

2023

Accommodations Tax Funds Request

Application

Organization Name: The Sandbox

Project/Event Name: Enhancing the Tourist Experience

Executive Summary

We continuously analyze the return on investment of our ATAX dollars to ensure we are being good agents of the funds we are entrusted. 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. This year we used targeted google ads to drive people to the website. We added radio ads for those tourists who are traveling by car. We partially attribute our rise in visitors and inquiries to these varied methods of advertising.

40% of visitor responses indicate they learned about The Sandbox through an internet search including social media posts.. FB likes have increased by 20% over last year for the second year in a row. (currently 5644), and the paid ads have shown to direct online traffic to our FB page which has 5890 followers of which 95% are women between the ages of 35-44 years old. We have also noted an increase in FB 'shares' by other local companies, including The Breeze and Southern Mamas. Our Instagram presence has grown 14% in the last year to 1275 followers.

Our print expenditures have included ads in several 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. 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 special 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 several campers who were here for the entire summer. Several families were return campers who spend the summers here on the island. This continued our free music concert by Rick Hubbard and his kazooie band, on Monday evenings on our porch. This was very successful. 88% of those who participated were tourists and 87% 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 just for us 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 add the exhibits including a bubble and lights room and a kayak exhibit in the outside area.

This past year we have seen a high level of wear and tear on the exhibits. This may be the result of several factors including the increase in guests. We have also seen an increase in expenses to keep the building running. These expenses include maintenance of the HVAC system and the electricity to run it.

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 the child aged eight years and under. Since our inception in December of 2005, we have hosted over 412,000 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 \$59,895, which is a 35% increase in funding from 2022. While we have traditionally worked to lower our ask we have found the new building to need more resources to keep it running in good condition. The Board of Directors and staff at the Sandbox thank you for the opportunity to share our successes and your continued support which will allow us to celebrate 17 years in our community.

2023 Accommodations Tax Funds Request Application

Date Received: 09/02/2022	Time Received: 02:06 AM	By: Online Submittal
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Applications will not be accepted if submitted after 4 pm on September 2, 2022

A. SUMMARY OF GRANT REQUEST:

ORGANIZATION NAME: The Sandbox

Project/Event Name: Enhancing the Tourist Experience

Contact Name: Nancy Fowler Title: Executive Director

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

Email Address:

nfish@thesandbox.org

Contact Phone: 843-842-7645

Event Date:

Event Location: The Sandbox Children's
Museum

Total Budget: \$415,253.00

Grant Requested: \$59,895.00

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

The "The Sandbox" is seeking funding of \$59895.85 in order to continue our advertising efforts, programming, and exhibit enhancements. The requested funds would be allocated as follows: \$15002.40 for advertising; \$23850 for events/programs; and \$21043.45 for facilities/exhibits. Our advertising dollars will continue to be used both with online and print advertising, our program's request has increased due to demand for our summer camp and other programs, and our maintenance cost has

increased due to high wear and tear on the exhibits, an increase in HVAC costs, and electric cost.. This request represents a 35% increase from 2022.

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 Sandbox enhances the visitor experience on HHI by offering a unique setting that is designed to encourage learning through play for children up through age 12. The effects of the global pandemic created an environment where play and socialization are needed more than ever. Families visiting HHI, have a great need for engaging, interactive, safe experiences for their children. The Sandbox is the only interactive children's museum in the Lowcountry of SC. The impact of the enhanced tourist experience can be measured not only by the total number of patrons but also by the number of repeat patrons.

A. Total Number of Physical Tourists Served: 15150

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: 2143

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: 3043

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): 20336

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

Zip codes are collected upon check-in and when tickets are purchased. People who visited our free music show were asked to complete a form via QR code with zip code information.

85% of our guests YTD in 2022 were non-residents. Above is YTD August 20, 2022.

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, encourages play through learning, and promotes interaction between children up to age twelve and their adults. The Sandbox is committed to serving the needs and interests of the developing child by providing exhibits and programs that stimulate curiosity, creativity, and motivate learning. The museum's exhibits and programs are designed to promote developmental competencies through individual and group play between children and their caregivers. Over the years, The Sandbox has become a favorite destination for families during their stay on Hilton Head Island by providing programming and exhibits designed for the island's youngest guests. Our new building at Lowcountry Celebration Park has added exhibits and programs for children up through age twelve. This includes an interactive 3D sandbox that teaches about the biomes and Maker room where materials are available for building electric circuits, woodworking, and creating with recycled materials.

