

2024

Accommodations Tax Funds Request Application

Organization Name: The Sandbox

Project/Event Name: Enhancing the Tourist Experience

Executive Summary

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

We continuously analyze the return on investment of our ATAX dollars to ensure we are being good stewards of the funding we receive. We continue to have targeted print ads to reach all potential visitors to the island. We use social media ads to target areas where our highest number of tourists reside, and rack cards as ways to reach tourists. The primary metrics for measuring this effectiveness are attendance for general admission and feedback received from programs.

These two metrics together offer a comprehensive view of how well The Sandbox is achieving its goals and how effectively it is engaging its target audience. Attendance numbers can give an idea of the organization's reach and appeal, while feedback provides a deeper understanding of participant experiences and their perceptions of the programs. It is worth noting that while attendance and feedback are valuable metrics, other metrics like participant retention, engagement duration, or even qualitative factors such as community-building and impact on participants' lives could be considered when assessing overall effectiveness.

We utilized targeted print ads, social media ads, rack cards, Google ads, and radio ads to reach different segments of potential visitors. The addition of radio ads for tourists traveling by car shows an understanding of your audience's preferences and behaviors. These efforts have contributed to an increase in visitors and inquiries.

A significant portion of visitor responses come from internet searches, including social media posts. Our Facebook (FB) page, currently under redesign, along with our website, continues to see an increase in likes and has directed online traffic to the page. Our FB audience consists mainly of women aged 35-44, indicating a clear target demographic. Our Instagram following has grown by 40% in the last year, which shows that we are successfully expanding our presence across different social media platforms. Our print expenditure includes ads in publications targeting visitors, as well as local magazines that reach guests directly. Word of mouth continues to account for 20% of visitors, indicating a positive impact from The Sandbox's reputation and visitor experiences.

Our Instagram presence has grown 40% in the last year to 2076 followers. Our print expenditure included ads in publications targeting visitors including (BIG Fat Coupon Book, Island Events, Discovery Map, etc.), local magazines free to guests where we advertised specific events and programs, flyers, posters, etc. When asked, 20% of visitors indicated they had heard about us through word of mouth including from the place they were staying (hotel or rental agency). We brought back our seasonal events that are geared toward holidays such as St. Patrick's Day and July Fourth. This summer our summer camp had not only repeat campers, but also campers who were here for the entire summer. We continued our free music concert by Rick Hubbard and his Kazooie Band, on Monday evenings on our porch. This continues to be a highly successful event with over 85% of those who participated were tourists and the majority of them had never visited the museum. We

added additional vendors including a balloon artist and a fruit pop stand to the event. We have added some new items to the exhibit space including a 3D holographic sandbox that teaches about the biomes. A special biome was created for The Sandbox and is a Carolina Lowcountry biome that simulates a hurricane and shows what happens to the marshlands when a hurricane comes through. We are continuing to plan for new exhibits in the coming year and are working on funding parameters. This past year we have seen a high level of wear and tear in the exhibits. This correlates with the increase in guests.

The Sandbox is the only non-profit hands-on, interactive, play and learning museum of its kind in the Lowcountry. It features region-related exhibits, crafts, and regular and special programs specifically designed to stimulate curiosity, evoke creativity, and motivate learning in children aged twelve years and under. Since our inception in December of 2005, we have hosted over 431,030 patrons from across the world. Our presence invokes a memory-making destination within a destination. *Learn to Play and Play to Learn* is not just a tag line but inherent in our core values as an organization.

We respectfully submit a request for **\$60,765**, which is a less than 2% increase in funding from 2023. While we have traditionally worked to lower our ask, we realize the need for these resources to keep our facilities, programming and advertising to the same caliber that has made The Sandbox the destination for kids and families from near and far. The Board of Directors and staff at The Sandbox wish to extend our thanks you for the opportunity to share our successes with the ATAX Committee and appreciate your consideration and continued support which will allow us to celebrate 18 years in our community.

2024 Accommodations Tax Funds Request Application

Date Received: 08/31/2023

Time Received: 01:05 PM

By: Online Submittal

Applications will not be accepted if submitted after 4 pm on September 1, 2023

A. SUMMARY OF GRANT REQUEST:

ORGANIZATION NAME: The Sandbox

Project/Event Name: Enhancing the Tourist Experience

Contact Name: Lynn King

Title: Interim Executive Director

Address: 80 Nassau St., Hilton Head Island, SC 29928

Email Address: lynnhking@gmail.com

Contact Phone: 843-368-9520

Event Date:

Event Location: The Sandbox Children's Museum

Total Budget: \$346,306.00

Grant Requested: \$60,765.00

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

"The Sandbox" seeks funding of \$60,765 for advertising efforts, programming, and exhibit enhancements. We are allocating \$14,389 towards online/print advertising, crucial for attracting visitors. Growing demand for summer camps and programs underlines our request for \$26,076 for events and programming. Maintaining our facilities/exhibits is essential to provide a safe, captivating environment for visitors. With increased wear and tear on our exhibits, we are facing higher maintenance costs. Rising HVAC/electrical costs have impacted operational expenses. We are allocating \$20,300 to facility improvements to ensure seamless and enjoyable experiences for our guests. This request represents a less than 2% increase from 2023.

How does the organization/event either drive tourism to Hilton Head Island or enhance the visitor experience on Hilton Head Island? How is this impact being measured? (100 words or less)

The mission of The Sandbox, the only interactive children's museum on Hilton Head Island, is to encourage learning through play for children up to age 12. By offering a unique setting that combines play and education, the presence of a family-friendly attraction like The Sandbox significantly contributes to the local economy by attracting more families to the area, leading to increased spending on accommodation, dining, and other tourism-related activities. Continued

growth in visitor numbers and positive feedback can suggest that the museum is meeting the ongoing needs of families visiting Hilton Head Island.

A. Total Number of Physical Tourists Served: 13080

A Tourist is considered a non-resident, traveling more than 50 miles to the Town of Hilton Head Island.

B. Total Number of Physical Visitors Served: 2994

A Visitor is considered a non-resident, who travels 50 miles or less to visit the Town of Hilton Head Island.

C. Total Number of Physical Residents Served: 2956

A Resident is considered any person who claims their property address within the limits of the Town of Hilton Head Island as their primary residence.

D. Total Number of Physical Patrons Served (A+B+C=D): 19030

How was the Number of Visitors/Tourists Documented? (250 words or less)

We collect zip code information through multiple channels: upon check-in, when tickets are purchased online, and through a QR code form for visitors at various events where we are present. This data provides valuable insights into the geographical distribution of The Sandbox audience. By categorizing attendees based on their zip codes, we are able to segment our audience, which is useful for tailoring our marketing efforts. If we see a sizable number of attendees coming from a specific area, we work to consider gathering feedback to understand what additional programs and exhibits might offer a draw to return to The Sandbox. 82% of our guests YTD in 2023 were non-residents. Above is YTD July 31, 2023.

B. DESCRIPTION OF OPERATIONS:

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

The Sandbox, founded in 2005, is the only non-profit children's museum in Beaufort County. The museum features interactive exhibits and programs thoughtfully designed to cater to the developmental needs of children, to encourage play through learning, and to promote interaction between children up to age twelve and their parents/caregivers. The inclusion of interactive exhibits such as the 3D sandbox that which tutors kids about biomes and the Maker Room for hands-on activities like building electric circuits and woodworking, all offer experiences that can foster creativity, critical thinking, and problem-solving skills in children. The Sandbox continues to be a valuable resource for families visiting Hilton Head Island, offering both entertainment and educational value. The location of the new museum building, adjacent to the Town's Lowcountry Celebration

Park, offers close proximity and access to the hub of tourist activity on the south end of the Island. The museum continues to play a vital role in promoting curiosity, learning, and engagement for the Island's youngest visitors.

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

Destination marketing is paramount to The Sandbox. This year 82% of our guests were tourists. We utilize various marketing efforts throughout the high season and maintain consistent messaging to pique future travelers' interest during the off-season/ holidays. Radio campaigns help reach the drive market. We plan to allocate the **\$14,389** for: Design/Ads, Digital Media Ads, Print and Radio advertising to our target market.

Tourism-related events include programs to attract/encourage the return of tourists throughout the year. Our Summer Camp was at full capacity for all 9 weeks in 2023. We maintained a waiting list and collected information to market to visitors unable to participate but wish to visit during the year. Our free weekly music concert continues to be extremely popular as were other family-friendly events such as Irish fest and Plaidurday,

Programs for 2024 include: *Schools Out for the Summer* (end of school) - *Pop Goes the Sandbox* (July 4th) - *Dog Days of Summer* (back to school) - *Talking Turkey* (day before Thanksgiving) – *Ho Ho Holidays* (weekend before Christmas) and *NOON New Years Eve*. We will allocate **\$26,076** to these programs.

We have experienced additional expenses in our new building including higher insurance premiums, increased electricity/service charges with the HVAC. We are working with the Town on facility flooding issues and have incurred expenses for water clean-up. The exhibits require ongoing repair costs due to increased wear and tear. Multiple exhibits have consumables which need replenished regularly to keep them operational for visitors. This request is **\$20,300**.

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

The potential impact of partial funding by ATAX for The Sandbox could result in several consequences. With limited funding, The Sandbox would need to reduce advertising efforts affecting its visibility and ability to attract tourists. Scaling back exhibits would limit the variety and attractiveness of the experiences offered, potentially making it less appealing to visitors. The facility would likely need to cut back on programming efforts which would impact the quality and diversity of educational and entertainment experiences it provides to visitors. Programs could be reduced or even canceled due to budget constraints.

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

The Sandbox continues its success in attracting tourists and enhancing the visitor experience. Our consistent tracking of significant tourist traffic with over 99% feedback we receive indicating a willingness to revisit is a strong testament to the positive impact The Sandbox has on tourism.

Having the majority of our guests live more than 50 miles away indicates that we are drawing visitors from a wide geographical area, which contributes to increased economic activity in the region through spending on accommodations, dining, transportation, and other local businesses. This helps diversify the local economy and create jobs, thus positively affecting the entire community.

5. In order to comply with the State's Tourism Expenditure Review Committee annual reporting requirements, **please classify your current grant request into the following authorized categories:**

<p>1 - Destination Advertising/Promotion <i>Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity.</i></p>	23 %
<p>2 - Tourism-Related Events <i>Promotion of the arts and cultural events.</i></p>	43 %
<p>3 - Tourism-Related Facilities <i>Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.</i></p>	34 %
<p>4 - Tourism-Related Public Services <i>The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.</i></p>	0 %
<p>5 - Tourist Public Transportation <i>Tourist shuttle transportation.</i></p>	0 %
<p>6 - Waterfront Erosion/Control/Repair <i>Control and repair of waterfront erosion.</i></p>	0 %
<p>7 - Operation of Visitor Information Centers <i>Operating visitor information centers.</i></p>	0 %
Total:	100 %

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

The Sandbox continues its strong commitment to collaboration and community engagement. Building partnerships and working closely with local businesses and organizations significantly impacts both the community and the museum. Working with local organizations allows The Sandbox to offer a diverse range of programming that caters to Partnering with other organizations allows you to offer a diverse range of programming that caters to diverse interests and needs. Collaboration enriches the experience for visitors and residents alike, making our community a more vibrant and attractive place. We strive for consistent messaging with local organizations and businesses to help reinforce the image of Hilton Head Island as a premier destination for families. We see our partnership with others as crucial to providing a well-rounded experience for visitors. Regular communication with hotels and rental agencies ensures that tourists are well-informed about your events, hours, and programming. This encourages them to include The Sandbox in their itinerary, contributing to a positive visitor experience. We participate in local events such as Family Day at the Coastal Discovery Museum, the Juneteenth celebration, and the Kiwanis Jeep Island Chili Cook-off. We appreciate the importance of providing special events in conjunction with local events such as our Irish fest (scheduled before the St. Patrick's Day parade). Our emphasis on collaboration, community involvement, and strategic partnerships highlights a well-rounded approach that contributes not only to the success of The Sandbox, but also to the overall appeal and development of the community as a whole.

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

C. FUNDING:

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

Museum income (Admissions, Memberships, birthday parties, and programming) currently funds about 80% of our operating income. The balance of funding is generated through fundraising efforts, special event opportunities, local grants, and ATAX funding. We are pleased with the support of the local community through donations and sponsorships that make up part of that balance. Support from private grants and foundations, corporations, and private donors is cultivated each year.

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

<u>13</u> Government Sources	<u>2</u> Private Contributions, Donations and Grants
Corporate Support, Sponsors	<u>7</u> Membership, Dues, Subscriptions
<u>78</u> Ticket Sales, or Sales and Services	Other

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

Yes No

If so, please list top 3 sources and amounts.

D. FINANCIAL INFORMATION:

Fiscal Year Disclosure: Start Month: **January 2023** End Month: **December 2023**

Financial Statement Requirements:

1. The upcoming fiscal year's operating budget for the organization.

Budget Provided: **Yes**

2. The previous two fiscal years and current year-to-date profit and loss reports for the organization.

Current fiscal year Profit Loss Report Provided: **Yes**

Previous fiscal year Profit Loss Reports Provided:

2022- Previous FY 1

2021- Previous FY 2

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

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

Previous fiscal year Balance Sheets Provided:

2022 - Previous FY 1

2021 - Previous FY 2

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

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

Previous IRS Form 990 or 990T Years Provided:

2020 - Previous FY 1

2021 - Previous FY 2

E. FINANCIAL GUARANTEES AND PROCEDURES:

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

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

2. Indicate whether your organization follows Town procurement guidelines or has its own procurement guidelines which are utilized and followed in the expenditure of ATAX grant funds.

- Follow Town procurement guidelines
- Utilize and follow organization's own procurement guidelines
- Our organization does not have or follow procurement guidelines

F. MEASURING EFFECTIVENESS:

If you received 2022 or 2023 HHI ATAX funds

1. List any ATAX award amounts received in 2022 and/or 2023.

2021	\$17,875.00	Enhancing the Tourist Experience
2021	\$135,000.00	Enhancing the Tourist Experience-Out of Cycle
2022	\$44,400.00	Enhancing the Tourist Experience
2023	\$59,895.00	Enhancing the Tourist Experience

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

2023: \$59985 Requested and Awarded
\$15002 for advertising
\$23850, for tourism-related events
\$21043, for tourism-related facilities

To date 8.28.23 our attendance has been about the same. By using multisensory marketing efforts and our location by the new playground we have been able to capitalize on the drive market tourists to the new location. We historically have offered two 3-hour play sessions each day and continue to find ourselves at capacity. We are evaluating and reviewing the possibility of adding a 3rd session, during peak times, to help us accommodate the increased demand from visitors.

Our summer camp was full for 9 out of the 9 weeks and had a wait list for every week. The demographics of our campers was a mix of local children and tourist children. Our special events throughout the summer and tourist months frequently sell out as well.

Our exhibit dollars help to maintain our supplies and allow us to keep our exhibits well-maintained in an atmosphere of much wear and tear from our visitors.

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

The funding from the Hilton Head Island Accommodations Tax (ATAX) plays a pivotal role in supporting The Sandbox's continued mission and success. These funds enable us to implement consistent messaging across various channels like rack cards, promotional coupons, flyers, radio spots, and tourist-focused publications. This marketing effort has proven effective in attracting new visitors and returning visitors to the museum.

One notable benefit of ATAX funding is the ability to communicate our building location effectively. This is crucial for potential visitors to find and engage with the museum. ATAX funding contributes to offering diverse programming, such as summer camps, which cater to the needs of tourist families. Many children have spent their summers at the museum, participating in multiple weeks of camp, which speaks to the positive impact of our offerings.

Having the financial resources to regularly update and enhance the exhibits is another significant advantage. This ensures that The Sandbox remains engaging, appealing to new and repeat visitors, and helps us provide an enriched experience for children and families.

In summary, the Hilton Head Island ATAX funds are essential for sustaining The Sandbox's operations, expanding its reach, and continually enhancing the visitors' experiences.

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

The primary tool that The Sandbox currently uses to measure effectiveness for our programming comes from general attendance numbers of events and activities. We also utilize feedback from our visitors and guests to determine interest in programs and/or recommendations for increasing their interest in return visits to the museum. During peak tourist season, we attempt to survey visitors for specific special events to gauge their interest and enthusiasm for the program. Once our website redesign is completed later this year, we will have more options for interactive online surveys from our visitors who can give us feedback immediately. This data will be valuable to utilize in assessing our current offerings and help us in planning new exhibits and additional programs.

