

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

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

Sec	ction A. Public Support	,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1956417.	2078237.	2922976.	7656074.	3636958.	18250662.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	1620536.	1408163.	808,862.	1451805.	1557023.	6846389.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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	3576953.	3486400.	3731838.	9107879.	5193981.	25097051.
	Amounts included on lines 1, 2, and					<u> </u>	1 2 2 2
- •	3 received from disqualified persons	175,847.	391,593.	396,179.	1957566.	486,647.	3407832.
b	Amounts included on lines 2 and 3 received	,	,	,		<u> </u>	
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b	175,847.	391,593.	396,179.	1957566.	486,647.	3407832.
	Public support. (Subtract line 7c from line 6.)	, ,	, , , , ,	,		, ,	21689219.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	3576953.	3486400.	3731838.	9107879.	5193981.	25097051.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	-10,882.	29,281.	150,617.	54,642.	136,405.	360,063.
b	Unrelated business taxable income	,	- , -	, .	, ,		
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	-10,882.	29,281.	150,617.	54,642.	136,405.	360,063.
	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	5,774.	31,283.	1,554.	32,064.	33,553.	104,228.
13	assets (Explain in Part VI.)	3571845.	3546964.	3884009.	9194585.		25561342.
	First 5 years. If the Form 990 is for the						
•	check this box and <b>stop here</b>	J			•	(O)(O) Organizat	,
Sec	ction C. Computation of Publ						
	Public support percentage for 2022 (I			column (f))		15	84.85 %
	Public support percentage from 2021		•			16	83.83 %
	ction D. Computation of Inves						,,
	Investment income percentage for 20			ne 13, column (f))		17	1.41 %
	Investment income percentage from 2				I	18	.90 %
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a						X
b	33 1/3% support tests - 2021. If the						
-	line 18 is not more than 33 1/3%, che	•			•	·	
20	Private foundation If the organization			•		•	

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

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

Sche	edule A (Form 990) 2022 CHARLESTON SYMPHONY OR	.CHESTR	Α	**-***0192 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Support			
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complete s	Sections A through E	·
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

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

Schedule A (Form 990) 2022

5

6

5 Income tax imposed in prior year

instructions).

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

emergency temporary reduction (see instructions).

Sect	ion 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 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	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: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	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:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Part VI	Cumplemental Information, Decide the evaluations required by Det II line 10, Det II line 17, and 7h, Det III line 10.
T GIT 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 A

# Payments from Disqualified Persons Included on Part III, Line 7a

2022

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
DISQUALFIED PERSONS	175,847.	391,593.	396,179.	1,957,566.	486,647.
Total to Schedule A, Part III, Line 7a	175,847.	391,593.	396,179.	1,957,566.	486,647.

### Schedule B

(Form 990)

**Schedule of Contributors** Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

CHARLESTON SYMPHONY ORCHESTRA

\*\*-\*\*\*0192

Organization type (check one):							
Filers of	1	Section:					
Form 990	or 990-EZ	$oxed{X}$ 501(c)( $oxed{3}$ ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 990	)-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  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.						
X	For an organization property) from any	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
	For an organization sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; 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.						
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year\$					
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 grequirements of Schedule B (Form 990).					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization Employer identification number

#### CHARLESTON SYMPHONY ORCHESTRA

\*\*-\*\*\*0192

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
		\$	

**Employer identification number** Name of organization \*\*-\*\*\*0192 CHARLESTON SYMPHONY ORCHESTRA Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Name of the organization

CHARLESTON SYMPHONY ORCHESTRA

**Employer identification number** \*\*-\*\*\*0192

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		s or Accounts.Complete if the
	organization answered Tes Offi Offi 330, FaitTV, line	(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 w	vriting that the assets held in donor adv	ised 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 ac		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pa			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation o	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the forn	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register	• , ,	2d
3	Number of conservation easements modified, transferred, rele		
	year	, ,	
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		•
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	se statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial stater	ments that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or C	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	3, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 958	8, 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 fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under FASB AS		
а		_	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022

232051 09-01-22

Schedule D (Form 990) 2022

339,971

209,312.

e Other

c Leasehold improvements d Equipment

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

549,283.

