

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

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

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

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

A For the 2022 calendar year, or tax year beginning , 2022, and ending , 20	
B Check if applicable:	C Name of organization WALHALLA CIVIC AUDITORIUM INC
<input type="checkbox"/> Address change	Doing business as
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite
<input type="checkbox"/> Initial return	PO BOX 523
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code
<input type="checkbox"/> Amended return	WALHALLA SC 29691
<input type="checkbox"/> Application pending	F Name and address of principal officer: SEE ATTACHMENT #1
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	D Employer identification number 57-0994911
J Website: NONE	E Telephone number 864-638-5277
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other	G Gross receipts \$ 949,637
L Year of formation: 2003	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M State of legal domicile: SC	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If "No," attach a list. See instructions.
	H(c) Group exemption number

Part I Summary		
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE AN AUDITORIUM FOR THE TOWN OF WALHALLA AND SURROUNDING AREAS. TO PROVIDE MEETING FACILITIES FOR CULTURAL EVENTS FOR THE COMMUNITY. TO PRESERVE THE CIVIC AUDITORIUM FOR FUTURE GENERATIONS.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a) 3	
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4	
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 3	
	6 Total number of volunteers (estimate if necessary) 6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0	
	Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 465,120 Current Year 100,603
		9 Program service revenue (Part VIII, line 2g) 551,535 828,289
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 32 118		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,533		
12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,016,687 930,543		
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 9,000 965
	14 Benefits paid to or for members (Part IX, column (A), line 4) 115,583 152,671	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 644,561 789,346	
	16a Professional fundraising fees (Part IX, column (A), line 11e) 769,144 942,982	
	b Total fundraising expenses (Part IX, column (D), line 25) 247,543 -12,439	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,863,065 1,850,626	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,863,065 1,850,626	
	19 Revenue less expenses. Subtract line 18 from line 12 1,863,065 1,850,626	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 1,863,065 End of Year 1,850,626	
	21 Total liabilities (Part X, line 26)	
	22 Net assets or fund balances. Subtract line 21 from line 20	

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Here	Signature of officer LADALE PRICE Type or print name and title
	Date PRESIDENT
Paid Preparer Use Only	Print/Type preparer's name MARY SHANNON-VOS
	Preparer's signature Firm's name H AND R BLOCK
	Date Firm's address 313 MARKET ST
	Check <input type="checkbox"/> if self-employed PTIN 00203770 SENECA SC 29678 Firm's EIN 570659566 Phone no. (864) 885-1883
May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
For Paperwork Reduction Act Notice, see the separate instructions.	

Form 990 (2022)