G. EXECUTIVE SUMMARY

Provide an executive summary using the "ATAX Effectiveness Measurement" form provided via the link on the left, or by utilizing the text area provided below to report uses of the organization's prior ATAX grant, if applicable. If creating your own format, please refer to the "ATAX Effectiveness Measurement" form and use the criteria as a guideline in developing your executive summary below. (1300 words or less)

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

We continuously analyze the return on investment of our ATAX dollars to ensure we are being good stewards of the funding we receive. We continue to have targeted print ads to reach all potential visitors to the island. We use social media ads to target areas where our highest number of tourists reside, and rack cards as ways to reach tourists. The primary metrics for measuring this effectiveness are attendance for general admission and feedback received from programs.

These two metrics together offer a comprehensive view of how well The Sandbox is achieving its goals and how effectively it is engaging its target audience. Attendance numbers can give an idea of the organization's reach and appeal, while feedback provides a deeper understanding of participant experiences and their perceptions of the programs. It is worth noting that while attendance and feedback are valuable metrics, other metrics like participant retention, engagement duration, or even qualitative factors such as community-building and impact on participants' lives could be considered when assessing overall effectiveness.

We utilized targeted print ads, social media ads, rack cards, Google ads, and radio ads to reach different segments of potential visitors. The addition of radio ads for tourists traveling by car shows an understanding of your audience's preferences and behaviors. These efforts have contributed to an increase in visitors and inquiries.

A significant portion of visitor responses come from internet searches, including social media

posts. Our Facebook (FB) page, currently under redesign, along with our website, continues to see an increase in likes and has directed online traffic to the page. Our FB audience consists mainly of women aged 35-44, indicating a clear target demographic. Our Instagram following has grown by 40% in the last year, which shows that we are successfully expanding our presence across different social media platforms. Our print expenditure includes ads in publications targeting visitors, as well as local magazines that reach guests directly. Word of mouth continues to account for 20% of visitors, indicating a positive impact from The Sandbox's reputation and visitor experiences.

Our Instagram presence has grown 40% in the last year to 2076 followers. Our print expenditure included ads in publications targeting visitors including (BIG Fat Coupon Book, Island Events, Discovery Map, etc.), local magazines free to guests where we advertised specific events and programs, flyers, posters, etc. When asked, 20% of visitors indicated they had heard about us through word of mouth including from the place they were staying (hotel or rental agency). We brought back our seasonal events that are geared toward holidays such as St. Patrick's Day and July Fourth. This summer our summer camp had not only repeat campers, but also campers who were here for the entire summer. We continued our free music concert by Rick Hubbard and his Kazooie Band, on Monday evenings on our porch. This continues to be a highly successful event with over 85% of those who participated were tourists and the majority of them had never visited the museum. We added additional vendors including a balloon artist and a fruit pop stand to the event. We have added some new items to the exhibit space including a 3D holographic sandbox that teaches about the biomes. A special biome was created for The Sandbox and is a Carolina Lowcountry biome that simulates a hurricane and shows what happens to the marshlands when a hurricane comes through. We are continuing to plan for new exhibits in the coming year and are working on funding parameters. This past year we have seen a high level of wear and tear in the exhibits. This correlates with the increase in guests.

The Sandbox is the only non-profit hands-on, interactive, play and learning museum of its kind in the Lowcountry. It features region-related exhibits, crafts, and regular and special programs specifically designed to stimulate curiosity, evoke creativity, and motivate learning in children aged twelve years and under. Since our inception in December of 2005, we have hosted over 431,030 patrons from across the world. Our presence invokes a memory-making destination within a destination. *Learn to Play and Play to Learn* is not just a tag line but inherent in our core values as an organization.

We respectfully submit a request for **\$60,765**, which is a less than 2% increase in funding from 2023. While we have traditionally worked to lower our ask, we realize the need for these resources to keep our facilities, programming and advertising to the same caliber that has made The Sandbox the destination for kids and families from near and far. The Board of Directors and staff at The Sandbox wish to extend our thanks you for the opportunity to share our successes with the ATAX Committee and appreciate your consideration and continued support which will allow us to celebrate 18 years in our community.

Signature: Lynn King

Title/Position: Interim Executive Director

Mailing Address: 80 Nassau Street, HILTON HEAD ISLAND, SC 29928

Email Address: lynnhking@gmail.com

Office Phone Number: 843-368-9520

Home Phone Number: 843-368-9520

Timestamp	What is your home zip	Have you visited The S	How did you hear about	How many children (un	How many adults are with you tonight?
6/13/2022 18:39:13	37027	No	The Sandbox website	1	2
6/13/2022 19:37:55	43612	No	The Sandbox website	3	2
6/13/2022 19:38:56	43625	No	Sign	3	2
6/13/2022 19:39:58	31064	No	Social Media	2	4
6/13/2022 19:48:54	27889	No	Where we are staying	3	7
6/13/2022 19:49:00	29072	Yes	The Sandbox website	2	2
6/13/2022 19:49:38	27616	Yes	The Sandbox website	1	1
6/13/2022 19:52:27	18702	No	The Sandbox website	1	2
6/20/2022 19:42:41	30114	No	Social Media	3	6
6/20/2022 19:43:27	30114	No	Where we are staying	3	6
6/20/2022 19:45:25	35758	No	Walking through adven	3	1
6/21/2022 21:25:14	15601	No	Social Media	4	7
6/27/2022 19:32:57	20171	No	Playing at the park and	1	4
6/27/2022 19:42:05	30075	No	The Sandbox website	One	Two
6/27/2022 19:42:53	29910	No	Social Media	2	2
6/27/2022 19:42:56	53209	No	My cousin	2	2
6/27/2022 19:42:58	29926	Yes	Social Media	2	2
6/27/2022 19:43:23	40033	No	Walk up	0	1
6/27/2022 21:06:08	46123	No	We were at the park ar	1	3
6/28/2022 13:33:53	23114	No	Where we are staying	2	2
7/11/2022 22:03:46	08035	No	Social Media	2	4
7/25/2022 19:42:10	37069	No	Google search	4	2
7/25/2022 19:45:33	53207	No	Social Media	3	6
7/25/2022 19:45:48	55426	No	Social Media	1	4
7/25/2022 20:05:17	52245	No	My sister	3	7
7/27/2022 9:21:47	29715	No	Sign in front of museur	2	2
7/28/2022 23:18:39	60525	Yes	We came to see Rick F	3	7
8/6/2022 16:57:11	30038	No	Where we are staying	1	2
8/8/2022 19:49:51	25314	No	Saw Rick Hubbard on F	2	6
8/8/2022 21:07:39	28078	No	Walked up while playin	2	2
8/15/2022 19:56:06	15236	No	Social Media	1	3
6/16/2023 13:54:11	11111	No	Social Media	20	5
6/19/2023 18:35:16	29926	Yes	Erica Kristin	2	2
6/19/2023 18:36:04	35758	Yes	Came last year	3	3

6/19/2023 18:37:22	27834	Yes	The Sandbox website	2	4
6/19/2023 18:37:27	27889	Yes	Where we are staying	2	4
6/19/2023 18:37:35 07675		No	Happen to walk by	1	1
6/19/2023 18:37:58	17815	Yes	Social Media	1	2
6/19/2023 18:38:35	43065	No	Playing at park	3	2
6/19/2023 18:40:38	44149	No	We were at the playgro	2	2
6/19/2023 18:42:25	30655	No	Playground	2	1
6/19/2023 18:46:40	45014	No	The Sandbox website	2	4
6/19/2023 18:47:05	45014	No	The Sandbox website	2	4
6/19/2023 18:50:46	32776	No	Sandbox employee	2	2
6/19/2023 18:54:00	32776	No	Sandbox employee	2	2
6/19/2023 19:40:31	23112	Yes	Where we are staying	3	3
6/19/2023 19:40:44 01536		Yes	Sign at sandbox	2	2
6/19/2023 19:41:19	27889	Yes	The Sandbox website	2	4
6/19/2023 20:14:10	37066	Yes	The Sandbox website	3	2
6/26/2023 18:17:07	29910	Yes	Social Media	2	2
6/26/2023 18:17:23	29910	Yes	The Sandbox website	2	2
6/26/2023 19:00:02	27858	No	We walked past it prior	4	3
6/26/2023 19:46:34	30342	No	Where we are staying	2	3
6/26/2023 19:46:38	29928	Yes	Social Media	2	3
6/26/2023 19:46:56 01852		No	Social Media	1	4
6/26/2023 19:47:33	28146	No	At park	Four	Three
7/3/2023 19:41:05	17111	Yes	Came across while at p	2	2
7/3/2023 19:41:05	49519	Yes	Where we are staying	3	2
7/3/2023 19:41:19	29662	No	Social Media	1	1
7/3/2023 19:45:34	44212	No	Stopped st playground	1	1
7/17/2023 19:41:07	26624	No	Walking by the stage	2	2
7/17/2023 19:43:56	30161	No	Playground	1	1
7/17/2023 19:47:40	31904	Yes	Internet search	1	3
7/17/2023 19:48:19	29926	Yes	Internet	1	3
7/17/2023 20:24:31	31904	Yes	Internet	1	3
7/31/2023 19:40:49	28104	No	The Sandbox website	2	3
7/31/2023 19:45:31	29072	No	Social Media	2	2
7/31/2023 19:45:38	32092	No	The Sandbox website	2	5
7/31/2023 19:45:46	37206	No	Just saw it going on	2	2
7/31/2023 19:45:51	29928	No	Where we are staying	1	2
7/31/2023 19:45:56	27127	Yes	Walking by	2	4
7/31/2023 19:46:36	44266	No	We come every year!	2	2
7/31/2023 19:46:51	44266	No	Where we are staying	2	2
7/31/2023 19:47:17	27103	Yes	Where we are staying	2	4

7/31/2023 20:36:13	32608 No	Where we are staying	2	5
8/7/2023 19:47:18	45248 No	Rick Hubbard	4	6
8/7/2023 19:47:53	45233 No	Friend	4	5
8/7/2023 19:48:07	24266 No	Shuttle Driver	3	2
8/7/2023 19:48:33	45233 No	Friend	4	6
8/7/2023 19:49:27	29928 Yes	Social Media	2	2

2024 Expenses	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Executive Staff													\$0
Executive Director	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$90,000
Summer Camp staff	\$0	\$0	\$0	\$0	\$0	\$9,000	\$6,700	\$1,500	\$0	\$0	\$0	\$0	\$17,200
Floor Staff	\$3,000	\$3,000	\$3,000	\$3,500	\$3,500	\$5,000	\$5,000	\$4,500	\$3,500	\$3,500	\$4,500	\$4,000	\$46,000
Other Staff	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Salaries	\$10,500	\$10,500	\$10,500	\$11,000	\$11,000	\$21,500	\$19,200	\$13,500	\$11,000	\$11,000	\$12,000	\$11,500	\$153,200
Payroll Taxes @ 15.4%	\$1,617	\$1,617	\$1,617	\$1,694	\$1,694	\$3,311	\$2,957	\$2,079	\$1,694	\$1,694	\$1,848	\$1,771	\$23,593
Total Salary Expenses	\$12,117	\$12,117	\$12,117	\$12,694	\$12,694	\$24,811	\$22,157	\$15,579	\$12,694	\$12,694	\$13,848	\$13,271	\$176,793
Professional Fees							\$55			\$0		\$0	\$55
Bookkeeping	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$2,100
Rent	\$1	\$1	\$1	\$1	\$1	\$1	\$1	\$1	\$1	\$1	\$1	\$1	\$12
Utilities- Electric	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$24,000
Utilities - HVAC/Garbage	\$184	\$1,589	\$184	\$184	\$1,589	\$184	\$184	\$184	\$1,589	\$184	\$184	\$1,589	\$7,828
Storage	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$2,400
IT / Telephone/Internet	\$750	\$750	\$750	\$750	\$750	\$750	\$750	\$750	\$750	\$750	\$750	\$750	\$9,000
Advertising ATAX	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,189	\$14,389
Advertising	\$263	\$263	\$263	\$263	\$263	\$263	\$263	\$263	\$263	\$263	\$263	\$263	\$3,156
Membership / Spec. Events	\$0	\$0	\$100	\$1,000	\$50	\$100	\$0	\$0	\$100	\$0	\$0	\$0	\$1,350
Fundraising Expenses	\$0	\$300	\$1,000	\$0	\$0	\$0	\$20	\$100	\$2,063	\$0	\$0	\$0	\$3,483
Executive Director Expense	\$0	\$0	\$110	\$1,000	\$0	\$0	\$0	\$100	\$0	\$0	\$0	\$0	\$1,210
Office Supplies	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$2,400
Postage & Delivery	\$40	\$0	\$40	\$64	\$0	\$40	\$50	\$50	\$50	\$0	\$0	\$40	\$374
Printing	\$100	\$0	\$0	\$0	\$0	\$0	\$50	\$0	\$0	\$0	\$0	\$0	\$150
Family Fun Nights - Materials	\$10	\$10	\$10	\$10	\$10	\$0	\$0	\$0	\$50	\$50	\$50	\$50	\$250
Birthday Supplies	\$40	\$50	\$30	\$0	\$10	\$0	\$10	\$10	\$40	\$50	\$50	\$0	\$290
Programs (ATAX)	\$2,173	\$2,173	\$2,173	\$2,173	\$2,173	\$2,173	\$2,173	\$2,173	\$2,173	\$2,173	\$2,173	\$2,173	\$26,076
Programs supplies	\$477	\$477	\$477	\$477	\$477	\$477	\$477	\$477	\$477	\$477	\$477	\$477	\$5,724
Janitorial / Cleaning Supplies	\$350	\$300	\$350	\$300	\$250	\$300	\$300	\$300	\$350	\$300	\$300	\$225	\$3,625
Bank Charges / Credit Card Pro	\$385	\$270	\$325	\$0	\$0	\$0	\$55	\$0	\$0	\$0	\$0	\$0	\$1,035
Association Dues & Licenses	\$59	\$0	\$0	\$59	\$0	\$0	\$1,328	\$100	\$100	\$0	\$0	\$200	\$1,846
Gift Shop Sales	\$0	\$200	\$500	\$0	\$700	\$0	\$700	\$50	\$50	\$0	\$87	\$0	\$2,287
Insurance	\$852	\$852	\$1,262	\$852	\$852	\$1,761	\$2,852	\$4,852	\$811	\$781	\$581	\$688	\$16,997
Building Upkeep	\$1,405	\$0	\$0	\$1,405	\$0	\$0	\$2,500	\$1,405	\$2,500	\$0	\$0	\$1,405	\$10,620
Exhibit Upkeep (ATAX)	\$1,692	\$1,692	\$1,692	\$1,692	\$1,692	\$1,692	\$1,692	\$1,692	\$1,692	\$1,692	\$1,692	\$1,688	\$20,300
Exhibit Upkeep	\$372	\$372	\$372	\$372	\$372	\$372	\$372	\$372	\$372	\$372	\$372	\$365	\$4,457
Travel/Auto	\$0	\$350	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$350
ACM	\$0	\$600	\$500	\$0	\$2,000	\$0	\$0	\$0	\$0	\$0	\$0	\$650	\$3,750
Total Expenses	\$25,045	\$26,141	\$26,031	\$27,071	\$27,658	\$36,699	\$39,764	\$32,233	\$29,900	\$23,562	\$24,603	\$27,599	\$346,306

2024 Projected Income	\$14,858	\$13,732	\$44,169	\$27,565	\$37,765	\$45,305	\$52,805	\$33,565	\$16,440	\$21,557	\$18,620	\$19,925	\$346,306
2024 Projected Expense	\$25,045	\$26,141	\$26,031	\$27,071	\$27,658	\$36,699	\$39,764	\$32,233	\$29,900	\$23,562	\$24,603	\$27,599	\$346,306
Net Income / Loss	\$ (10,187)	-\$12,409	\$ 18,138	\$ 494	\$ 10,107	\$ 8,606	\$ 13,041	\$ 1,332	\$ (13,460)	\$ (2,005)	\$ (5,983)	\$ (7,674)	\$0