Part VII	Investments -	<b>Other Securiti</b>	es.

(a) Description of security or category (including name of security)	(b) Book value	<ul><li>11b. See Form 990, Part X, line 12.</li><li>(c) Method of valuation: Cost or end</li></ul>	d-of-year market value
1) Financial derivatives			<u> </u>
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
` '			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.			
Part IX Other Assets.  Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(h) Daak yaka
Part IX Other Assets.  Complete if the organization answered "Yes" (a) [	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets.  Complete if the organization answered "Yes" (a) I  (1) ERTC RECEIVABLE		11d. See Form 990, Part X, line 15.	
Part IX Other Assets.  Complete if the organization answered "Yes" (a) [  (1) ERTC RECEIVABLE  (2)		11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" (a) E  (1) ERTC RECEIVABLE  (2)  (3)		11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" (a) E  (1) ERTC RECEIVABLE  (2)  (3)  (4)		11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" (a) [  (1) ERTC RECEIVABLE  (2)  (3)  (4)  (5)		11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" (a) [Complete if the organization answered "Yes" (a) [Complete if the organization answered "Yes" (b) [Complete if the organization answered "Yes" (complete		11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" (a) [Complete if the organization answered "Yes" (b) [Complete if the organization answered "Yes" (c) [Complete if the organization answered		11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" (a) [  (1) ERTC RECEIVABLE  (2)  (3)  (4)  (5)  (6)  (7)  (8)		11d. See Form 990, Part X, line 15.	
Part IX Other Assets.  Complete if the organization answered "Yes" (a) [  (1) ERTC RECEIVABLE  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	Description	11d. See Form 990, Part X, line 15.	910,878
Complete if the organization answered "Yes" (a) ETTC RECEIVABLE (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description	11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" (a) [Complete if the organization answered "Yes" (a) [Complete if the organization answered "Yes" (complete if t	Description		910,878
Complete if the organization answered "Yes" (a) [Complete if the organization answered "Yes" (b) [Complete if the organization answered "Yes" (c) [Complete if the organization of linkility (c) [Complete if the organization answered "Yes" (c) [Complete if the organization answered "	Description		910,878
Part IX Other Assets.  Complete if the organization answered "Yes" (a) E  (1) ERTC RECEIVABLE  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description		910,878
Complete if the organization answered "Yes" (a) E  (1) ERTC RECEIVABLE  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes	Description		910,878
Part IX Other Assets.  Complete if the organization answered "Yes" (a) [  (1) ERTC RECEIVABLE  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes  (2)	Description		910,878
Part IX Other Assets.  Complete if the organization answered "Yes" (a) E  (1) ERTC RECEIVABLE  (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) (3)	Description		910,878
Complete if the organization answered "Yes" (a) ETTC RECEIVABLE  (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		910,878
Complete if the organization answered "Yes" (a) ETTC RECEIVABLE  (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5)	Description		910,878
Complete if the organization answered "Yes" (a) E  (1) ERTC RECEIVABLE  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" (a)  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)	Description		910,878
Complete if the organization answered "Yes" (a) [Complete if the organization answered "Yes" (a) [Complete if the organization answered "Yes" (b) [Complete if the organization answered "Yes" (complete if the organization answered "Yes" (complete if the organization of liability (complete if the organization of liability (complete if the organization answered "Yes" (complete if the organization of liability (c	Description		910,878
Part IX Other Assets.  Complete if the organization answered "Yes" (a) E  (1) ERTC RECEIVABLE  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" (a)  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)	Description		910,878