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

Destination advertising is paramount for The Sandbox. In our past year 85% of our guests were tourists. We use a variety of marketing throughout the high season, and maintain consistent messaging during the off-season in order to pique future travelers' interest and gain the attention of those traveling in the off-season and at holidays. We have added some radio advertising as well for those traveling by car. The Sandbox plans to allocate the \$15,200, to include: Design/Ads, Digital/Social Media Ads, Print, Radio, Misc.

Tourism-related events include seasonal events and programs to attract and encourage the return of tourist patrons. Examples include the popular Summer Camp, which was full for all 9 weeks it was offered this year with a waiting list, our free weekly music concert continues to be very popular, and our family-friendly Irishfest and July 4th event Pop Goes the Fourth. \$23,850

Tourism-related facilities are the heart and soul of The Sandbox. This year we found our new facility had additional unexpected expenses. These expenses included additional insurance required by the town, an increase in electric charges due to the HVAC system, and HVAC service charges. Additionally, we have seen an increase in exhibit repair due to high wear and tear. Finally, a flooding issue has created additional expenses for clean-up. Several exhibits have consumables, which must be replenished to keep the exhibits fresh and appealing especially to repeat visitors. \$21,043.

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)

Partial funding would require The Sandbox to scale back advertising and programming efforts significantly. It would negatively impact our ability to reach and drive potential tourist visitors to our location.

Programs would have to be considerably edited, if not altogether canceled. If funding for tourism-related facilities was not received we would not be able to continue the excellent level of service to our visitors and we would need to amend our opening hours due to repairs. As Hilton Head's only educational service to young children and families, we rely on the generous support of ATAX funding to support our annual budget.

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

The Sandbox has a consistent track record of significant tourist traffic. Since opening, we have entertained over 410,000 guests, the majority of whom live more than 50 miles from Hilton Head Island. One of the best ways to determine our impact on tourism is by evaluating feedback from visitors. More than 99% of the feedback we receive from tourist visitors indicates they would definitely visit us again-proof of the positive impact and benefit on island tourism. Our indirect impact and benefit are to enhance the visitor experience by standing out as a “family activity” on the island.

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:**

- | | |
|--|------|
| 1 - Destination Advertising/Promotion
<i>Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity.</i> | 25 % |
| 2 - Tourism-Related Events
<i>Promotion of the arts and cultural events.</i> | 40 % |
| 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> | 35 % |

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>	0 %
5 - Tourist Public Transportation <i>Tourist shuttle transportation.</i>	0 %
6 - Waterfront Erosion/Control/Repair <i>Control and repair of waterfront erosion.</i>	0 %
7 - Operation of Visitor Information Centers <i>Operating visitor information centers.</i>	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 has a long history of collaboration with community partners and businesses in order to develop meaningful and impactful programming, offer support at community-wide events, and support fundraising efforts on behalf of, and directly for, the community. The Sandbox's Board of Directors recognizes the importance of and supports staff efforts to build strong partnerships throughout the community, and raise the visibility of all organizations. Consistent messaging to tourists from multiple community partners helps to strengthen the Hilton Head Island Experience brand and reinforces the concept that Hilton Head Island is a premier destination for families. We continue to provide free admission for those families visiting with Hilton Head Heroes and Camp Leo campers. We see our partnership with others as crucial to providing a well-rounded experience for visitors. We reach out monthly to the hotel and rental agencies to keep them updated on our events, hours, and programming. We participate in local community events such as

the Family Day at the Coastal Discovery Museum and the Kiwanis Jeep Island Chili Cook-off. We understand the importance of being visible in the community away from our physical location. We also know the importance of providing special events in conjunction with local events such as our Irishfest being scheduled before the St. Patricks Day parade. Besides our wonderful beaches and other outdoor recreational activities, The Sandbox offers a unique experience to enjoy as a family on their vacation.

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 is funded through fundraising efforts, collaborative and local grants, and ATAX funding. We are pleased with the support of the local community through donations that make up part of that balance. Support from private foundations, corporations, and private individuals is actively pursued annually.

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

Ticket Sales, or Sales
78 and Services _____ Other _____

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

Yes _____ No X

If so, please list top 3 sources and amounts.