The Sandbox 2023

DRAFT

Projected 2024 Income	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Total	Notes
Fees Income														
Memberships	\$2,000	\$500	\$1,500	\$1,500	\$2,000	\$1,500	\$1,000	\$1,300	\$2,300	\$2,000	\$2,000	\$3,000	\$20,600	
Admissions	\$5,000	\$5,000	\$15,000	\$15,000	\$20,000	\$28,000	\$30,000	\$20,000	\$1,000	\$12,000	\$9,500	\$10,000	\$170,500	
Programs	\$0	\$180	\$0	\$500	\$0	\$0	\$1,000	\$0	\$0	\$100	\$100	\$500	\$2,380	
Camps	\$0	\$0	\$4,500	\$2,000	\$2,200	\$8,000	\$10,000	\$3,000	\$0	\$0	\$0	\$0	\$29,700	
Field trips	\$180	\$280	\$0	\$750	\$300	\$140	\$240	\$0	\$0	\$0	\$180	\$0	\$2,070	
Birthdays Parties @ \$225	\$2,250	\$1,000	\$500	\$500	\$850	\$2,000	\$600	\$700	\$775	\$775	\$775	\$775	\$11,500	
Gift Shop Sales	\$150	\$200	\$600	\$250	\$150	\$600	\$300	\$300	\$300	\$350	\$500	\$500	\$4,200	
Fees Income Total	\$9,580	\$7,160	\$22,100	\$20,500	\$25,500	\$40,240	\$43,140	\$25,300	\$4,375	\$15,225	\$13,055	\$14,775	\$240,950	
Other Income														
Grants	\$0	\$0	\$1,500	\$2,000			\$1,800	\$1,000	\$5,000	\$0	\$0	\$0	\$11,300	
Fundraiser Corporate Sponsors	\$0	\$0	\$0	\$0	\$0	\$0	\$800	\$0	\$0	\$0	\$0	\$0	\$800	
Donations	\$200	\$1,500	\$500	\$0	\$5,200	\$0	\$2,000	\$2,000	\$2,000	\$1,267	\$500	\$100	\$15,267	
Fundraisers	\$0	\$0	\$15,000	\$0	\$2,000	\$0	\$0	\$200	\$0	\$0	\$0	\$0	\$17,200	
Subtotal other Income	\$200	\$1,500	\$17,000	\$2,000	\$7,200	\$0	\$4,600	\$3,200	\$7,000	\$1,267	\$500	\$100	\$44,567	
ATAX Reimbursement - Adv.	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,189	\$14,389	
ATAX Reimbursement-Program	\$2,173	\$2,173	\$2,173	\$2,173	\$2,173	\$2,173	\$2,173	\$2,173	\$2,173	\$2,173	\$2,173	\$2,173	\$26,076	
ATAX Reimbursement - Exhib.	\$1,692	\$1,692	\$1,692	\$1,692	\$1,692	\$1,692	\$1,692	\$1,692	\$1,692	\$1,692	\$1,692	\$1,688	\$20,300	
Bank Interest	\$13	\$7	\$4	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24	
Subtotal ATAX	\$5,078	\$5,072	\$5,069	\$5,065	\$5,065	\$5,065	\$5,065	\$5,065	\$5,065	\$5,065	\$5,065	\$5,050	\$60,789	
Other Income and ATAX Total	\$5,278	\$6,572	\$22,069	\$7,065	\$12,265	\$5,065	\$9,665	\$8,265	\$12,065	\$6,332	\$5,565	\$5,150	\$105,356	
Fees and Other Income Total	\$14,858	\$13,732	\$44,169	\$27,565	\$37,765	\$45,305	\$52,805	\$33,565	\$16,440	\$21,557	\$18,620	\$19,925	\$346,306	
2024 Projected Income	\$14,858	\$13,732	\$44,169	\$27,565	\$37,765	\$45,305	\$52,805	\$33,565	\$16,440	\$21,557	\$18,620	\$19,925	\$346,306	
2024 Projected Expense	\$25,045	\$26,141	\$26,031	\$27,071	\$27,658	\$36,699	\$39,764	\$32,233	\$29,900	\$23,562	\$24,603	\$27,599	\$346,306	
Net Income / Loss	\$(10,187)	#####	\$ 18,138	\$ 494	\$ 10,107	\$ 8,606	\$ 13,041	\$ 1,332	\$ (13,460)	\$ (2,005)	\$ (5,983)	\$ (7,674)	\$0	

THE SANDBOX: A HILTON HEAD AREA CHILDREN'S MUSEUM,

Profit and Loss by Tag Group

January 1 - August 21, 2023

	TOTAL
Revenue	
40000 Income from Operations	
40100 Admissions	150,293.81
40200 Birthday Parties/ Events	5,670.54
40300 Gift Shop Sales	5,029.97
40400 Membership Income	15,900.43
40600 Gift Card Sales	199.60
Total 40000 Income from Operations	177,094.35
41000 Program Income	
41200 Field Trips	1,419.92
41400 Summer Camp	27,105.71
Total 41000 Program Income	28,525.63
43000 Restricted Income	
43100 Restricted Donations	2,020.00
43200 Restricted Grants	13,500.00
43220 Family Fun Nights - Restricted	2,500.00
43270 New Programs - Restricted	2,450.00
Total 43200 Restricted Grants	18,450.00
Total 43000 Restricted Income	20,470.00
44000 Unrestricted Income	
44100 Unrestricted Donations	2,376.73
44200 Unrestricted Grants	17,000.00
Total 44000 Unrestricted Income	19,376.73
45000 Interest Income	1.77
46000 ATAX Reimbursement Income	51,640.21
46100 ATAX Reimbursement - Advertising	0.00
Total 46000 ATAX Reimbursement Income	51,640.21
47000 Other Income	59,197.41
Total Revenue	\$356,306.10
Cost of Goods Sold	
50000 Cost of Goods Sold - Gift Shop	730.26
Total Cost of Goods Sold	\$730.26
GROSS PROFIT	\$355,575.84
Expenditures	
60000 Administrative Expenses	3,460.00
60010 Accounting Services	11,310.40
60015 Advertising	65.21
60020 ATAX/Tourist Advertising	10,313.31
60025 Bank Service Charges	146.58
60030 Credit Card Fees	2,158.07
60040 Dues/Licenses	1,325.32
60045 Executive Director Expenses	47.51
60050 IT Support	1,673.86

THE SANDBOX: A HILTON HEAD AREA CHILDREN'S MUSEUM,

Profit and Loss by Tag Group

January 1 - August 21, 2023

	TOTAL
60055 Office Supplies	1,773.35
60065 Professional Development	2,247.71
60070 Software Fees/Subscriptions	986.80
60080 Postage	113.40
Total 60000 Administrative Expenses	35,621.52
60026 Interest Expense	191.23
61000 Building/Property Expense	
61100 Building Maintenance	5,099.00
61200 Building/Custodial Supplies	1,796.35
61300 Insurance	
61310 Commercial Property Insurance	907.28
61320 Liability Insurance	4,807.50
61330 Workers Compensation	9,781.50
Flood	170.25
Total 61300 Insurance	15,666.53
61400 Rent	3,010.00
61500 Telephone/Internet	4,526.18
61600 Utilities	9,651.18
61900 Storage	1,729.16
Total 61000 Building/Property Expense	41,478.40
62000 Exhibit Expenses	50.00
62100 ATAX/Exhibit Maintenance	2,027.19
62200 Exhibit Maintenance	538.97
62300 Exhibit Supplies	1,356.15
62400 ATAX Exhibit Expense - New Building	4,755.26
Total 62000 Exhibit Expenses	8,727.57
63000 Fundraising Expenses	62.50
64000 Payroll & Related Expense	
64100 Wages & Salary	108,015.26
64200 Payroll Tax Expense	8,263.19
64300 Payroll Service Fee	127.20
Total 64000 Payroll & Related Expense	116,405.65
65000 Program Expenses	-95.00
65100 ATAX/Program Expense	1,381.07
65200 Program Supplies	454.20
65300 Birthday Supplies	67.88
Total 65000 Program Expenses	1,808.15
66000 Grant Programs Expense	866.53
67000 Meals/Entertainment	59.06
68000 Misc Expense	305.00
Payroll Expenses	
Taxes	807.96
Wages	10,561.77

THE SANDBOX: A HILTON HEAD AREA CHILDREN'S MUSEUM,

Profit and Loss by Tag Group

January 1 - August 21, 2023

	TOTAL
Total Payroll Expenses	11,369.73
Unapplied Cash Bill Payment Expense	0.00
Total Expenditures	\$216,895.34
NET OPERATING REVENUE	\$138,680.50
NET REVENUE	\$138,680.50

THE SANDBOX: A HILTON HEAD AREA CHILDREN'S MUSEUM,

Profit and Loss by Tag Group

January - December 2022

	TOTAL
Revenue	
40000 Income from Operations	
40100 Admissions	265,025.64
40200 Birthday Parties/ Events	15,475.87
40300 Gift Shop Sales	6,874.33
40400 Membership Income	29,224.54
40600 Gift Card Sales	892.67
Total 40000 Income from Operations	317,493.05
41000 Program Income	
41200 Field Trips	1,062.00
41400 Summer Camp	38,100.11
Total 41000 Program Income	39,162.11
42000 Fundraising Income	
42200 Other Event Income	489.77
Total 42000 Fundraising Income	489.77
43000 Restricted Income	
43100 Restricted Donations	27,000.00
43200 Restricted Grants	
43270 New Programs - Restricted	500.00
Total 43200 Restricted Grants	500.00
Total 43000 Restricted Income	27,500.00
44000 Unrestricted Income	
44100 Unrestricted Donations	48,408.86
Total 44000 Unrestricted Income	48,408.86
45000 Interest Income	3.05
46000 ATAX Reimbursement Income	68,313.29
46100 ATAX Reimbursement - Advertising	7,194.67
46200 ATAX Reimbursement - Exhibits	2,385.00
46300 ATAX Reimbursement - Programs	2,082.50
Total 46000 ATAX Reimbursement Income	79,975.46
47000 Other Income	56,947.36
Total Revenue	\$569,979.66
Cost of Goods Sold	
50000 Cost of Goods Sold - Gift Shop	6,878.48
Total Cost of Goods Sold	\$6,878.48
GROSS PROFIT	\$563,101.18
Expenditures	
60000 Administrative Expenses	1,500.00
60010 Accounting Services	6,393.20
60015 Advertising	135.84
60020 ATAX/Tourist Advertising	21,847.84
60025 Bank Service Charges	764.11
60030 Credit Card Fees	3,970.59

THE SANDBOX: A HILTON HEAD AREA CHILDREN'S MUSEUM,

Profit and Loss by Tag Group

January - December 2022

	TOTAL
60040 Dues/Licenses	1,228.20
60045 Executive Director Expenses	2,312.66
60050 IT Support	7,616.43
60055 Office Supplies	2,569.47
60065 Professional Development	3,896.64
60070 Software Fees/Subscriptions	2,129.06
60080 Postage	272.83
Total 60000 Administrative Expenses	54,636.87
60026 Interest Expense	420.78
61000 Building/Property Expense	5,045.92
61100 Building Maintenance	9,220.03
61200 Building/Custodial Supplies	5,850.61
61300 Insurance	-276.89
61310 Commercial Property Insurance	4,954.43
61320 Liability Insurance	5,924.16
61330 Workers Compensation	2,449.50
Total 61300 Insurance	13,051.20
61400 Rent	17,750.00
61500 Telephone/Internet	9,163.46
61600 Utilities	23,684.78
61800 New Building Expenses - Coligny	1,216.36
Total 61000 Building/Property Expense	84,982.36
62000 Exhibit Expenses	
62100 ATAX/Exhibit Maintenance	4,723.46
62200 Exhibit Maintenance	6,061.28
62300 Exhibit Supplies	2,743.39
62400 ATAX Exhibit Expense - New Building	10,357.95
Total 62000 Exhibit Expenses	23,886.08
63000 Fundraising Expenses	497.32
Event Costs	360.00
Total 63000 Fundraising Expenses	857.32
63500 New Building Expenses	659.54
64000 Payroll & Related Expense	
64100 Wages & Salary	238,390.91
64200 Payroll Tax Expense	17,517.70
Total 64000 Payroll & Related Expense	255,908.61
65000 Program Expenses	703.12
65100 ATAX/Program Expense	7,563.78
65200 Program Supplies	2,182.17
65300 Birthday Supplies	608.92
Total 65000 Program Expenses	11,057.99
66000 Grant Programs Expense	465.71
Design Expense	30,014.00

THE SANDBOX: A HILTON HEAD AREA CHILDREN'S MUSEUM,

Profit and Loss by Tag Group

January - December 2022

	TOTAL
Payroll Expenses	
Taxes	0.00
Wages	0.00
Total Payroll Expenses	0.00
Unapplied Cash Bill Payment Expense	0.00
Total Expenditures	\$462,889.26
NET OPERATING REVENUE	\$100,211.92
NET REVENUE	\$100,211.92

THE SANDBOX: A HILTON HEAD AREA CHILDREN'S MUSEUM,

Profit and Loss by Tag Group

January - December 2021

	TOTAL
Revenue	
40000 Income from Operations	
40100 Admissions	142,875.59
40200 Birthday Parties/ Events	10,019.91
40300 Gift Shop Sales	4,136.65
40400 Membership Income	31,257.26
40500 Museum School	-176.28
40600 Gift Card Sales	599.71
Total 40000 Income from Operations	188,712.84
41000 Program Income	
41200 Field Trips	240.00
41400 Summer Camp	31,494.69
Total 41000 Program Income	31,734.69
42000 Fundraising Income	
42300 Capital Campaign	3,834.19
Total 42000 Fundraising Income	3,834.19
43000 Restricted Income	
43100 Restricted Donations	5,000.00
43200 Restricted Grants	
43210 Discover Imagine Grow (DIG)	1,000.00
43270 New Programs - Restricted	1,000.00
Total 43200 Restricted Grants	2,000.00
43300 CFL Salary Match	15,000.00
Total 43000 Restricted Income	22,000.00
44000 Unrestricted Income	
44100 Unrestricted Donations	26,546.50
44200 Unrestricted Grants	63,788.09
Total 44000 Unrestricted Income	90,334.59
45000 Interest Income	4.13
46000 ATAX Reimbursement Income	
46100 ATAX Reimbursement - Advertising	-52.00
Total 46000 ATAX Reimbursement Income	-52.00
47000 Other Income	42,395.00
Reimbursement Income (deleted)	
200 - ATAX Reimbursement Income (deleted)	
ATAX Reimbursement - Ad. (deleted)	-295.00
Total 200 - ATAX Reimbursement Income (deleted)	-295.00
Total Reimbursement Income (deleted)	-295.00
Sales of Product Revenue	385.93
Total Revenue	\$379,054.37
Cost of Goods Sold	
50000 Cost of Goods Sold - Gift Shop	1,128.39

THE SANDBOX: A HILTON HEAD AREA CHILDREN'S MUSEUM,

Profit and Loss by Tag Group

January - December 2021

	TOTAL
Total Cost of Goods Sold	\$1,128.39
GROSS PROFIT	\$377,925.98
Expenditures	
60000 Administrative Expenses	2,650.00
60010 Accounting Services	4,194.50
60015 Advertising	2,649.15
60020 ATAX/Tourist Advertising	15,831.58
60025 Bank Service Charges	206.47
60030 Credit Card Fees	1,595.88
60035 Depreciation Expense	3,126.00
60040 Dues/Licenses	4,824.01
60045 Executive Director Expenses	123.40
60050 IT Support	4,044.29
60055 Office Supplies	1,912.91
60065 Professional Development	283.11
60070 Software Fees/Subscriptions	1,404.91
60080 Postage	214.33
Total 60000 Administrative Expenses	43,060.54
60026 Interest Expense	1,050.75
61000 Building/Property Expense	225.00
61100 Building Maintenance	5,341.13
61200 Building/Custodial Supplies	6,360.51
61300 Insurance	
61310 Commercial Property Insurance	4,650.04
61320 Liability Insurance	2,207.84
61330 Workers Compensation	5,076.00
Total 61300 Insurance	11,933.88
61400 Rent	9,000.00
61500 Telephone/Internet	7,607.96
61600 Utilities	6,435.19
61700 Property Taxes	251.01
61800 New Building Expenses - Coligny	3,430.90
Total 61000 Building/Property Expense	50,585.58
62000 Exhibit Expenses	
62100 ATAX/Exhibit Maintenance	5,603.65
62200 Exhibit Maintenance	1,994.36
62300 Exhibit Supplies	446.85
62400 ATAX Exhibit Expense - New Building	8,880.57
Total 62000 Exhibit Expenses	16,925.43
63000 Fundraising Expenses	721.67
63500 New Building Expenses	1,851.02
64000 Payroll & Related Expense	
64100 Wages & Salary	189,117.85

THE SANDBOX: A HILTON HEAD AREA CHILDREN'S MUSEUM,

Profit and Loss by Tag Group

January - December 2021

	TOTAL
64200 Payroll Tax Expense	14,467.52
64300 Payroll Service Fee	1,059.30
Total 64000 Payroll & Related Expense	204,644.67
65000 Program Expenses	88.73
65100 ATAX/Program Expense	5,554.82
65200 Program Supplies	1,592.01
Total 65000 Program Expenses	7,235.56
66000 Grant Programs Expense	37.97
67000 Meals/Entertainment	220.74
67500 Membership/Special Events	235.40
68000 Misc Expense	482.47
Payroll Expenses	
Taxes	0.00
Wages	0.00
Total Payroll Expenses	0.00
Unapplied Cash Bill Payment Expense	0.00
Total Expenditures	\$327,051.80
NET OPERATING REVENUE	\$50,874.18
NET REVENUE	\$50,874.18