232053 09-01-22

Schedule D (Form 990) 2022

Pai	rt XI	Reconciliation of Revenue per Audited Financial Stat	ements With	Revenue per R	eturn	<b>.</b>
		Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total	revenue, gains, and other support per audited financial statements			1	5,637,857
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains (losses) on investments	2a	273,918.		
b	Donat	ted services and use of facilities	2b			
С		veries of prior year grants				
d	Other	(Describe in Part XIII.)	2d			
е		nes <b>2a</b> through <b>2d</b>			2e	273,918
3		act line <b>2e</b> from line <b>1</b>			3	5,363,939
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а		tment expenses not included on Form 990, Part VIII, line 7b				
b		(Describe in Part XIII.)	4b			0
С		nes <b>4a</b> and <b>4b</b>			4c	T 262 020
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		. F	5	5,363,939
Ра	rt XII	Reconciliation of Expenses per Audited Financial Sta		i Expenses per	Retu	rn.
		Complete if the organization answered "Yes" on Form 990, Part IV, line				A 520 77A
1		expenses and losses per audited financial statements			1	4,529,774
2		ints included on line 1 but not on Form 990, Part IX, line 25:				
a		ted services and use of facilities				
b		year adjustments				
С.		losses				
d		(Describe in Part XIII.)	·			0
e		nes 2a through 2d			2e	4,529,774
3		act line 2e from line 1			3	4,525,114
4		ints included on Form 990, Part IX, line 25, but not on line 1:	امدا			
a		tment expenses not included on Form 990, Part VIII, line 7b				
b		(Describe in Part XIII.) nes <b>4a</b> and <b>4b</b>			4c	0.
5		nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form</i> 990, <i>Part I, line 18.</i>			5	4,529,774
		Supplemental Information.	/			1,010,777
		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.
		I 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			i, i ai i	7, 2, 1 4, 17, 1,
			,			
PAI	RT X	, LINE 2:				
TH	E FA	SB PROVIDES GUIDANCE ON THE SYMPHONY	'S EVALU	ATION OF A	.CCOT	UNTING FOR
UN	CERT	AINTY IN INCOME TAXES. MANAGEMENT E	EVALUATED	THE SYMPH	ONY	'S TAX
POS	SITI	ON AND CONCLUDED THAT THE SYMPHONY F	IAD TAKEN	NO UNCERT	AIN	TAX
PO	SITI	ONS THAT REQUIRE ADJUSTMENTS TO THE	FINANCIA	L STATEMEN	TS '	ro comply
		DD0				
WΤ'	l'H T	HE PROVISIONS OF THIS GUIDANCE.				

#### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number \*\*-\*\*\*0192 CHARLESTON SYMPHONY ORCHESTRA 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. Mail solicitations ☐ Solicitation of non-government grants Solicitation of government grants h Internet and email solicitations g X Special fundraising events ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) WINKLER GROUP - 1036 EWALL CONSULTANT FOR ENDOWMENT Yes No ST, MOUNT PLEASANT, SC 29464 CAMPAIGN Х 1,612,895 60,000 1,552,895. 1,612,895. 60,000 1 552 895 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.

232081 10-27-22

Schedule G (Form 990) 2022

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

ch	edul	le G (Form 990) 2022 CHARLES	TON SYMPHONY	ORCHESTRA	**_	.***0192 Page 2
	rt I	,				
		of fundraising event contributions and gro		)-EZ, lines 1 and 6b. List e	events with gross receip	ots greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
ne ne			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9 10	Other direct expenses	O in column (d)			
		Net income summary. Subtract line 10 from li				
Pa	rt I					1
		\$15,000 on Form 990-EZ, line 6a.		, , ,	•	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
	<u> </u>	dross revenue				
enses	2	Cash prizes				
Exp	3	Noncash prizes				
Direct	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	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	er the state(s) in which the organization condu	icts gaming activities:			
а	ls t	he organization licensed to conduct gaming ac	· · · · —	states?		Yes No
b	If "I	No," explain:				

Schedule G (Form 990) 2022

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

**b** If "Yes," explain:

232082 10-27-22

Schedule G (Form 990) 2022 CHARLESION SIMPHONI ORCHESIKA	0192	Page 3
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:		
	13a	%
a The organization's facility		
<b>b</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		
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
Tou boos the organization have a contract with a time party from whom the organization receives garning revenue:		
<b>b</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		
Address		
<b>16</b> Gaming manager information:		
Name		
Gaming manager compensation \$		
Description of complete provided		
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		
		□ Na
retain the state gaming license?	└── Yes	└── No
<b>b</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 Pa	art III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990)	CHARLESTON	SYMPHONY	ORCHESTRA	^^-^^U19Z	Page 4
Part IV	G (Form 990)  Supplemental Info	ormation (continued)				
-						
-						
-						

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CHARLESTON SYMPHONY ORCHESTRA

**Employer identification number** \*\*-\*\*\*0192

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MUSICAL PERFORMANCES AND EDUCATIONAL PROGRAMS.