D. FINANCIAL INFORMATION:

Fiscal Year Disclosure: Start Month: January 2022 End Month: December 2022

Financial Statement Requirements:

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

Budget Years Provided:

2023 Draft Budget

2. The previous two years and current year **profit and loss reports** for the organization.

Profit and Loss Years Provided:

P & L YTD 2021

P & L 2020

3. The previous two years and current year **balance sheets**.

Balance Sheet Years Provided:

2020 Balance Sheet

2021 YTD Balance Sheet

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

IRS Form 990 or 990T Years Provided:

990 2019

990 2018

990 2020

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 2021 or 2022 HHI ATAX funds

1. List any ATAX award amounts received in 2021 and/or 2022.

2019	\$45,895.00	Enhancing the Tourist Experience
2020	\$54,500.00	Enhancing the Tourist Experience
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

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)*

2022: \$44400 Requested and Awarded

\$16400, for advertising

\$20,000, for tourism-related events

\$8,000, for tourism-related facilities

To date 8.24.22 we have seen 200% more guests than at the same time last year. By using multisensory marketing efforts and our location by the new playground we have been able to capitalize on driving tourists to the new location. We typically offer two 3-hour play sessions a day and often find ourselves at capacity.

Our summer camp was full for 9 out of the 9 weeks and had a wait list for every week. Our campers were a mix of local children and tourist children. Our special events often sell out as well.

Our exhibit dollars help to keep our supplies full and our exhibits well maintained in an atmosphere of very hard use.

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

Funds received from Hilton Head Island ATAX are crucial to the continued success of The Sandbox. Consistent messaging on rack cards, promotional coupons, flyers, radio spots, and advertisement

placements in tourist-focused publications helped to drive new visitors and returning visitors to the museum. We are able to message the location of our new building with these funds and this is vital to us as an organization. We are able to provide programming such as summer camp to many tourist families both new and those who are repeat campers. Many children this year were here for the duration of the summer, were repeat campers, and enrolled in multiple weeks.

Having the resources to be able to add to and change out items in the exhibits, adding new exhibits allows children and families, especially those come year after year to have a richer experience.

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

The Sandbox's primary measure of effectiveness for both overall activity and individual programs is attendance for general admission as well as feedback we receive from programs.

Signature: Nancy Fowler

Title/Position: Executive Director

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

Email Address: nfish@thesandbox.org

Office Phone Number: 843-842-7645

Home Phone Number: 770-363-0639

Sandbox Interactive Children's Museum

Board of Directors Meeting

August 25, 2022

Board Members Present: Lenore Gleason, Queata Jackson, Lindsay Hartman, Linda Dreisbach, Joey Varin, Susie Dolan, Jon Hammond, Alex Kanarr and Keri Olivetti. Executive Director Nancy Fish was present.

I. Call to Order: The meeting was called to Order at 1:35 pm by Ms. Olivetti.

II. Review of Minutes:

The Board reviewed the Minutes of the July meeting. Ms. Gleason made a motion to approve the minutes and it was seconded by Mr. Hammond. The board unanimously approved the motion.

III. Current Business:

- a. Executive Director Report: Ms. Fish presented her report. Discussed facilities issues, including the recent flooding at the Sandbox, HVAC, and rock wall. The ATAX grant is due to the Town by September 2, Ms. Fish presented the grant request to the Board. Mr. Hamond made a motion to approve Ms. Fish applying for ATAX funding by submitting the ATAX grant application. Ms. Driesbach seconded the motion. The Board approved the motion unanimously. The Sandbox had a backpack giveaway event and worked with Hopeful Horizons on backpack giveaways. The WAHH will having a kickoff event in September at the Sandbox. The Board scheduled work day at both museums on September 18 starting a 1 pm. The Board will email Ms. Olivetti with the location they will attending.
- b. Financial Update – Ms. Olivetti presented the report financial report. She provided budget vs. actual comparisons.

V. Committee Updates:

- a. Executive Committee – Ms. Olivetti is submitted an Organizational Development grant to the Community Foundation of the Lowcountry to fund the strategic planning sessions with the USCB Center for Strategic Planning. The session will be in October.
- b. Committees – The committees for the Sandbox will be the Fundraising/Marketing Committee, the Building/HR Committee and the Education/ Volunteer Committee. Each committee will meet prior to the next Board meeting and select a Chair and set goals for this year.