THE SANDBOX: A HILTON HEAD AREA CHILDREN'S MUSEUM,

Statement of Financial Position

As of July 31, 2023

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
10000 Petty Cash/Cash Box	450.00
10100 TD Bank Operating	193,537.60
10200 TD Money Market	6,061.02
10300 TD GoFundMe	0.00
Total Bank Accounts	\$200,048.62
Accounts Receivable	
11000 Accounts Receivable	0.00
Total Accounts Receivable	\$0.00
Other Current Assets	
12000 Prepaid Expenses	0.00
13000 Undeposited Funds	0.00
CFL Inv Fund Bldg Spendable	0.00
Deposit Receivable	0.00
Due to Sandbox	1,709.00
Endowment Spendable	27,961.00
Endowment - Non Spendable	0.00
Grant Receivable	0.00
Payroll Service Customer Asset	0.00
Total Other Current Assets	\$29,670.00
Total Current Assets	\$229,718.62
Fixed Assets	
14000 Museum Exhibits	0.00
14005 Artist's Alley	0.00
14010 Artwork & Signs	0.00
14015 Bank Exhibit	0.00
14020 Boat	0.00
14025 Climbing Wall	0.00
14030 Construction Zone	0.00
14035 Grocery Store	0.00
14040 International Market/Plane	0.00
14045 Loft	0.00
14050 Multi-Purpose Room	0.00
14055 Racetrack	0.00
14060 Sandcastle	0.00
14065 Toddler Area	0.00
14100 New Coligny Exhibits	147.66
14200 Exhibits - Existing Prior to Coligny	80,515.66
Total 14000 Museum Exhibits	80,663.32

THE SANDBOX: A HILTON HEAD AREA CHILDREN'S MUSEUM,

Statement of Financial Position

As of July 31, 2023

	TOTAL
15000 Computer Equipment	3,850.42
16000 Furniture & Fixtures	4,994.01
17000 Leasehold Improvements Buildout	
Leasehold Build. Int, Fix. Etc	2,146.34
Leasehold Building Improvements	86,647.78
Total 17000 Leasehold Improvements Buildout	88,794.12
18000 Fixed Assets Accumulated Depr	0.00
18200 A/D - Exhibits Prior to Coligny	-56,786.50
18500 A/D - Computer Equipment	-7,451.30
18600 A/D - Furniture & Fixtures	-4,269.71
18700 Leasehold Improve Acc. Dep.	-81,208.60
Total 18000 Fixed Assets Accumulated Depr	-149,716.11
Building - WIP	0.00
Total Fixed Assets	\$28,585.76
Other Assets	
19000 Security Deposit	1,500.00
Total Other Assets	\$1,500.00
TOTAL ASSETS	\$259,804.38
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
20000 Accounts Payable	0.00
Total Accounts Payable	\$0.00
Credit Cards	
21050 Mastercard - for 2019	0.00
21100 MasterCard	7,221.37
21200 Sam's Club Business Member Cred	517.70
VISA Exec Dir	0.00
Total Credit Cards	\$7,739.07
Other Current Liabilities	
21300 Deferred Grant - Exec Dir	0.50
21400 Direct Deposit Payable	0.00
21500 Due to Building Fund	0.00
21600 EIDL Loan	0.00
22000 Payroll Liabilities	302.91
22100 Federal Taxes (941/944)	1,969.29
22200 SC Income Tax	186.96
22300 SC Unemployment Tax	-265.17

THE SANDBOX: A HILTON HEAD AREA CHILDREN'S MUSEUM,

Statement of Financial Position

As of July 31, 2023

	TOTAL
Total 22000 Payroll Liabilities	2,193.99
24000 PPP Loan	0.00
25000 Due to CFL	-59,829.65
Due to Operational	0.00
Other Current Liabilities	
125 Employee Insurance	0.00
23000 Sales Tax Payable	-443.24
Deferred Memberships	0.00
Deferred Renewals	0.00
Direct Deposit Liabilities	0.00
Payroll Liabilities	-302.91
Total Other Current Liabilities	-746.15
Total Other Current Liabilities	\$ -58,381.31
Total Current Liabilities	\$ -50,642.24
Total Liabilities	\$ -50,642.24
Equity	
30000 Opening Bal Equity	0.00
31000 Temporarily Restricted Net Assets	-13,421.00
32000 Unrestricted Net Assets	191,899.00
32100 Transfers To/From Unrestricted	0.00
Total 32000 Unrestricted Net Assets	191,899.00
33000 Retained Earnings	-78,504.07
Unrestricted Net Assets - NM	72,927.00
Net Revenue	137,545.69
Total Equity	\$310,446.62
TOTAL LIABILITIES AND EQUITY	\$259,804.38

THE SANDBOX: A HILTON HEAD AREA CHILDREN'S MUSEUM,

Statement of Financial Position

As of December 31, 2022

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
10000 Petty Cash/Cash Box	450.00
10100 TD Bank Operating	117,476.49
10200 TD Money Market	6,059.25
10300 TD GoFundMe	0.00
Total Bank Accounts	\$123,985.74
Accounts Receivable	
11000 Accounts Receivable	0.00
Total Accounts Receivable	\$0.00
Other Current Assets	
12000 Prepaid Expenses	0.00
13000 Undeposited Funds	0.00
CFL Inv Fund Bldg Spendable	0.00
Deposit Receivable	0.00
Due to Sandbox	1,709.00
Endowment Spendable	27,961.00
Endowment - Non Spendable	0.00
Grant Receivable	0.00
Payroll Service Customer Asset	0.00
Total Other Current Assets	\$29,670.00
Total Current Assets	\$153,655.74
Fixed Assets	
14000 Museum Exhibits	0.00
14005 Artist's Alley	0.00
14010 Artwork & Signs	0.00
14015 Bank Exhibit	0.00
14020 Boat	0.00
14025 Climbing Wall	0.00
14030 Construction Zone	0.00
14035 Grocery Store	0.00
14040 International Market/Plane	0.00
14045 Loft	0.00
14050 Multi-Purpose Room	0.00
14055 Racetrack	0.00
14060 Sandcastle	0.00
14065 Toddler Area	0.00
14100 New Coligny Exhibits	147.66
14200 Exhibits - Existing Prior to Coligny	80,515.66
Total 14000 Museum Exhibits	80,663.32

THE SANDBOX: A HILTON HEAD AREA CHILDREN'S MUSEUM,

Statement of Financial Position

As of December 31, 2022

	TOTAL
15000 Computer Equipment	2,471.00
16000 Furniture & Fixtures	4,994.01
17000 Leasehold Improvements Buildout	
Leasehold Build. Int, Fix. Etc	2,146.34
Leasehold Building Improvements	86,647.78
Total 17000 Leasehold Improvements Buildout	88,794.12
18000 Fixed Assets Accumulated Depr	0.00
18200 A/D - Exhibits Prior to Coligny	-56,786.50
18500 A/D - Computer Equipment	-7,451.30
18600 A/D - Furniture & Fixtures	-4,269.71
18700 Leasehold Improve Acc. Dep.	-81,208.60
Total 18000 Fixed Assets Accumulated Depr	-149,716.11
Building - WIP	0.00
Total Fixed Assets	\$27,206.34
Other Assets	
19000 Security Deposit	1,500.00
Total Other Assets	\$1,500.00
TOTAL ASSETS	\$182,362.08
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
20000 Accounts Payable	0.00
Total Accounts Payable	\$0.00
Credit Cards	
21050 Mastercard - for 2019	0.00
21100 MasterCard	3,529.70
21200 Sam's Club Business Member Cred	187.68
VISA Exec Dir	0.00
Total Credit Cards	\$3,717.38
Other Current Liabilities	
21300 Deferred Grant - Exec Dir	0.50
21400 Direct Deposit Payable	0.00
21500 Due to Building Fund	0.00
21600 EIDL Loan	0.00
22000 Payroll Liabilities	302.91
22100 Federal Taxes (941/944)	1,548.38
22200 SC Income Tax	273.80
22300 SC Unemployment Tax	-265.17

THE SANDBOX: A HILTON HEAD AREA CHILDREN'S MUSEUM,

Statement of Financial Position

As of December 31, 2022

	TOTAL
Total 22000 Payroll Liabilities	1,859.92
24000 PPP Loan	0.00
25000 Due to CFL	4,170.35
Due to Operational	0.00
Other Current Liabilities	
125 Employee Insurance	0.00
23000 Sales Tax Payable	15.91
Deferred Memberships	0.00
Deferred Renewals	0.00
Direct Deposit Liabilities	0.00
Payroll Liabilities	-302.91
Total Other Current Liabilities	-287.00
Total Other Current Liabilities	\$5,743.77
Total Current Liabilities	\$9,461.15
Total Liabilities	\$9,461.15
Equity	
30000 Opening Bal Equity	0.00
31000 Temporarily Restricted Net Assets	-13,421.00
32000 Unrestricted Net Assets	191,899.00
32100 Transfers To/From Unrestricted	0.00
Total 32000 Unrestricted Net Assets	191,899.00
33000 Retained Earnings	-178,715.99
Unrestricted Net Assets - NM	72,927.00
Net Revenue	100,211.92
Total Equity	\$172,900.93
TOTAL LIABILITIES AND EQUITY	\$182,362.08

THE SANDBOX: A HILTON HEAD AREA CHILDREN'S MUSEUM,

Statement of Financial Position

As of December 31, 2021

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
10000 Petty Cash/Cash Box	450.00
10100 TD Bank Operating	133,131.45
10200 TD Money Market	6,056.20
10300 TD GoFundMe	7,299.37
Total Bank Accounts	\$146,937.02
Accounts Receivable	
11000 Accounts Receivable	0.00
Total Accounts Receivable	\$0.00
Other Current Assets	
12000 Prepaid Expenses	0.00
13000 Undeposited Funds	0.00
CFL Inv Fund Bldg Spendable	0.00
Deposit Receivable	5,646.00
Due to Sandbox	1,709.00
Endowment Spendable	27,961.00
Endowment - Non Spendable	0.00
Grant Receivable	9,402.00
Payroll Service Customer Asset	2,171.00
Total Other Current Assets	\$46,889.00
Total Current Assets	\$193,826.02
Fixed Assets	
14000 Museum Exhibits	0.00
14005 Artist's Alley	0.00
14010 Artwork & Signs	0.00
14015 Bank Exhibit	0.00
14020 Boat	0.00
14025 Climbing Wall	0.00
14030 Construction Zone	0.00
14035 Grocery Store	0.00
14040 International Market/Plane	0.00
14045 Loft	0.00
14050 Multi-Purpose Room	0.00
14055 Racetrack	0.00
14060 Sandcastle	0.00
14065 Toddler Area	0.00
14100 New Coligny Exhibits	147.66
14200 Exhibits - Existing Prior to Coligny	80,515.66
Total 14000 Museum Exhibits	80,663.32

THE SANDBOX: A HILTON HEAD AREA CHILDREN'S MUSEUM,

Statement of Financial Position

As of December 31, 2021

	TOTAL
15000 Computer Equipment	2,471.00
16000 Furniture & Fixtures	4,994.01
17000 Leasehold Improvements Buildout	
Leasehold Build. Int, Fix. Etc	2,146.34
Leasehold Building Improvements	86,647.78
Total 17000 Leasehold Improvements Buildout	88,794.12
18000 Fixed Assets Accumulated Depr	0.00
18200 A/D - Exhibits Prior to Coligny	-56,786.50
18500 A/D - Computer Equipment	-7,451.30
18600 A/D - Furniture & Fixtures	-4,269.71
18700 Leasehold Improve Acc. Dep.	-81,208.60
Total 18000 Fixed Assets Accumulated Depr	-149,716.11
Building - WIP	30,014.00
Total Fixed Assets	\$57,220.34
Other Assets	
19000 Security Deposit	1,500.00
Total Other Assets	\$1,500.00
TOTAL ASSETS	\$252,546.36
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
20000 Accounts Payable	130.13
Total Accounts Payable	\$130.13
Credit Cards	
21050 Mastercard - for 2019	514.00
21100 MasterCard	8,074.54
21200 Sam's Club Business Member Cred	334.21
VISA Exec Dir	-350.00
Total Credit Cards	\$8,572.75
Other Current Liabilities	
21300 Deferred Grant - Exec Dir	0.50
21400 Direct Deposit Payable	0.00
21500 Due to Building Fund	1,708.96
21600 EIDL Loan	0.00
22000 Payroll Liabilities	2,171.00
22100 Federal Taxes (941/944)	1,233.49
22200 SC Income Tax	264.32

THE SANDBOX: A HILTON HEAD AREA CHILDREN'S MUSEUM,

Statement of Financial Position

As of December 31, 2021

	TOTAL
Total 22000 Payroll Liabilities	3,668.81
24000 PPP Loan	40,175.00
25000 Due to CFL	105,170.02
Due to Operational	15,000.00
Other Current Liabilities	
125 Employee Insurance	72.18
23000 Sales Tax Payable	15.91
Deferred Memberships	0.00
Deferred Renewals	0.00
Direct Deposit Liabilities	5,646.00
Payroll Liabilities	-302.91
Total Other Current Liabilities	5,431.18
Total Other Current Liabilities	\$171,154.47
Total Current Liabilities	\$179,857.35
Total Liabilities	\$179,857.35
Equity	
31000 Temporarily Restricted Net Assets	-13,421.00
32000 Unrestricted Net Assets	191,899.00
32100 Transfers To/From Unrestricted	0.00
Total 32000 Unrestricted Net Assets	191,899.00
33000 Retained Earnings	-229,590.17
Unrestricted Net Assets - NM	72,927.00
Net Revenue	50,874.18
Total Equity	\$72,689.01
TOTAL LIABILITIES AND EQUITY	\$252,546.36

Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning _____, and ending _____

20-0301794

THE SANDBOX A HILTON HEAD

Net Asset / Fund Balance at Beginning of Year 52,456

Revenue

Contributions	<u>154,970</u>		
Program service revenue	<u>218,481</u>		
Investment income	<u>4</u>		
Capital gain / loss			
Fundraising / Gaming:			
Gross revenue	<u>4,434</u>		
Direct expenses	<u>722</u>		
Net income	<u>3,712</u>		
Other income	<u>39</u>		
Total revenue		<u>377,206</u>	

Expenses

Program services	<u>205,698</u>		
Management and general	<u>38,913</u>		
Fundraising	<u>23,413</u>		
Total expenses		<u>268,024</u>	
Excess / (deficit)			<u>109,182</u>

Changes 4

Net Asset / Fund Balance at End of Year 161,642

Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	<u><u>377,206</u></u>

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	<u><u>268,024</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>146,666</u>	<u>341,498</u>	
Liabilities	<u>94,210</u>	<u>179,856</u>	
Net assets	<u><u>52,456</u></u>	<u><u>161,642</u></u>	<u>109,186</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/22
 Failure to file penalty _____

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning, 2021, and ending, 20

Do not send to the IRS. Keep for your records.

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

2021

Department of the Treasury
Internal Revenue Service
Name of filer

THE SANDBOX A HILTON HEAD

EIN or SSN
20-0301794

Name and title of officer or person subject to tax **NANCY FOWLER**
EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

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

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	377,206
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **JUNECPA** to enter my PIN **12335** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date **01/19/23**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

57175462291

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **PAMELA JUNE, CPA** Date **01/19/23**

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

Form **990**

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

OMB No. 1545-0047

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2021 calendar year, or tax year beginning , and ending

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

C Name of organization
THE SANDBOX A HILTON HEAD
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
80 NASSAU STREET
 City or town, state or province, country, and ZIP or foreign postal code
HILTON HEAD ISLAND SC 29928

D Employer identification number
20-0301794

E Telephone number
843-842-7645

G Gross receipts\$ **379,056**

F Name and address of principal officer:
NANCY FOWLER
18 A POPE AVENUE
HILTON HEAD ISLAND SC 29928

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

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

J Website: ▶ **WWW.THESANDBOX.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2003** **M** State of legal domicile: **SC**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE SANDBOX IS DEDICATED TO THE POSITIVE DEVELOPMENT OF YOUNG CHILDREN THROUGH EDUCATIONAL PLAY IN AN ATMOSPHERE THAT FOSTERS BOTH FAMILY AND COMMUNITY.		
	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	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	18
	6 Total number of volunteers (estimate if necessary)	6	16
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	88,584	154,970
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	81,065	218,481
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16	4
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,917	3,751
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	176,582	377,206
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	155,417	146,337
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 23,413		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	86,062	121,687
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	241,479	268,024
19 Revenue less expenses. Subtract line 18 from line 12	-64,897	109,182	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	146,666	341,498
	22 Net assets or fund balances. Subtract line 21 from line 20	94,210	179,856
		52,456	161,642

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: **NANCY FOWLER** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only
 Print/Type preparer's name: **PAMELA JUNE, CPA** Preparer's signature: **PAMELA JUNE, CPA** Date: **08/23/23** Check if PTIN self-employed **P00636703**
 Firm's name: **JUNECPA** Firm's EIN: **20-4046229**
 Firm's address: **99 MAIN STREET HILTON HEAD ISLAND, SC 29926** Phone no.: **843-842-6500**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE SANDBOX IS DEDICATED TO THE POSITIVE DEVELOPMENT OF YOUNG CHILDREN THROUGH EDUCATIONAL PLAY IN AN ATMOSPHERE THAT FOSTERS BOTH FAMILY AND COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

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

4a (Code:) (Expenses \$ 205,698 including grants of \$) (Revenue \$ 218,481)

THE SANDBOX IS AN INTERACTIVE CHILDREN'S MUSEUM AND IS THE ONLY ONE OF ITS KIND IN THE LOWCOUNTRY. THE SANDBOX FEATURES REGION-RELATED EXHIBITS AND CRAFTS SPECIFICALLY DESIGNED TO STIMULATE CURIOSITY, EVOKE CREATIVITY AND MOTIVATE LEARNING IN CHILDREN AGED EIGHT AND UNDER. WE BELIEVE THAT CHILDREN LEARN ABOUT LOVE, TRUST AND SELF-WORTH THROUGH INTERACTIVE PLAY WITH A PARENT OR CARE GIVER. THIS IS ESPECIALLY CRITICAL FOR THE DEVELOPMENT OF YOUNG CHILDREN UNDER THE AGE OF EIGHT. PLAY PROVIDES A NATURAL OPPORTUNITY FOR THESE RELATIONSHIPS TO FORM AND STRENGTHEN. WE STRIVE TO PROVIDE A STIMULATION, PROGRESSIVE SETTING FOR CHILDREN AND THEIR CARE GIVERS TO PLAY TOGETHER.