## PART 1 ORGANIZATION'S MISSION THE CHARLESTON SYMPHONY ORCHESTRA (CSO) HAS SERVED THE COMMUNITY AS AN INTEGRAL CULTURAL CORNERSTONE OF THE LOWCOUNTRY FOR ALMOST 90 YEARS. FOUNDED IN 1936, THE ARTISTIC VISION OF THE CSO IS TO PERFORM AND THE HIGHEST QUALITY MUSIC, AND TO ENGAGE AND ENRICH PEOPLE OF PRESENT ALL AGES, RACE, OR ECONOMIC STATUS BY EXPLORING, EXPERIENCING, AND CREATING CLASSICAL MUSIC. AS ONE OF THE LARGEST FULL-TIME PERFORMING ARTS ORGANIZATIONS IN SOUTH CAROLINA, THE CSO HOSTS CLOSE TO 200 CAPTIVATING EVENTS AND IMMERSIVE MUSICAL EXPERIENCES FOR MORE THAN 60,000 ADULTS AND CHILDREN ANNUALLY. NOTEWORTHY ACHIEVEMENTS INCLUDE THE LAUNCH OF THE ORCHESTRAL INCLUSION FELLOWSHIP; PROJECT AURORA; AND THE SUCCESSFUL CONCLUSION OF THE CSO'S INAUGURAL ENDOWMENT CAMPAIGN AFTER RAISING OVER \$15 MILLION. WITH A FOCUS ON INCLUSION, ACCESSIBILITY, AND CULTIVATING AUDIENCES, THE CSO EXPANDED ITS EFFORTS THROUGH DIVERSE PROGRAMMING, BOLD MUSICAL EXPERIENCES, AND ELEVATED EDUCATION OFFERINGS. BUILDING ON THE MOMENTUM OF RECENT SEASONS, THE CSO REMAINS DEDICATED TO SECURING ITS POSITION AS A CULTURAL SANCTUARY FOR ALL OF CHARLESTON, ENSURING ITS CONTINUED RELEVANCE AND IMPACT IN THE COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CSO EXPANDED ITS HOLIDAY POPS PROGRAM TO THREE PERFORMANCES, RESULTING LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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CHARLESTON SYMPHONY ORCHESTRA

Employer identification number \*\*-\*\*\*0192

IN RECORD-BREAKING TICKET SALES. A HISTORIC AND MILESTONE SEASON, THE

CSO PRESENTED CLOSE TO 200 EXCEPTIONAL CONCERTS AND EDUCATION

PERFORMANCES, WHICH WERE ENJOYED BY MORE THAN 60,000 ADULTS AND

CHILDREN. ADDITIONAL ARTISTIC HIGHLIGHTS INCLUDE THE CHARLESTON

SYMPHONY'S HIGHLY ANTICIPATED ALBUM RELEASE "UNDER AN INDIGO SKY,"

WHICH EARNED THE NO. 2 SPOT ON BILLBOARD'S TRADITIONAL CLASSICAL ALBUM

CHART. WITH TWO WORKS COMPOSED BY CHARLESTON NATIVE, EDWARD HART, THE

ALBUM FEATURES GRAMMY-AWARD WINNING HARLEM QUARTET AND CONCERTMASTER,

YURIY BEKKER. FROM RENOWNED CONDUCTORS AND GUEST MUSICIANS TO

INITIATIVES CHAMPIONING MINORITY COMPOSERS AND MUSICIANS, THE SEASON

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

WITH CARNEGIE HALL FOR A HIGHLY ENGAGING AND INTERACTIVE PROGRAM OF

FULL-SCALE SYMPHONIC MUSIC.