VI. New Business:

Ms. Dolan informed the Board of an open house at Hilton Head Island Elementary IB School. Ms. Gleason agreed to attend the open house representing the Sandbox. Ms. Gleason, Ms. Olivetti and Ms. Dolan will work together to prepare for the event.

Ms. Fish will be on vacation during the week of August 26 to September 4. The Board wished her a great vacation – well deserved.

VI. Adjourn– the meeting was adjourned at 2:24pm.



2023 Budget Assumptions-Draft

Income

Based on 2022 actuals

Takes into account some closings due to weather.

Expense

Based on actuals with increase for maintenance due to HVAC, flooding, exhibit repair and electric costs.

Overall

The Sandbox 2023 Expenses

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2023 Expenses	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total Requested	notes
Executive Staff													\$0	
Executive Director	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	\$9,000	\$6,000	\$6,000	\$6,000	\$6,000	\$9,000	\$6,000	\$78,000	
Summer Camp staff	\$0	\$0	\$0	\$0	\$0	\$9,000	\$6,700	\$1,600	\$0	\$0	\$0	\$0	\$17,300	
Floor Staff	\$2,500	\$2,825	\$2,500	\$3,000	\$3,000	\$4,500	\$3,000	\$3,000	\$3,000	\$3,000	\$4,500	\$3,500	\$38,325	
Seasonal Staff	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Total Salaries	\$8,500	\$8,825	\$8,500	\$9,000	\$9,000	\$22,500	\$15,700	\$10,600	\$9,000	\$9,000	\$13,500	\$9,500	\$133,625	
Payroll Taxes @ 15.4%	\$1,309	\$1,359	\$1,309	\$1,386	\$1,386	\$3,465	\$2,418	\$1,632	\$1,386	\$1,386	\$2,079	\$1,463	\$20,578	
Total Salary Expenses	\$9,809	\$10,184	\$9,809	\$10,386	\$10,386	\$25,965	\$18,118	\$12,232	\$10,386	\$10,386	\$15,579	\$10,963	\$154,203	
Professional Fees							\$55			\$0		\$0	\$55	
Bookkeeping	\$80	\$80	\$80	\$80	\$80	\$80	\$80	\$80	\$80	\$80	\$80	\$80	\$960	
Rent	\$1	\$1	\$1	\$1	\$1	\$1	\$1	\$1	\$1	\$1	\$1	\$1	\$12	
Utilities- Electric	\$1,800	\$2,000	\$2,200	\$2,200	\$2,300	\$2,300	\$2,300	\$2,300	\$2,300	\$2,300	\$2,000	\$2,000	\$26,000	
Utilities - Water/Sewer/Garbage	\$144	\$144	\$144	\$144	\$144	\$144	\$144	\$144	\$144	\$144	\$144	\$144	\$1,728	
IT / Telephone/Internet	\$475	\$475	\$475	\$475	\$475	\$475	\$526	\$526	\$526	\$350	\$350	\$350	\$5,478	
Advertising (ATAx)	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,252	\$15,002	
Advertising	\$0	\$0	\$200	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$200	
Membership / Spec. Events	\$0	\$0	\$100	\$0	\$50	\$100	\$0	\$0	\$100	\$0	\$0	\$0	\$350	
Fundraising Expenses	\$0	\$0	\$50	\$0	\$0	\$0	\$20	\$100	\$0	\$0	\$0	\$0	\$170	
Executive Director Expense	\$0	\$0	\$110	\$0	\$0	\$0	\$0	\$100	\$0	\$0	\$0	\$0	\$210	
Office Supplies	\$80	\$50	\$50	\$0	\$0	\$0	\$100	\$100	\$100	\$0	\$0	\$0	\$480	
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	\$20	\$30	\$0	\$10	\$0	\$10	\$10	\$10	\$0	\$0	\$0	\$130	
Programs (ATAx)	\$1,987	\$1,987	\$1,987	\$1,987	\$1,987	\$1,987	\$1,987	\$1,987	\$1,987	\$1,987	\$1,987	\$1,993	\$23,850	
Programs supplies	\$563	\$563	\$563	\$563	\$563	\$563	\$563	\$563	\$563	\$563	\$563	\$563	\$6,756	
Janitorial / Cleaning Supplies	\$350	\$300	\$350	\$300	\$250	\$300	\$300	\$300	\$350	\$300	\$300	\$225	\$3,625	
Bank Charges / Credit Card Proc	\$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	\$0	\$0	\$2,200	
Insurance	\$852	\$852	\$1,262	\$852	\$852	\$1,261	\$852	\$852	\$811	\$781	\$581	\$688	\$10,497	
Building Upkeep	\$1,405	\$0	\$0	\$1,405	\$0	\$0	\$0	\$1,405	\$0	\$0	\$0	\$1,405	\$5,620	
Exhibit Upkeep (ATAx)	\$1,753	\$1,753	\$1,753	\$1,753	\$1,753	\$1,753	\$1,753	\$1,760	\$1,753	\$1,753	\$1,753	\$1,753	\$21,043	
Exhibit Upkeep	\$515	\$515	\$515	\$515	\$515	\$515	\$515	\$515	\$515	\$515	\$515	\$515	\$6,180	
Travel/Auto	\$0	\$350	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$350	
ACM	\$650	\$600	\$500	\$0	\$3,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,750	
Total Expenses Pope	\$22,348	\$21,604	\$22,304	\$22,044	\$24,326	\$36,734	\$30,757	\$24,426	\$21,126	\$20,460	\$25,153	\$22,222	\$293,504	
Tanger expenses														
Executive Staff													\$0	
Manager	\$2,846	\$2,848	\$2,846	\$2,846	\$2,846	\$4,615	\$3,076	\$3,076	\$3,076	\$4,615	\$3,076	\$4,269	\$40,035	
Floor Staff	\$852	\$1,795	\$2,500	\$2,000	\$8,280	\$5,520	\$5,520	\$4,140	\$3,000	\$2,500	\$2,500	\$3,000	\$41,607	
Summer Camp Staff	\$0	\$0	\$0	\$0	\$2,100	\$1,400	\$1,400	\$0	\$0	\$0	\$0	\$0	\$4,900	
Total Salaries	\$3,698	\$4,643	\$5,346	\$4,846	\$13,226	\$10,135	\$8,596	\$7,216	\$6,076	\$7,115	\$5,576	\$0	\$86,542	
Payroll Taxes @ 15.4%	\$569	\$715	\$823	\$746	\$2,037	\$1,561	\$1,324	\$1,111	\$936	\$1,096	\$859	\$0	\$11,777	
Total Salary Expenses	\$4,267	\$5,357	\$6,169	\$5,592	\$15,263	\$11,696	\$9,920	\$8,327	\$7,012	\$8,211	\$6,435	\$0	\$98,318	
Professional Fees							\$54			\$0		\$0	\$54	