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

N/A

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

N/A

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

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

4e Total program service expenses 205,698

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
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 (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	18		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
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?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (16), 1b (16), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9. Marked 'X' in Yes/No columns for 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b. Marked 'X' in Yes/No columns for 10a, 11a, 12a, 13, 14, 15a, 15b, 16a.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SC
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

NANCY FISH 18A POPE AVENUE SC 29928 843-842-7645 HILTON HEAD ISLAND

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NANCY FOWLER EXECUTIVE DIRECTOR	40.00 0.00			X				78,000	0	0
(2) TARA ANDERSON DIRECTOR	1.00 0.00	X						0	0	0
(3) JENNIE CERRATI SECRETARY	2.00 0.00	X		X				0	0	0
(4) DENNIS CULLEN DIRECTOR	1.00 0.00	X						0	0	0
(5) SUSIE DOLAN DIRECTOR	1.00 0.00	X						0	0	0
(6) LINDA DREISBACH DIRECTOR	1.00 0.00	X						0	0	0
(7) LENORE GLEASON DIRECTOR	1.00 0.00	X						0	0	0
(8) JON HAMMOCK DIRECTOR	1.00 0.00	X						0	0	0
(9) LINDSEY HARTMAN DIRECTOR	1.00 0.00	X						0	0	0
(10) QUEATA JACKSON DIRECTOR	1.00 0.00	X						0	0	0
(11) ALEXANDER KANARR DIRECTOR	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) LYNN KING	1.00									
DIRECTOR	0.00	X						0	0	0
(13) KERI OLIVETTI	2.00									
PRESIDENT	0.00	X		X				0	0	0
(14) LAURIE SAVIDGE	1.00									
DIRECTOR	0.00	X						0	0	0
(15) CHUCK SCHWARTZ	2.00									
TREASURER	0.00	X		X				0	0	0
(16) SETH TILTON	1.00									
DIRECTOR	0.00	X						0	0	0
(17) JOEY VARIN	1.00									
DIRECTOR	0.00	X						0	0	0
1b Subtotal								78,000		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								78,000		

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	42,395				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	112,575				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			154,970			
Program Service Revenue	2a MUSEUM ADMISSIONS/PROGRAMS	Business Code	611710	218,481	218,481		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			218,481			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4		4	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		4,434					
	b Less: direct expenses	8b	722				
	c Net income or (loss) from fundraising events			3,712			
9a Gross income from gaming activities. See Part IV, line 19							
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances		1,128					
	b Less: cost of goods sold	10b	1,128				
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a OTHER INCOME	Business Code		386		386	
	b ATAX REIMBURSEMENT INCOME			-347	-347		
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			39			
12 Total revenue. See instructions			377,206	218,134	0	390	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	78,000	56,940	8,580	12,480
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	52,810	38,552	5,809	8,449
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	15,527	11,335	1,708	2,484
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	4,478	2,239	2,239	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	18,481	18,481		
12 Advertising and promotion	214	193	21	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	28,801	26,496	2,305	
17 Travel	456	456		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,051		1,051	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,126	3,126		
23 Insurance	23,636	21,272	2,364	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EXHIBIT UPKEEP	16,926	16,926		
b PROGRAM COSTS	7,274	7,274		
c ADMINISTRATION	5,968		5,968	
d ASSOCIATION DUES & LICENS	4,824		4,824	
e All other expenses	6,452	2,408	4,044	
25 Total functional expenses. Add lines 1 through 24e	268,024	205,698	38,913	23,413
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	5,867	1	140,880
	2 Savings and temporary cash investments	29,528	2	34,017
	3 Pledges and grants receivable, net	9,402	3	9,402
	4 Accounts receivable, net	3,880	4	3,880
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	30,646	7	88,954
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	7,146	9	7,146
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 179,467		
	b Less: accumulated depreciation	10b 152,262	30,183	10c 27,205
	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	30,014	15	30,014
16 Total assets. Add lines 1 through 15 (must equal line 33)	146,666	16	341,498	
Liabilities	17 Accounts payable and accrued expenses	26,814	17	19,510
	18 Grants payable		18	
	19 Deferred revenue	15,001	19	120,171
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	52,395	25	40,175
	26 Total liabilities. Add lines 17 through 25	94,210	26	179,856
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		-180,174	27	-157,016
28 Net assets with donor restrictions		232,630	28	318,658
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		52,456	32	161,642
33 Total liabilities and net assets/fund balances	146,666	33	341,498	

Part 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	377,206
2	Total expenses (must equal Part IX, column (A), line 25)	2	268,024
3	Revenue less expenses. Subtract line 2 from line 1	3	109,182
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	52,456
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	4
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	161,642

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

THE SANDBOX A HILTON HEAD

Employer identification number

20-0301794

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Percentage, %. Rows include: 14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	140,121	136,334	148,835	88,584	154,970	668,844
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	138,934	138,511	218,977	88,959	223,696	809,077
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	279,055	274,845	367,812	177,543	378,666	1,477,921
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						1,477,921

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	279,055	274,845	367,812	177,543	378,666	1,477,921
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,557	-3,505	5,824	16	4	8,896
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	6,557	-3,505	5,824	16	4	8,896
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on		3,485	820			4,305
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	285,612	274,825	374,456	177,559	378,670	1,491,122

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	99.11 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	99.10 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	1 %

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2 Activities Test. <i>Answer lines 2a and 2b below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>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.</i>		
2b		
3 Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2021 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		
Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021
1	Distributable amount for 2021 from Section C, line 6		(iii) Distributable Amount for 2021
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

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

2021

Open to Public Inspection

Name of the organization

Employer identification number

THE SANDBOX A HILTON HEAD

20-0301794

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance		57,961	56,188	56,043	
b Contributions				10,000	56,043
c Net investment earnings, gains, and losses		3,783	1,773	-3,721	
d Grants or scholarships					
e Other expenditures for facilities and programs		33,500		5,600	
f Administrative expenses		283		534	
g End of year balance		27,961	57,961	56,188	56,043

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ %
 - b Permanent endowment ▶ %
 - c Term endowment ▶ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		88,794	88,794	
d Equipment		5,015	5,015	
e Other		85,658	58,453	27,205
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				27,205

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BUILDING IN PROCESS	30,014
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	30,014

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PPP	40,175
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	40,175

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

**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

2021

**Open to Public
Inspection**

Name of the organization

THE SANDBOX A HILTON HEAD

Employer identification number

20-0301794

AMENDED RETURN EXPLANATION

TO RECORD RECEIVABLE FOR ERTC AND REDUCE WAGES ACCORDINGLY OF \$58,308.

PLUS REPORT CHANGES TO 12/31/20 NUMBERS DUE TO 2020 AMENDMENT.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

**FORM 990 WAS REVIEWED BY BOTH THE EXECUTIVE DIRECTOR AND TREASURER BEFORE
IT WAS FILED.**

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

**THESE DOCUMENTS ARE AVAILABLE UPON REQUEST AND ARE POSTED ON THE
GUIDESTAR.ORG WEBSITE.**

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

ROUNDING **\$** **4**

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

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

OMB No. 1545-0172

2021

Attachment Sequence No. **179**

Name(s) shown on return **THE SANDBOX A HILTON HEAD** Identifying number **20-0301794**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

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

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,126

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

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

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

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,126
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS:											
21	flooring	12/15/11	4,200	X	X		0	5	HY 200DB	4,200	0
22	network camera	11/15/11	2,230	X	X		0	5	HY 200DB	2,230	0
			<u>6,430</u>				<u>0</u>			<u>6,430</u>	<u>0</u>
Other Depreciation:											
12	COMPUTERS	11/15/05	4,119				4,119	4	MO S/L	4,119	0
13	EXHIBITS - 2005	12/31/05	26,070				26,070	5	MO S/L	26,070	0
14	EXHIBITS - 2006	4/01/06	1,568				1,568	5	MO S/L	1,568	0
15	FURNITURE	12/15/05	3,923				3,923	5	MO S/L	3,923	0
16	FURNITURE	4/08/06	168				168	5	MO S/L	168	0
17	FURNITURE	4/26/06	378				378	5	MO S/L	378	0
18	LEASEHOLD IMPROVEMENTS	11/15/05	88,794				88,794	15	MO S/L	88,794	0
19	FURNITURE	3/30/06	525				525	5	MO S/L	525	0
20	COMPUTERS	6/15/08	896				896	5	MO S/L	896	0
23	Racetrack Exhibit	7/15/15	23,448				23,448	15	MO S/L	8,598	1,563
24	Grocery Store Exhibit	1/15/16	23,000				23,000	15	MO S/L	7,667	1,533
25	NEW COLIGNY EXHIBITS	1/01/21	148				148	5	MO S/L	0	30
	Total Other Depreciation		<u>173,037</u>				<u>173,037</u>			<u>142,706</u>	<u>3,126</u>
	Total ACRS and Other Depreciation		<u>173,037</u>				<u>173,037</u>			<u>142,706</u>	<u>3,126</u>
	Grand Totals		179,467				173,037			149,136	3,126
	Less: Dispositions and Transfers		0				0			0	0
	Less: Start-up/Org Expense		0				0			0	0
	Net Grand Totals		<u>179,467</u>				<u>173,037</u>			<u>149,136</u>	<u>3,126</u>

Bonus Depreciation Report

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
21	flooring	12/15/11	4,200		4,200	0	0	0
22	network camera	11/15/11	2,230		2,230	0	0	0
Grand Total			<u>6,430</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
-------------	-------------	--------------	--------------------	------------	------------	---

There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
21	flooring	12/15/11	4,200	0	0
22	network camera	11/15/11	2,230	0	0
			<u>6,430</u>	<u>0</u>	<u>0</u>
Other Depreciation:					
12	COMPUTERS	11/15/05	4,119	0	0
13	EXHIBITS - 2005	12/31/05	26,070	0	0
14	EXHIBITS - 2006	4/01/06	1,568	0	0
15	FURNITURE	12/15/05	3,923	0	0
16	FURNITURE	4/08/06	168	0	0
17	FURNITURE	4/26/06	378	0	0
18	LEASEHOLD IMPROVEMENTS	11/15/05	88,794	0	0
19	FURNITURE	3/30/06	525	0	0
20	COMPUTERS	6/15/08	896	0	0
23	Racetrack Exhibit	7/15/15	23,448	1,563	0
24	Grocery Store Exhibit	1/15/16	23,000	1,533	0
25	NEW COLIGNY EXHIBITS	1/01/21	148	29	0
	Total Other Depreciation		<u>173,037</u>	<u>3,125</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>173,037</u>	<u>3,125</u>	<u>0</u>
	Grand Totals		<u>179,467</u>	<u>3,125</u>	<u>0</u>

Form 990	Two Year Comparison Report	2020 & 2021
For calendar year 2021, or tax year beginning _____, ending _____		

Name **THE SANDBOX A HILTON HEAD** Taxpayer Identification Number **20-0301794**

		2020	2021	Differences
Revenue	1. Contributions, gifts, grants	61,078	112,575	51,497
	2. Membership dues and assessments			
	3. Government contributions and grants	27,506	42,395	14,889
	4. Program service revenue	81,065	218,481	137,416
	5. Investment income	16	4	-12
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	6,794	3,712	-3,082
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	123	39	-84
	12. Total revenue. Add lines 1 through 11	176,582	377,206	200,624
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	81,000	78,000	-3,000
	16. Salaries, other compensation, and employee benefits	105,063	68,337	-36,726
	17. Professional fundraising fees			
	18. Other professional fees	5,629	4,478	-1,151
	19. Occupancy, rent, utilities, and maintenance	29,918	28,801	-1,117
	20. Depreciation and Depletion	8,523	3,126	-5,397
	21. Other expenses	41,992	85,282	43,290
	22. Total expenses. Add lines 13 through 21	272,125	268,024	-4,101
	23. Excess or (Deficit). Subtract line 22 from line 12	-95,543	109,182	204,725
Other Information	24. Total exempt revenue	176,582	377,206	200,624
	25. Total unrelated revenue			
	26. Total excludable revenue	81,204	218,524	137,320
	27. Total assets	116,020	341,498	225,478
	28. Total liabilities	94,210	179,856	85,646
	29. Retained earnings	21,810	161,642	139,832
	30. Number of voting members of governing body	14	16	
	31. Number of independent voting members of governing body	14	16	
32. Number of employees	20	18		
33. Number of volunteers	1	16		

Form 990	Tax Return History	2021
-----------------	---------------------------	-------------

Name THE SANDBOX A HILTON HEAD	Employer Identification Number 20-0301794
--	---

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	140,121	136,334	148,835	88,584	154,970	
Membership dues						
Program service revenue	120,963	122,811	202,314	81,065	218,481	
Capital gain or loss						
Investment income	6,557	-3,505	5,824	16	4	
Fundraising revenue (income/loss)	9,396	7,942	9,559	6,794	3,712	
Gaming revenue (income/loss)						
Other revenue	2,690	7,762	1,820	123	39	
Total revenue	279,727	271,344	368,352	176,582	377,206	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	40,622	69,796	64,383	81,000	78,000	
Other compensation	65,816	69,792	147,073	105,063	68,337	
Professional fees	4,750	5,234	4,376	5,629	4,478	
Occupancy costs	41,113	38,210	49,624	29,918	28,801	
Depreciation and depletion	9,017	9,015	9,016	8,523	3,126	
Other expenses	82,671	76,910	94,053	41,992	85,282	
Total expenses	243,989	268,957	368,525	272,125	268,024	
Excess or (Deficit)	35,738	2,387	-173	-95,543	109,182	
Total exempt revenue	279,727	271,344	368,352	176,582	377,206	
Total unrelated revenue						
Total excludable revenue	130,210	127,068	209,958	81,204	218,524	
Total Assets	268,488	292,502	285,937	116,020	341,498	
Total Liabilities	3,349	24,976	18,584	94,210	179,856	
Net Fund Balances	265,139	267,526	267,353	21,810	161,642	

Federal Statements

Taxable Interest on Investments

<u>Description</u>		<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INVESTMENT	INCOME - INTEREST	\$ 4		14			
INVESTMENT	INCOME - GAIN LOSS			14			
TOTAL		\$ <u>4</u>					

Federal Statements

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
TECHNOLOGY	\$ 4,044	\$	\$ 4,044	\$
BANK & CREDIT CARD EXPENS	1,802	1,802		
MISCELLANEOUS	483	483		
EXECUTIVE DIRECTOR EXPENS	123	123		
TOTAL	<u>\$ 6,452</u>	<u>\$ 2,408</u>	<u>\$ 4,044</u>	<u>\$ 0</u>

Federal Statements

Schedule A, Part III, Line 1(e)

<u>Description</u>	<u>Amount</u>
ATAX REIMBURSEMENT	\$
PPP LOAN FORGIVNESS	42,395
ALL OTHER CONTRIBUTIONS/GRANTS	112,575
TOTAL	<u>\$ 154,970</u>

Schedule A, Part III, Line 2(e)

<u>Description</u>	<u>Amount</u>
MUSEUM ADMISSIONS/PROGRAMS	\$ 218,481
ATAX REIMBURSEMENT INCOME	-347
OTHER	4,434
GIFT SHOP	1,128
TOTAL	<u>\$ 223,696</u>

Schedule A, Part III, Line 10a(e)

<u>Description</u>	<u>Amount</u>
INVESTMENT INCOME - INTEREST	\$ 4
INVESTMENT INCOME - GAIN LOSS	
TOTAL	<u>\$ 4</u>

Schedule A, Part III, Line 11

<u>Description</u>	<u>Amount</u>
OTHER INCOME	\$ 386
LESS: DEDUCTIONS	-1,000
TOTAL	<u>\$ -614</u>

Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning _____, and ending _____

20-0301794

THE SANDBOX A HILTON HEAD

Net Asset / Fund Balance at Beginning of Year		<u>52,456</u>
Revenue		
Contributions	<u>154,970</u>	
Program service revenue	<u>218,481</u>	
Investment income	<u>4</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>4,434</u>	
Direct expenses	<u>722</u>	
Net income	<u>3,712</u>	
Other income	<u>39</u>	
Total revenue		<u>377,206</u>
Expenses		
Program services	<u>205,698</u>	
Management and general	<u>38,913</u>	
Fundraising	<u>23,413</u>	
Total expenses		<u>268,024</u>
Excess / (deficit)		<u>109,182</u>
Changes		<u>4</u>
Net Asset / Fund Balance at End of Year		<u>161,642</u>

Reconciliation of Revenue	
Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u>377,206</u>

Reconciliation of Expenses	
Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u>268,024</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>146,666</u>	<u>341,498</u>	
Liabilities	<u>94,210</u>	<u>179,856</u>	
Net assets	<u>52,456</u>	<u>161,642</u>	<u>109,186</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/22
 Failure to file penalty _____

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning, 2021, and ending, 20

Do not send to the IRS. Keep for your records.