SOLIDIFIED THE SYMPHONY'S POSITION AS A CULTURAL SANCTUARY FOR THE

IN ADDITION TO THESE PROGRAMS, THE CHARLESTON SYMPHONY YOUTH ORCHESTRA

(CSYO) OPERATES YEAR-ROUND AS ONE OF THE CSO'S MOST IMPACTFUL

INITIATIVES IN THE DEVELOPMENT OF YOUNG MUSICIANS. THIS ESTEEMED

ENSEMBLE PROVIDED MIDDLE AND HIGH SCHOOL STUDENTS WITH RICH MUSICAL

EXPERIENCES THROUGH INTERACTIONS AND INTENSIVE COACHING WITH CSO

MUSICIANS THROUGHOUT THE SEASON. FY23 MARKED THE FIRST YEAR THE CSYO

SHARED THE STAGE WITH THE CSO IN A MASTERWORKS PERFORMANCE UNDER THE

BATON OF WORLD-RENOWNED CONDUCTOR JONATHON HEYWARD.

FURTHERMORE, THE CSO LAUNCHED ITS FIRST YEAR OF THE FULL CHARLESTON
SYMPHONY INCLUSION FELLOWSHIP, COMPRISED OF TWO EXECUTIVE FELLOWS AND

ENTIRE COMMUNITY."

Schedule O (Form 990) 2022 Page 2

Name of the organization

CHARLESTON SYMPHONY ORCHESTRA

Employer identification number

\*\*-\*\*\*0192

FIVE ORCHESTRAL FELLOWS, DESIGNED TO PROVIDE HIGH-LEVEL EXPERIENTIAL

LEARNING FOR YOUNG PROFESSIONALS. THE TWO EXECUTIVE FELLOWS WERE

AWARDED POSITIONS ON THE CSO STAFF TO PARTICIPATE IN A 24-MONTH

CROSS-DEPARTMENTAL ROTATION, GAINING ROBUST EXPERIENCE WORKING CLOSELY

IN AREAS OF MARKETING, ADVANCEMENT, OPERATIONS, EDUCATION, AND MORE.

FIVE ORCHESTRAL MUSICIANS WERE SELECTED THROUGH A COMPETITIVE AUDITION

PROCESS TO PERFORM WITH THE CSO THROUGHOUT THE SEASON AND RECEIVE MOCK

AUDITIONS AND MASTERCLASSES BY GUEST CONDUCTORS. ALL INCLUSION FELLOWS

PARTICIPATE IN ENRICHMENT WORKSHOPS THROUGHOUT THE YEAR, WORK ON

COMMUNITY PROJECTS, AND PRESENT A FELLOWSHIP RECITAL. THROUGH THESE

INTIATIVES, THE CSO BRINGS WORLD-CLASS MUSIC AND OPPORTUNITIES INTO

STUDENT LIVES AT REDUCED OR NO COST, REMOVING BARRIERS TO ARTS ACCESS

WHILE SERVING AS A RESOURCE TO AMPLIFY CLASSROOM LEARNING AND SUPPORT

LOCAL MUSIC EDUCATORS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FULL BOARD OF DIRECTORS, EXECUTIVE DIRECTOR AND SEPARATELY THE FINANCE COMMITTEE OF THE CHARLESTON SYMPHONY ORCHESTRA ARE GIVEN AN ALLOTED TIME TO REVIEW THE FORM 990 BEFORE IT IS FILED. ANY CHANGES NOTED DURING THE REVIEW PERIOD ARE MADE TO PRIOR TO FILING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR OFFICERS AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS

OF INTEREST AND SIGN AN ASSURANCE TO THAT EFFECT. ANY CONFLICTS SO

DISCLOSED ARE INVESTIGATED AND RESOLVED. DURING THE YEAR, IF ANY OTHER

CONFLICTS ARE MADE AWARE TO THE BOARD AND MANAGEMENT, THEY WOULD PURSUE AND RESOLVE THOSE ISSUES WITH THE OFFICER OR BOARD MEMBER IN QUESTION.