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

2021

Department of the Treasury
Internal Revenue Service
Name of filer

THE SANDBOX A HILTON HEAD

EIN or SSN
20-0301794

Name and title of officer or person subject to tax **NANCY FOWLER**
EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

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

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>377,206</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize JUNECPA to enter my PIN 12335 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date **01/19/23**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

57175462291

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **PAMELA JUNE, CPA** Date **01/19/23**

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

Form **990**

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

OMB No. 1545-0047

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2021 calendar year, or tax year beginning _____, **and ending** _____

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

C Name of organization
THE SANDBOX A HILTON HEAD
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
80 NASSAU STREET
 City or town, state or province, country, and ZIP or foreign postal code
HILTON HEAD ISLAND SC 29928

D Employer identification number
20-0301794

E Telephone number
843-842-7645

G Gross receipts\$ **379,056**

F Name and address of principal officer:
NANCY FOWLER
18 A POPE AVENUE
HILTON HEAD ISLAND SC 29928

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

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

J Website: ▶ **WWW.THESANDBOX.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2003** **M** State of legal domicile: **SC**

H(c) Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE SANDBOX IS DEDICATED TO THE POSITIVE DEVELOPMENT OF YOUNG CHILDREN THROUGH EDUCATIONAL PLAY IN AN ATMOSPHERE THAT FOSTERS BOTH FAMILY AND COMMUNITY.		
	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	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	18
	6 Total number of volunteers (estimate if necessary)	6	16
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	88,584	154,970
	9 Program service revenue (Part VIII, line 2g)	81,065	218,481
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16	4
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,917	3,751
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	176,582	377,206
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	155,417	146,337
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 23,413		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	86,062	121,687
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	241,479	268,024
19 Revenue less expenses. Subtract line 18 from line 12	-64,897	109,182	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	146,666	341,498
	21 Total liabilities (Part X, line 26)	94,210	179,856
	22 Net assets or fund balances. Subtract line 21 from line 20	52,456	161,642

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: **NANCY FOWLER** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name: **PAMELA JUNE, CPA** Preparer's signature: **PAMELA JUNE, CPA** Date: **08/23/23** Check if PTIN self-employed **P00636703**

Firm's name: **JUNECPA** Firm's EIN: **20-4046229**
 Firm's address: **99 MAIN STREET HILTON HEAD ISLAND, SC 29926** Phone no.: **843-842-6500**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE SANDBOX IS DEDICATED TO THE POSITIVE DEVELOPMENT OF YOUNG CHILDREN THROUGH EDUCATIONAL PLAY IN AN ATMOSPHERE THAT FOSTERS BOTH FAMILY AND COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

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

4a (Code:) (Expenses \$ 205,698 including grants of \$) (Revenue \$ 218,481)

THE SANDBOX IS AN INTERACTIVE CHILDREN'S MUSEUM AND IS THE ONLY ONE OF ITS KIND IN THE LOWCOUNTRY. THE SANDBOX FEATURES REGION-RELATED EXHIBITS AND CRAFTS SPECIFICALLY DESIGNED TO STIMULATE CURIOSITY, EVOKE CREATIVITY AND MOTIVATE LEARNING IN CHILDREN AGED EIGHT AND UNDER. WE BELIEVE THAT CHILDREN LEARN ABOUT LOVE, TRUST AND SELF-WORTH THROUGH INTERACTIVE PLAY WITH A PARENT OR CARE GIVER. THIS IS ESPECIALLY CRITICAL FOR THE DEVELOPMENT OF YOUNG CHILDREN UNDER THE AGE OF EIGHT. PLAY PROVIDES A NATURAL OPPORTUNITY FOR THESE RELATIONSHIPS TO FORM AND STRENGTHEN. WE STRIVE TO PROVIDE A STIMULATION, PROGRESSIVE SETTING FOR CHILDREN AND THEIR CARE GIVERS TO PLAY TOGETHER.

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

N/A

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

N/A

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

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

4e Total program service expenses 205,698

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
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 (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	18		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
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?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **SC**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►

NANCY FISH **18A POPE AVENUE**
HILTON HEAD ISLAND **SC 29928** **843-842-7645**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NANCY FOWLER EXECUTIVE DIRECTOR	40.00 0.00			X				78,000	0	0
(2) TARA ANDERSON DIRECTOR	1.00 0.00	X						0	0	0
(3) JENNIE CERRATI SECRETARY	2.00 0.00	X		X				0	0	0
(4) DENNIS CULLEN DIRECTOR	1.00 0.00	X						0	0	0
(5) SUSIE DOLAN DIRECTOR	1.00 0.00	X						0	0	0
(6) LINDA DREISBACH DIRECTOR	1.00 0.00	X						0	0	0
(7) LENORE GLEASON DIRECTOR	1.00 0.00	X						0	0	0
(8) JON HAMMOCK DIRECTOR	1.00 0.00	X						0	0	0
(9) LINDSEY HARTMAN DIRECTOR	1.00 0.00	X						0	0	0
(10) QUEATA JACKSON DIRECTOR	1.00 0.00	X						0	0	0
(11) ALEXANDER KANARR DIRECTOR	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) LYNN KING	1.00									
DIRECTOR	0.00	X						0	0	0
(13) KERI OLIVETTI	2.00									
PRESIDENT	0.00	X		X				0	0	0
(14) LAURIE SAVIDGE	1.00									
DIRECTOR	0.00	X						0	0	0
(15) CHUCK SCHWARTZ	2.00									
TREASURER	0.00	X		X				0	0	0
(16) SETH TILTON	1.00									
DIRECTOR	0.00	X						0	0	0
(17) JOEY VARIN	1.00									
DIRECTOR	0.00	X						0	0	0
1b Subtotal								78,000		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								78,000		

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	42,395				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	112,575				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			154,970			
Program Service Revenue	2a MUSEUM ADMISSIONS/PROGRAMS	Business Code	611710	218,481	218,481		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			218,481			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4		4	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		4,434					
	b Less: direct expenses	8b	722				
	c Net income or (loss) from fundraising events			3,712			
9a Gross income from gaming activities. See Part IV, line 19							
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances		1,128					
	b Less: cost of goods sold	10b	1,128				
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a OTHER INCOME	Business Code		386		386	
	b ATAX REIMBURSEMENT INCOME			-347	-347		
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			39			
12 Total revenue. See instructions			377,206	218,134	0	390	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	78,000	56,940	8,580	12,480
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	52,810	38,552	5,809	8,449
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	15,527	11,335	1,708	2,484
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	4,478	2,239	2,239	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	18,481	18,481		
12 Advertising and promotion	214	193	21	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	28,801	26,496	2,305	
17 Travel	456	456		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,051		1,051	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,126	3,126		
23 Insurance	23,636	21,272	2,364	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EXHIBIT UPKEEP	16,926	16,926		
b PROGRAM COSTS	7,274	7,274		
c ADMINISTRATION	5,968		5,968	
d ASSOCIATION DUES & LICENS	4,824		4,824	
e All other expenses	6,452	2,408	4,044	
25 Total functional expenses. Add lines 1 through 24e	268,024	205,698	38,913	23,413
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	5,867	1	140,880
	2	Savings and temporary cash investments	29,528	2	34,017
	3	Pledges and grants receivable, net	9,402	3	9,402
	4	Accounts receivable, net	3,880	4	3,880
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	30,646	7	88,954
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	7,146	9	7,146
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 179,467		
	b	Less: accumulated depreciation	10b 152,262	30,183	10c 27,205
	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	30,014	15	30,014
16	Total assets. Add lines 1 through 15 (must equal line 33)	146,666	16	341,498	
Liabilities	17	Accounts payable and accrued expenses	26,814	17	19,510
	18	Grants payable		18	
	19	Deferred revenue	15,001	19	120,171
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	52,395	25	40,175
	26	Total liabilities. Add lines 17 through 25	94,210	26	179,856
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
27		Net assets without donor restrictions	-180,174	27	-157,016
28		Net assets with donor restrictions	232,630	28	318,658
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
29		Capital stock or trust principal, or current funds		29	
30		Paid-in or capital surplus, or land, building, or equipment fund		30	
31		Retained earnings, endowment, accumulated income, or other funds		31	
32		Total net assets or fund balances	52,456	32	161,642
33	Total liabilities and net assets/fund balances	146,666	33	341,498	

Part 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	377,206
2	Total expenses (must equal Part IX, column (A), line 25)	2	268,024
3	Revenue less expenses. Subtract line 2 from line 1	3	109,182
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	52,456
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	4
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	161,642

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization THE SANDBOX A HILTON HEAD	Employer identification number 20-0301794
--	---

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Percentage, %. Rows include: 14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	140,121	136,334	148,835	88,584	154,970	668,844
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	138,934	138,511	218,977	88,959	223,696	809,077
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	279,055	274,845	367,812	177,543	378,666	1,477,921
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						1,477,921

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	279,055	274,845	367,812	177,543	378,666	1,477,921
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,557	-3,505	5,824	16	4	8,896
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	6,557	-3,505	5,824	16	4	8,896
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on		3,485	820			4,305
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	285,612	274,825	374,456	177,559	378,670	1,491,122

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	99.11 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	99.10 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	1 %

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2 Activities Test. <i>Answer lines 2a and 2b below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>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.</i>		
2b		
3 Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

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

2021

Open to Public Inspection

Name of the organization

Employer identification number

THE SANDBOX A HILTON HEAD

20-0301794

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance		57,961	56,188	56,043	
b Contributions				10,000	56,043
c Net investment earnings, gains, and losses		3,783	1,773	-3,721	
d Grants or scholarships					
e Other expenditures for facilities and programs		33,500		5,600	
f Administrative expenses		283		534	
g End of year balance		27,961	57,961	56,188	56,043

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ %
 - b Permanent endowment ▶ %
 - c Term endowment ▶ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		88,794	88,794	
d Equipment		5,015	5,015	
e Other		85,658	58,453	27,205
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				27,205

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BUILDING IN PROCESS	30,014
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	30,014

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PPP	40,175
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	40,175

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

**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

2021

**Open to Public
Inspection**

Name of the organization

THE SANDBOX A HILTON HEAD

Employer identification number

20-0301794

AMENDED RETURN EXPLANATION

TO RECORD RECEIVABLE FOR ERTC AND REDUCE WAGES ACCORDINGLY OF \$58,308.

PLUS REPORT CHANGES TO 12/31/20 NUMBERS DUE TO 2020 AMENDMENT.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

**FORM 990 WAS REVIEWED BY BOTH THE EXECUTIVE DIRECTOR AND TREASURER BEFORE
IT WAS FILED.**

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

**THESE DOCUMENTS ARE AVAILABLE UPON REQUEST AND ARE POSTED ON THE
GUIDESTAR.ORG WEBSITE.**

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

ROUNDING **\$** **4**

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

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

OMB No. 1545-0172

2021

Attachment Sequence No. **179**

Name(s) shown on return **THE SANDBOX A HILTON HEAD** Identifying number **20-0301794**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

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

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,126

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

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

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

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,126
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS:											
21	flooring	12/15/11	4,200	X	X		0	5	HY 200DB	4,200	0
22	network camera	11/15/11	2,230	X	X		0	5	HY 200DB	2,230	0
			<u>6,430</u>				<u>0</u>			<u>6,430</u>	<u>0</u>
Other Depreciation:											
12	COMPUTERS	11/15/05	4,119				4,119	4	MO S/L	4,119	0
13	EXHIBITS - 2005	12/31/05	26,070				26,070	5	MO S/L	26,070	0
14	EXHIBITS - 2006	4/01/06	1,568				1,568	5	MO S/L	1,568	0
15	FURNITURE	12/15/05	3,923				3,923	5	MO S/L	3,923	0
16	FURNITURE	4/08/06	168				168	5	MO S/L	168	0
17	FURNITURE	4/26/06	378				378	5	MO S/L	378	0
18	LEASEHOLD IMPROVEMENTS	11/15/05	88,794				88,794	15	MO S/L	88,794	0
19	FURNITURE	3/30/06	525				525	5	MO S/L	525	0
20	COMPUTERS	6/15/08	896				896	5	MO S/L	896	0
23	Racetrack Exhibit	7/15/15	23,448				23,448	15	MO S/L	8,598	1,563
24	Grocery Store Exhibit	1/15/16	23,000				23,000	15	MO S/L	7,667	1,533
25	NEW COLIGNY EXHIBITS	1/01/21	148				148	5	MO S/L	0	30
	Total Other Depreciation		<u>173,037</u>				<u>173,037</u>			<u>142,706</u>	<u>3,126</u>
	Total ACRS and Other Depreciation		<u>173,037</u>				<u>173,037</u>			<u>142,706</u>	<u>3,126</u>
	Grand Totals		179,467				173,037			149,136	3,126
	Less: Dispositions and Transfers		0				0			0	0
	Less: Start-up/Org Expense		0				0			0	0
	Net Grand Totals		<u>179,467</u>				<u>173,037</u>			<u>149,136</u>	<u>3,126</u>

Bonus Depreciation Report

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
21	flooring	12/15/11	4,200		4,200	0	0	0
22	network camera	11/15/11	2,230		2,230	0	0	0
Grand Total			<u>6,430</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
-------------	-------------	--------------	--------------------	------------	------------	---

There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
21	flooring	12/15/11	4,200	0	0
22	network camera	11/15/11	2,230	0	0
			<u>6,430</u>	<u>0</u>	<u>0</u>
Other Depreciation:					
12	COMPUTERS	11/15/05	4,119	0	0
13	EXHIBITS - 2005	12/31/05	26,070	0	0
14	EXHIBITS - 2006	4/01/06	1,568	0	0
15	FURNITURE	12/15/05	3,923	0	0
16	FURNITURE	4/08/06	168	0	0
17	FURNITURE	4/26/06	378	0	0
18	LEASEHOLD IMPROVEMENTS	11/15/05	88,794	0	0
19	FURNITURE	3/30/06	525	0	0
20	COMPUTERS	6/15/08	896	0	0
23	Racetrack Exhibit	7/15/15	23,448	1,563	0
24	Grocery Store Exhibit	1/15/16	23,000	1,533	0
25	NEW COLIGNY EXHIBITS	1/01/21	148	29	0
	Total Other Depreciation		<u>173,037</u>	<u>3,125</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>173,037</u>	<u>3,125</u>	<u>0</u>
	Grand Totals		<u>179,467</u>	<u>3,125</u>	<u>0</u>

Form 990	Two Year Comparison Report	2020 & 2021
For calendar year 2021, or tax year beginning _____, ending _____		

Name **THE SANDBOX A HILTON HEAD** Taxpayer Identification Number **20-0301794**

		2020	2021	Differences
Revenue	1. Contributions, gifts, grants	61,078	112,575	51,497
	2. Membership dues and assessments			
	3. Government contributions and grants	27,506	42,395	14,889
	4. Program service revenue	81,065	218,481	137,416
	5. Investment income	16	4	-12
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	6,794	3,712	-3,082
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	123	39	-84
	12. Total revenue. Add lines 1 through 11	176,582	377,206	200,624
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	81,000	78,000	-3,000
	16. Salaries, other compensation, and employee benefits	105,063	68,337	-36,726
	17. Professional fundraising fees			
	18. Other professional fees	5,629	4,478	-1,151
	19. Occupancy, rent, utilities, and maintenance	29,918	28,801	-1,117
	20. Depreciation and Depletion	8,523	3,126	-5,397
	21. Other expenses	41,992	85,282	43,290
	22. Total expenses. Add lines 13 through 21	272,125	268,024	-4,101
	23. Excess or (Deficit). Subtract line 22 from line 12	-95,543	109,182	204,725
Other Information	24. Total exempt revenue	176,582	377,206	200,624
	25. Total unrelated revenue			
	26. Total excludable revenue	81,204	218,524	137,320
	27. Total assets	116,020	341,498	225,478
	28. Total liabilities	94,210	179,856	85,646
	29. Retained earnings	21,810	161,642	139,832
	30. Number of voting members of governing body	14	16	
	31. Number of independent voting members of governing body	14	16	
32. Number of employees	20	18		
33. Number of volunteers	1	16		

Form 990	Tax Return History	2021
-----------------	---------------------------	-------------

Name THE SANDBOX A HILTON HEAD	Employer Identification Number 20-0301794
--	---

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	140,121	136,334	148,835	88,584	154,970	
Membership dues						
Program service revenue	120,963	122,811	202,314	81,065	218,481	
Capital gain or loss						
Investment income	6,557	-3,505	5,824	16	4	
Fundraising revenue (income/loss)	9,396	7,942	9,559	6,794	3,712	
Gaming revenue (income/loss)						
Other revenue	2,690	7,762	1,820	123	39	
Total revenue	279,727	271,344	368,352	176,582	377,206	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	40,622	69,796	64,383	81,000	78,000	
Other compensation	65,816	69,792	147,073	105,063	68,337	
Professional fees	4,750	5,234	4,376	5,629	4,478	
Occupancy costs	41,113	38,210	49,624	29,918	28,801	
Depreciation and depletion	9,017	9,015	9,016	8,523	3,126	
Other expenses	82,671	76,910	94,053	41,992	85,282	
Total expenses	243,989	268,957	368,525	272,125	268,024	
Excess or (Deficit)	35,738	2,387	-173	-95,543	109,182	
Total exempt revenue	279,727	271,344	368,352	176,582	377,206	
Total unrelated revenue						
Total excludable revenue	130,210	127,068	209,958	81,204	218,524	
Total Assets	268,488	292,502	285,937	116,020	341,498	
Total Liabilities	3,349	24,976	18,584	94,210	179,856	
Net Fund Balances	265,139	267,526	267,353	21,810	161,642	

Federal Statements

Taxable Interest on Investments

<u>Description</u>		<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INVESTMENT	INCOME - INTEREST	\$ 4		14			
INVESTMENT	INCOME - GAIN LOSS			14			
TOTAL		\$ <u>4</u>					

Federal Statements

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
TECHNOLOGY	\$ 4,044	\$	\$ 4,044	\$
BANK & CREDIT CARD EXPENS	1,802	1,802		
MISCELLANEOUS	483	483		
EXECUTIVE DIRECTOR EXPENS	123	123		
TOTAL	<u>\$ 6,452</u>	<u>\$ 2,408</u>	<u>\$ 4,044</u>	<u>\$ 0</u>

Federal Statements

Schedule A, Part III, Line 1(e)

<u>Description</u>	<u>Amount</u>
ATAX REIMBURSEMENT	\$ 42,395
PPP LOAN FORGIVNESS	112,575
ALL OTHER CONTRIBUTIONS/GRANTS	
TOTAL	<u>\$ 154,970</u>

Schedule A, Part III, Line 2(e)

<u>Description</u>	<u>Amount</u>
MUSEUM ADMISSIONS/PROGRAMS	\$ 218,481
ATAX REIMBURSEMENT INCOME	-347
OTHER	4,434
GIFT SHOP	1,128
TOTAL	<u>\$ 223,696</u>

Schedule A, Part III, Line 10a(e)

<u>Description</u>	<u>Amount</u>
INVESTMENT INCOME - INTEREST	\$ 4
INVESTMENT INCOME - GAIN LOSS	
TOTAL	<u>\$ 4</u>

Schedule A, Part III, Line 11

<u>Description</u>	<u>Amount</u>
OTHER INCOME	\$ 386
LESS: DEDUCTIONS	-1,000
TOTAL	<u>\$ -614</u>

Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning _____, and ending _____

20-0301794

THE SANDBOX A HILTON HEAD

Net Asset / Fund Balance at Beginning of Year		<u>267,353</u>
Revenue		
Contributions	<u>88,584</u>	
Program service revenue	<u>81,065</u>	
Investment income	<u>16</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>6,839</u>	
Direct expenses	<u>45</u>	
Net income	<u>6,794</u>	
Other income	<u>123</u>	
Total revenue		<u>176,582</u>
Expenses		
Program services	<u>182,744</u>	
Management and general	<u>33,868</u>	
Fundraising	<u>24,867</u>	
Total expenses		<u>241,479</u>
Excess / (deficit)		<u>-64,897</u>
Changes		<u>-150,000</u>
Net Asset / Fund Balance at End of Year		<u>52,456</u>

Reconciliation of Revenue

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u>176,582</u>

Reconciliation of Expenses

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u>241,479</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>285,937</u>	<u>146,666</u>	
Liabilities	<u>18,584</u>	<u>94,210</u>	
Net assets	<u>267,353</u>	<u>52,456</u>	<u>-214,897</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/21
 Failure to file penalty _____

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Form 8879-EO

For calendar year 2020, or fiscal year beginning 2020, and ending 20

2020

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

THE SANDBOX A HILTON HEAD

20-0301794

Name and title of officer or person subject to tax NANCY FISH EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a 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, or 7b, 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.

Table with 2 columns: Line number and description, and Amount. Line 1a: Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 176,582

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

Under penalties of perjury, I declare that [X] I am an officer of the above organization or [] I am a person subject to tax with respect to (name of organization), (EIN) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

[X] I authorize JUNECPA to enter my PIN 12335 as my signature. Enter five numbers, but do not enter all zeros

on the tax year 2020 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 organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Date 01/17/23

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

57175462291

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature PAMELA JUNE, CPA Date 01/17/23

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

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2020)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ 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 2020 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">THE SANDBOX A HILTON HEAD</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">80 NASSAU STREET</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">HILTON HEAD ISLAND SC 29928</p>	D Employer identification number <p style="text-align: center;">20-0301794</p> E Telephone number <p style="text-align: center;">843-842-7645</p> G Gross receipts \$ 177,682
F Name and address of principal officer: <p style="text-align: center;">NANCY FISH 18 A POPE AVENUE HILTON HEAD ISLAND SC 29928</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
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		H(c) Group exemption number ▶
J Website: ▶ WWW.THESANDBOX.ORG		L Year of formation: 2003
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: SC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">THE SANDBOX IS DEDICATED TO THE POSITIVE DEVELOPMENT OF YOUNG CHILDREN THROUGH EDUCATIONAL PLAY IN AN ATMOSPHERE THAT FOSTERS BOTH FAMILY AND COMMUNITY.</p>		
	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	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	20
	6 Total number of volunteers (estimate if necessary)	6	1
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 148,835	Current Year 88,584
	9 Program service revenue (Part VIII, line 2g)	202,314	81,065
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,824	16
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,379	6,917
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	368,352	176,582
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		211,456	155,417
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 24,867			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		157,069	86,062
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	368,525	241,479	
19 Revenue less expenses. Subtract line 18 from line 12	-173	-64,897	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 285,937	End of Year 146,666
	21 Total liabilities (Part X, line 26)	18,584	94,210
	22 Net assets or fund balances. Subtract line 21 from line 20	267,353	52,456

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 <p style="text-align: center;">NANCY FISH</p> Type or print name and title	Date <p style="text-align: center;">EXECUTIVE DIRECTOR</p>
	Print/Type preparer's name PAMELA JUNE, CPA	Preparer's signature PAMELA JUNE, CPA
Paid Preparer Use Only	Check <input type="checkbox"/> if self-employed	PTIN P00636703
	Firm's name ▶ JUNECPA	Firm's EIN ▶ 20-4046229
	Firm's address ▶ 99 MAIN STREET HILTON HEAD ISLAND, SC 29926	Phone no. 843-842-6500

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE SANDBOX IS DEDICATED TO THE POSITIVE DEVELOPMENT OF YOUNG CHILDREN THROUGH EDUCATIONAL PLAY IN AN ATMOSPHERE THAT FOSTERS BOTH FAMILY AND COMMUNITY.

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

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

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

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

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

4a (Code:) (Expenses \$ **182,744** including grants of \$) (Revenue \$ **81,065**)

THE SANDBOX IS AN INTERACTIVE CHILDREN'S MUSEUM AND IS THE ONLY ONE OF ITS KIND IN THE LOWCOUNTRY. THE SANDBOX FEATURES REGION-RELATED EXHIBITS AND CRAFTS SPECIFICALLY DESIGNED TO STIMULATE CURIOSITY, EVOKE CREATIVITY AND MOTIVATE LEARNING IN CHILDREN AGED EIGHT AND UNDER. WE BELIEVE THAT CHILDREN LEARN ABOUT LOVE, TRUST AND SELF-WORTH THROUGH INTERACTIVE PLAY WITH A PARENT OR CARE GIVER. THIS IS ESPECIALLY CRITICAL FOR THE DEVELOPMENT OF YOUNG CHILDREN UNDER THE AGE OF EIGHT. PLAY PROVIDES A NATURAL OPPORTUNITY FOR THESE RELATIONSHIPS TO FORM AND STRENGTHEN. WE STRIVE TO PROVIDE A STIMULATION, PROGRESSIVE SETTING FOR CHILDREN AND THEIR CARE GIVERS TO PLAY TOGETHER.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

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

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

4e Total program service expenses **182,744**

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	20		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
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?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SC**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**

NANCY FISH
HILTON HEAD ISLAND

18A POPE AVENUE

SC 29928

843-842-7645

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NANCY FISH EXECUTIVE DIRECTOR	40.00 0.00			X				81,000	0	0
(2) DRU BROWN DIRECTOR	1.00 0.00	X						0	0	0
(3) JENNIE CERRATI SECRETARY	2.00 0.00	X		X				0	0	0
(4) LYNN CUCCARO DIRECTOR	1.00 0.00	X						0	0	0
(5) SUSIE DOLAN DIRECTOR	1.00 0.00	X						0	0	0
(6) JIM GANT VICE PRESIDENT	2.00 0.00	X		X				0	0	0
(7) LENORE GLEASON DIRECTOR	1.00 0.00	X						0	0	0
(8) LINDSEY HARTMAN DIRECTOR	1.00 0.00	X						0	0	0
(9) QUEATA JACKSON DIRECTOR	1.00 0.00	X						0	0	0
(10) LYNN KING DIRECTOR	1.00 0.00	X						0	0	0
(11) DAVE LANG DIRECTOR	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) KERI OLIVETTI PRESIDENT	2.00 0.00	X		X				0	0	0
(13) JENNY PHELAN DIRECTOR	1.00 0.00	X						0	0	0
(14) LAURIE SAVIDGE DIRECTOR	1.00 0.00	X						0	0	0
(15) JASON T. STEVENS TREASURER	2.00 0.00	X		X				0	0	0
(16) SETH TILTON DIRECTOR	1.00 0.00	X						0	0	0
(17) JOEY VARIN DIRECTOR	1.00 0.00	X						0	0	0
1b Subtotal								81,000		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								81,000		

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e		27,506				
	f All other contributions, gifts, grants, and similar amounts not included above	1f		61,078				
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			88,584				
	Program Service Revenue	2a MUSEUM ADMISSIONS/PROGRAMS	Business Code 611710		81,065	81,065		
b								
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				81,065				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			16			16	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real	(ii) Personal				
			b Less: rental expenses	6b				
			c Rental inc. or (loss)	6c				
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			b Less: cost or other basis and sales exps.	7b				
			c Gain or (loss)	7c				
	d Net gain or (loss)							
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a			6,839			
			b Less: direct expenses	8b	45			
			c Net income or (loss) from fundraising events		6,794			
	9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses			9b					
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	10a			1,055				
		b Less: cost of goods sold	10b	1,055				
		c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a OTHER INCOME	Business Code		123			123	
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d			123				
12 Total revenue. See instructions			176,582	81,065	0	139		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	81,000	59,130	8,910	12,960
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	65,916	48,118	7,251	10,547
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	8,501	6,206	935	1,360
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	4,789	2,394	2,395	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	840		840	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	9,197	9,197		
13 Office expenses	175	157	18	
14 Information technology				
15 Royalties				
16 Occupancy	29,918	27,186	2,732	
17 Travel	20	20		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,523	7,980	543	
23 Insurance	5,045	4,540	505	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	8,799	8,799		
b TECHNOLOGY	7,396		7,396	
c BANK & CREDIT CARD EXPENS	3,427	3,427		
d EXHIBIT UPKEEP	2,507	2,507		
e All other expenses	5,426	3,083	2,343	
25 Total functional expenses. Add lines 1 through 24e	241,479	182,744	33,868	24,867
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	124,443	1	5,867
	2	Savings and temporary cash investments	72,527	2	29,528
	3	Pledges and grants receivable, net	9,402	3	9,402
	4	Accounts receivable, net	3,699	4	3,880
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	30,646
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	7,146	9	7,146
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	179,319		
	10b	Less: accumulated depreciation	149,136	10c	30,183
	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	30,014	15	30,014
16	Total assets. Add lines 1 through 15 (must equal line 33)	285,937	16	146,666	
Liabilities	17	Accounts payable and accrued expenses	3,584	17	26,814
	18	Grants payable		18	
	19	Deferred revenue	15,000	19	15,001
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	52,395
	26	Total liabilities. Add lines 17 through 25	18,584	26	94,210
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	149,946	27	-180,174
	28	Net assets with donor restrictions	117,407	28	232,630
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	267,353	32	52,456
33	Total liabilities and net assets/fund balances	285,937	33	146,666	

Part 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	176,582
2	Total expenses (must equal Part IX, column (A), line 25)	2	241,479
3	Revenue less expenses. Subtract line 2 from line 1	3	-64,897
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	267,353
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-150,000
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	52,456

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

THE SANDBOX A HILTON HEAD

Employer identification number

20-0301794

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2019 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	231,749	140,121	136,334	148,835	88,584	745,623
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	123,905	138,934	138,511	218,977	88,959	709,286
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	355,654	279,055	274,845	367,812	177,543	1,454,909
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						1,454,909

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	355,654	279,055	274,845	367,812	177,543	1,454,909
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	68	6,557	-3,505	5,824	16	8,960
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	68	6,557	-3,505	5,824	16	8,960
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			3,485	820		4,305
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	355,722	285,612	274,825	374,456	177,559	1,468,174
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	99.10 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	99.18 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	1 %

- 19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2 Activities Test. <i>Answer lines 2a and 2b below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
2a		
b Did the activities described in 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? <i>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.</i>		
2b		
3 Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

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

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

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

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

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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

2020

Open to Public Inspection

Name of the organization

THE SANDBOX A HILTON HEAD

Employer identification number

20-0301794

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	57,961	56,188	56,043		
b Contributions			10,000	56,043	
c Net investment earnings, gains, and losses	3,783	1,773	-3,721		
d Grants or scholarships					
e Other expenditures for facilities and programs	33,500		5,600		
f Administrative expenses	283		534		
g End of year balance	27,961	57,961	56,188	56,043	

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ **48.20 %**
 - b Permanent endowment ▶ **51.80 %**
 - c Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------------|----------|----------|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 3b Yes No
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		88,794	88,794	
d Equipment		5,015	5,015	
e Other		85,510	55,327	30,183
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				30,183

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BUILDING IN PROCESS	30,014
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	30,014

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PPP	42,395
(3) EIDL	10,000
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	52,395

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

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

THE SANDBOX A HILTON HEAD

Employer identification number

20-0301794

AMENDED RETURN EXPLANATION

TO RECORD ERTC RECEIVABLE AND REDUCE SALARIES OF \$30,646.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

**FORM 990 WAS REVIEWED BY BOTH THE EXECUTIVE DIRECTOR AND TREASURER BEFORE
IT WAS FILED.**

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

**THESE DOCUMENTS ARE AVAILABLE UPON REQUEST AND ARE POSTED ON THE
GUIDESTAR.ORG WEBSITE.**

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

TRANSFER TO COMMUNITY FOUNDATION OF THE LOWCOUNTRY \$ -150,000

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

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

OMB No. 1545-0172

2020

Attachment Sequence No. **179**

THE SANDBOX A HILTON HEAD

Identifying number
20-0301794

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	▶ 13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	8,523