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2** 

Name of the organization CHARLESTON SYMPHONY ORCHESTRA	Employer identification number  * * - * * * 0192
FORM 990, PART VI, SECTION B, LINE 15:	
THE CHARLESTON SYMPHONY ORCHESTRA DOES NOT COMPENSATE ANY	OFFICERS OR
DIRECTORS, EXCEPT FOR THE EXECUTIVE DIRECTOR. EMPLOYEE C	OMPENSATION IS
REVIEWED ANNUALLY IN CONJUNCTION WITH THE OPERATING BUDGE	T PROCESS, WHICH
IS APPROVED BY THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 18:	
THE CHARLESTON SYMPHONY ORCHESTRA PROVIDES ACCESS TO ITS	FORM 1023 UPON
REQUEST AND FORM 990 IS POSTED ON ITS WEBSITE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE CSO MAKES IS GOVERNING DOCUMENTS, CONFLICT OF INTERES	T POLICY AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC EITHER ON OU	R WEBSITE OR UPON
REQUEST.	
PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FOR THE PRIOR YEAR.	

Schedule O (Form 990) 2022

#### **SCHEDULE R** (Form 990)

**Related Organizations and Unrelated Partnerships** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

#### CHARLESTON SYMPHONY ORCHESTRA

Employer identification number \*\*-\*\*\*0192

Part I Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total incom	me End-of-yea		Direct c	<b>(f)</b> controlling ntity	)
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	nswered "Yes" on Form 990	0, Part IV, line 34, t	oecause it had one	e or more	related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) et controlling entity	Section 5 contr	g) 512(b)(13) rolled ity?
CHARLESTON SYMPHONY ORCHESTRA LEAGUE, INC 54-2133879, PO BOX 22613, CHARLESTON, SC							Tes	
29413	FUNDRAISING FOR CSO	SOUTH CAROLINA	501(C)(3)	LINE 10	N/A			Х

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

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

<u> </u>	·		1	1		1																									
(a)	(b)	(c)	(d)	(e)			(i)	(j		(k)																					
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	ng Predominant income (related, unrelated, excluded from tax under sections 512-514)	lominant income Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total					Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	al or P	Percentage ownership
of related organization		(state or foreign	entity		end-of-year assets	allocations?		amount in box	partner?		ownership																				
		country)		sections 512-514)		833013	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	No																				
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l conti ent	tion b)(13) rolled tity?
		country)		or tracty		400010		Yes	No
									<u> </u>

Page 2

Schedule R (Form 990) 2022

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No			
1	During the tax year, did the organization engage in any of the following transactions with one or mo	ore related organizations listed	I in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		X			
b	Gift, grant, or capital contribution to related organization(s)			1b	Х	Х			
c Gift, grant, or capital contribution from related organization(s)									
	Loans or loan guarantees to or for related organization(s)			1d		X			
e Loans or loan guarantees by related organization(s)									
f	f Dividends from related organization(s)								
g	Sale of assets to related organization(s)			1g		X			
h	Purchase of assets from related organization(s)			1h		X			
i	Exchange of assets with related organization(s)			1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)			1j		X			
k	Lease of facilities, equipment, or other assets from related organization(s)			1k		X			
	Performance of services or membership or fundraising solicitations for related organization(s)			11		X			
	n Performance of services or membership or fundraising solicitations by related organization(s)			1m		X			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n		X			
	Sharing of paid employees with related organization(s)			10		X			
р	Reimbursement paid to related organization(s) for expenses			1p		X			
	Reimbursement paid by related organization(s) for expenses			1q		X			
-									
r	Other transfer of cash or property to related organization(s)			1r		X			
s	Other transfer of cash or property from related organization(s)			1s		X			
	If the answer to any of the above is "Yes," see the instructions for information on who must compl			•					
	(a) (b)  Name of related organization Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inve	olved					
(1) <sup>(</sup>	CHARLESTON SYMPHONY ORCHESTRA LEAGUE, INC. C	152,973.	FAIR VALUE						
(2)									
(3)									
(4)									
(5)									
(6)									
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(ŀ	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners se	Share of	Share of	Dispr	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managi	or Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partner	ownership
		Country)	Sections 5 (2-5 (4)	Yes No	income	assets	Yes	No	(F01111 1065)	Yes N	0
										$\vdash$	
										$\sqcup$	
	1						1				