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	8,523
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	▶ 23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
21	flooring	12/15/11	4,200	X	X	0	5 HY 200DB	4,200	0
22	network camera	11/15/11	2,230	X	X	0	5 HY 200DB	2,230	0
			<u>6,430</u>			<u>0</u>		<u>6,430</u>	<u>0</u>
Other Depreciation:									
12	COMPUTERS	11/15/05	4,119			4,119	4 MO S/L	4,119	0
13	EXHIBITS - 2005	12/31/05	26,070			26,070	5 MO S/L	26,070	0
14	EXHIBITS - 2006	4/01/06	1,568			1,568	5 MO S/L	1,568	0
15	FURNITURE	12/15/05	3,923			3,923	5 MO S/L	3,923	0
16	FURNITURE	4/08/06	168			168	5 MO S/L	168	0
17	FURNITURE	4/26/06	378			378	5 MO S/L	378	0
18	LEASEHOLD IMPROVEMENTS	11/15/05	88,794			88,794	15 MO S/L	83,369	5,425
19	FURNITURE	3/30/06	525			525	5 MO S/L	525	0
20	COMPUTERS	6/15/08	896			896	5 MO S/L	896	0
23	Racetrack Exhibit	7/15/15	23,448			23,448	15 MO S/L	7,034	1,564
24	Grocery Store Exhibit	1/15/16	23,000			23,000	15 MO S/L	6,133	1,534
	Total Other Depreciation		<u>172,889</u>			<u>172,889</u>		<u>134,183</u>	<u>8,523</u>
	Total ACRS and Other Depreciation		<u>172,889</u>			<u>172,889</u>		<u>134,183</u>	<u>8,523</u>
	Grand Totals		179,319			172,889		140,613	8,523
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>179,319</u>			<u>172,889</u>		<u>140,613</u>	<u>8,523</u>

20-0301794

Bonus Depreciation Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
21	flooring	12/15/11	4,200		4,200	0	0	0
22	network camera	11/15/11	2,230		2,230	0	0	0
Grand Total			<u>6,430</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
-------------	-------------	--------------	--------------------	------------	------------	---

There are no assets that meet the criteria of this report

Future Depreciation Report **FYE: 12/31/21**

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
21	flooring	12/15/11	4,200	0	0
22	network camera	11/15/11	2,230	0	0
			<u>6,430</u>	<u>0</u>	<u>0</u>
Other Depreciation:					
12	COMPUTERS	11/15/05	4,119	0	0
13	EXHIBITS - 2005	12/31/05	26,070	0	0
14	EXHIBITS - 2006	4/01/06	1,568	0	0
15	FURNITURE	12/15/05	3,923	0	0
16	FURNITURE	4/08/06	168	0	0
17	FURNITURE	4/26/06	378	0	0
18	LEASEHOLD IMPROVEMENTS	11/15/05	88,794	0	0
19	FURNITURE	3/30/06	525	0	0
20	COMPUTERS	6/15/08	896	0	0
23	Racetrack Exhibit	7/15/15	23,448	1,563	0
24	Grocery Store Exhibit	1/15/16	23,000	1,533	0
	Total Other Depreciation		<u>172,889</u>	<u>3,096</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>172,889</u>	<u>3,096</u>	<u>0</u>
	Grand Totals		<u>179,319</u>	<u>3,096</u>	<u>0</u>

Form 990	Two Year Comparison Report	2019 & 2020
Name _____ For calendar year 2020, or tax year beginning _____, ending _____		Taxpayer Identification Number _____

Name **THE SANDBOX A HILTON HEAD** Taxpayer Identification Number **20-0301794**

			2019	2020	Differences
R e v e n u e	1. Contributions, gifts, grants	1.	108,802	61,078	-47,724
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	40,033	27,506	-12,527
	4. Program service revenue	4.	202,314	81,065	-121,249
	5. Investment income	5.	5,824	16	-5,808
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.	9,559	6,794	-2,765
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	1,820	123	-1,697
	12. Total revenue. Add lines 1 through 11	12.	368,352	176,582	-191,770
E x p e n s e s	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	64,383	81,000	16,617
	16. Salaries, other compensation, and employee benefits	16.	147,073	74,417	-72,656
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	4,376	5,629	1,253
	19. Occupancy, rent, utilities, and maintenance	19.	49,624	29,918	-19,706
	20. Depreciation and Depletion	20.	9,016	8,523	-493
	21. Other expenses	21.	94,053	41,992	-52,061
	22. Total expenses. Add lines 13 through 21	22.	368,525	241,479	-127,046
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-173	-64,897	-64,724
O t h e r I n f o r M a t e r	24. Total exempt revenue	24.	368,352	176,582	-191,770
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	209,958	81,204	-128,754
	27. Total assets	27.	285,937	146,666	-139,271
	28. Total liabilities	28.	18,584	94,210	75,626
	29. Retained earnings	29.	267,353	52,456	-214,897
	30. Number of voting members of governing body	30.	14	14	
31. Number of independent voting members of governing body	31.	14	14		
32. Number of employees	32.	29	20		
33. Number of volunteers	33.	9	1		

Form 990	Tax Return History	2020
-----------------	---------------------------	-------------

Name THE SANDBOX A HILTON HEAD	Employer Identification Number 20-0301794
--	---

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	231,749	140,121	136,334	148,835	88,584	
Membership dues						
Program service revenue	123,905	120,963	122,811	202,314	81,065	
Capital gain or loss						
Investment income	68	6,557	-3,505	5,824	16	
Fundraising revenue (income/loss)	-3,891	9,396	7,942	9,559	6,794	
Gaming revenue (income/loss)						
Other revenue	-3,164	2,690	7,762	1,820	123	
Total revenue	348,667	279,727	271,344	368,352	176,582	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	47,768	40,622	69,796	64,383	81,000	
Other compensation	62,679	65,816	69,792	147,073	74,417	
Professional fees	5,973	4,750	5,234	4,376	5,629	
Occupancy costs	38,652	41,113	38,210	49,624	29,918	
Depreciation and depletion	9,016	9,017	9,015	9,016	8,523	
Other expenses	72,889	82,671	76,910	94,053	41,992	
Total expenses	236,977	243,989	268,957	368,525	241,479	
Excess or (Deficit)	111,690	35,738	2,387	-173	-64,897	
Total exempt revenue	348,667	279,727	271,344	368,352	176,582	
Total unrelated revenue						
Total excludable revenue	120,809	130,210	127,068	209,958	81,204	
Total Assets	231,385	268,488	292,502	285,937	146,666	
Total Liabilities	1,984	3,349	24,976	18,584	94,210	
Net Fund Balances	229,401	265,139	267,526	267,353	52,456	

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INVESTMENT INCOME - INTEREST	\$ 16					
INVESTMENT INCOME - GAIN LOSS						
			14			
			14			
TOTAL	\$ <u>16</u>					

Federal Statements

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
PROGRAM COSTS	\$ 2,210	\$ 2,210	\$	\$
ADMINISTRATION	1,692		1,692	
FRIDAY FAMILY FUN NIGHT	841	841		
ASSOCIATION DUES & LICENS	651		651	
EXECUTIVE DIRECTOR EXPENS	32	32		
TOTAL	<u>\$ 5,426</u>	<u>\$ 3,083</u>	<u>\$ 2,343</u>	<u>\$ 0</u>

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
ALL OTHER CONTRIBUTIONS/GRANTS	\$ 27,506
TOTAL	\$ <u>61,078</u>
	\$ <u>88,584</u>

Schedule A, Part III, Line 2(e)

Description	Amount
MUSEUM ADMISSIONS/PROGRAMS	\$ 81,065
OTHER	6,839
GIFT SHOP	1,055
TOTAL	\$ <u>88,959</u>

Schedule A, Part III, Line 10a(e)

Description	Amount
INVESTMENT INCOME - INTEREST	\$ 16
INVESTMENT INCOME - GAIN LOSS	
TOTAL	\$ <u>16</u>

Schedule A, Part III, Line 11

Description	Amount
OTHER INCOME	\$ 123
LESS: DEDUCTIONS	-1,000
TOTAL	\$ <u>-877</u>

Sandbox Children's Museum Board Meeting

Tuesday, August 29, 2023

Members in Attendance via Zoom: Queata, Lindsay, Lynn, Alex, Gina, Jon, Keri, Linda, Lenore
(Meeting held via Zoom due to pending hurricane and inclement weather.)

Meeting began at 1:35pm

- Lindsay: Requested an approval for the previously emailed meeting minutes from special meetings.
 - Lynn: motioned to approve minutes.
 - Members voted to approve meeting minutes: Queata, Lindsay, Lynn, Alex, Gina, Jon, Keri, Linda

- Lindsay: Hurricane preparedness update
 - Closed Museum Wednesday in line with Beaufort County Schools
 - Staff will Refund/cancel bookings for tomorrow.
 - Lynn has been working hard to make sure Museum and staff are prepared.

- Lynn: The Town came with sandbags and gave some help but help still needed.
 - Lynn's husband and some board members have also given a helping hand.
 - **If you can give any help with hurricane preparedness, by 4pm this afternoon, please contact her!**
 - Need help with sandbags and moving furniture.
 - Trying to get some high school guys or men to move sandbags around.
 - Staff is helping with all that they can.
 - Conduit was covering up the drainage holes, conduit needs to be moved to help prevent future flooding issues. Getting this issue resolved with help from the Town.

- Jon: volunteered to come help with bags.
- Lenore: can come help with husband after the meeting.
- Lindsay: husband can come help.
- Keri: will come and help with furniture.
- Lindsay: ATAX due by Friday
 - Submittal needs board approval for ATAX budget, are there any questions?
 - Lenore: is the spend for radio truly worth it?
 - Keri: we can't exactly tell, we don't have the proper data.
 - 82 percent tourists, 12 percent local are current numbers we have
 - We utilized the previous details and updated with what we have access to.
 - Lenore: Can we ask for more?

- Lynn: we need the data to back up the ask, we have to be ready with everything we need and are planning to do, for the actual application.
 - Keri: we want to be cautious in our ask currently and give the new ED an opportunity to look at the budget and have a plan as to what's needed for the ATAX grant for next year.
 - Motioned to submit approval for ATAX grant and fiscal budget.
 - Seconded by Lindsay
 - Members voted to approve via Zoom: Queata, Lynn, Alex, Gina, Jon, Keri, Linda, Lenore
 - Emailed Vote for yes to ATAX: Dennis (, Linda – was also present at Zoom meeting)
- Lindsay: Do we have any questions about current fiscal budget.
 - Keri: we have to submit budget to match the ATAX budget.
 - Fiscal budget can be updated as needed.
 - Took last year's budget and adjusted with actual expenditures.
 - Lindsay: Does anyone have any questions?
 - (No one advised of any questions.)
 - Jon motioned for approval of budget.
 - Linda seconded motion.
 - All board members present on Zoom approved: Queata, Lynn, Alex, Gina, Jon, Keri, Linda, Lenore
 - Lindsay: Let's talk about the ED position.
 - I've already received emails excited about having such an awesome candidate from many board members and yes votes.
 - We'd like to offer her the position, today so let's open to discussion.
 - Anyone have any questions or concerns?
 - Keri: commented on Alicia's positive disposition during the interview, her demeanor and apparent and infectious passion.
 - Lynn: commented on Alicia pulling out her notebook towards the end of the interview to take notes about ideas and possible events/fundraisers.
 - Believes Alicia will be highly creative within the position of ED.
 - Lindsay: inquired if there are any other questions or concerns right now?
 - Gina: does she have a college degree?
 - Lindsay: No, her resume shows that she is a few hours short of a degree.
 - Lenore: What does it matter? Her real, years of experience outweighs the necessity for a college.
 - Gina: what's the range for the salary, everyone should know since these are the Sandbox funds being used.
 - Keri: the range we listed is \$70,000-\$90,000.
 - Lynn: believes Alicia's fundraising skill and knowhow will be able to more than cover her salary.

- Lindsay: gave examples of Alicia's proven track record with fundraising.
- Lenore: we can always structure a pay scale where, if she brings in x amount, she can be given a bonus as an incentive.
- Lynn: believes Alicia has experience with that sort of pay scale, especially with working with a hospital foundation.
- Lindsay: started at the very bottom with the Port Royal Sound Foundation and built it up from there.
- Alex: what salary range are we looking to start at for negotiations?
 - Keri: it makes sense to start at the upper end.
 - Lynn: her experience speaks to us starting at the higher end.
 - Alex: the other museums in the state offer a lower percentage of their budget, why are we starting so high?
 - Lindsay: advised she sent that salary documentation to show the difference in revenue, size and pay scale for other museums versus ours. That we can hopefully grow from where we are with the right director and great fundraising.
- Alex: what type of return are we expecting and when would we see it come to fruition?
 - Keri: talked with her (Alicia) about the Night at the Museum event idea
 - Alicia began jotting down ideas then and there.
 - It's very possible to see her doing that within the year and making it into a signature event for the Sandbox.
 - Jon: votes to approve offering Alicia the position.
 - A smart move to make an offer for the best when the best is being offered.
 - Suggested think it could be an \$80,000 base + \$10,000 bonus to start the negotiations.
- Keri: advised that she looked at 40-50 resumes and Alicia's stood out the most among the 7 resumes that rose to the top out of the 50 or so.
- Lenore: Just to add this in, Steve Jobs didn't graduate from college and he was awesome at what he did. (Alicia could be our Steve.)
- Alex: When would she be willing to start after the offer is extended?
 - Lindsay: In four weeks, so she can close out her position with Salvation Army.
 - And ensure they are set before she leaves since she does all their programming.
 - Lynn: certain that we should be able to start some training and transitioning before then.
 - Lindsay: we will send her an offer today.
- Lindsay: We will table the discussion on the website build until the Executive Director is in place to have their say so on the website.
 - About the same price whether we continue working with Suited or choose to stop the new build.

- Lynn: Suited would be willing to bargain with the cost and we should keep the Hazel Dean for maintenance. They have a much better price for site upkeep.
 - Alex: doesn't think we should continue with Suited with all the contract confusion.
 - Lynn: they didn't know what we didn't know as a board per the contract details and pricing difference.
 - Lindsay: it's really just who we want to work with because we won't save money if we finish out with Suited or have another company start from scratch. We are invested in about \$8000.
 - Alex: how long are they comfy waiting on our response? And should we shop around?
 - Lynn: we could shop around but it will still be pricey and if Alicia may know a great website designer to work, let's get her into this conversation.
 - Alex: Is it possible we could recoup any cost from ATAX?
 - Lindsay: we can't because we don't know if we will keep this website.
 - The Suited executive and team does know we are in a holding pattern.
- **Lindsay: If anyone feels like they can't be fully present as a contributing board member because of time/work/other commitments, please feel free to email me so we can solidify our board engagement. (No shame just a simple way to leave the board if you can't fully commit.)**
 - **Next meeting is scheduled for Sept 21 and will be an in-person meeting (if there's no hurricane.)**
 - Lenore: Can we contact you with more members that could join the board?
 - Lindsay: Let's focus on making a great board versus adding more right now.

Meeting adjourned at 2:22pm.

ATAX EFFECTIVENESS MEASUREMENT

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

TOPIC	THE PLAN	BUDGET	ACTUAL SPENT	RESULTS <i>When possible, provide planned results vs. actual results, and/or current year vs. prior year results .</i>
Advertising	Print and Web Advertising: Pink, CH2, Rack Cards, Discovery Map, Big Fat Coupon Chamber, Southern Mamas, PicMonkey, Adobe creative Cloud, FB Ads Radio	\$15,002	\$ 10,313.00	For purposes of this grant application, we have opted, as offered in the ATAX instructions, , to utilize the executive summary text area. Please note, due to transition over the summer with an interim director and having a new ED starting October 2nd, all applicable expenses have not been applied at this time, butwe will be happy to supply any additional information needed.
Total		\$ 15,002.00	\$ 10,313.00	

Tourism related events (Programs)	Irish Fest, Pop Goes the 4th, Spookalicious, Surf/Sun/Santa, Noon Year's Eve, Plaidurday, Funday Monday, Summer Camp	\$ 23,850.00	\$ 4,381.00	For purposes of this grant application, we have opted, as offered in the ATAX instructions, , to utilize the executive summary text area. Please note, due to transition over the summer with an interim director and having a new ED starting October 2nd, all applicable expenses have not been applied at this time, butwe will be happy to supply any additional information needed.
-----------------------------------	--	--------------	-------------	---

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

APR 22 2003

SANDBOX A HILTON HEAD AREA
CHILDRENS MUSEUM INC
18A POPE AVE
HILTON HEAD ISLAND, SC 29928

Employer Identification Number:

20-0301794

DLN:

17053089769078

Contact Person:

MICHAEL J HANSON

ID# 31127

Contact Telephone Number:

(877) 829-5500

Public Charity Status:

170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated December, 2003, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,



Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)