The Sandbox 2023

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Projected 2023 Income	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Total
Fees Income													
Memberships	\$2,000	\$500	\$1,500	\$1,500	\$2,000	\$1,500	\$1,000	\$1,300	\$2,300	\$2,000	\$3,000	\$2,000	\$20,600
Admissions	\$5,000	\$5,000	\$15,000	\$15,000	\$20,000	\$28,000	\$30,000	\$20,000	\$1,000	\$14,000	\$11,000	\$9,000	\$173,000
Programs	\$0	\$0	\$0	\$500	\$0	\$0	\$1,000	\$0	\$0	\$100	\$100	\$500	\$2,200
Camps	\$0	\$0	\$4,500	\$2,000	\$2,200	\$8,000	\$10,000	\$3,000	\$0	\$0	\$0	\$0	\$29,700
Parent's Night Out		\$280	\$280	\$0	\$300	\$0	\$0	\$0	\$0	\$0	\$0	\$150	\$1,010
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	\$300	\$200	\$3,700
Fees Income Total	\$9,400	\$6,980	\$22,380	\$19,750	\$25,500	\$40,100	\$42,900	\$25,300	\$4,375	\$17,225	\$15,175	\$12,625	\$241,710
Other Income													
Grants	\$0	\$0	\$0	\$2,000	\$750	\$250	\$1,800	\$1,000	\$5,000	\$0	\$0	\$0	\$10,800
Fundraiser Corporate Sponsors	\$0	\$0	\$0	\$0	\$0	\$0	\$800	\$0	\$0	\$0	\$0	\$0	\$800
Donations	\$200	\$1,500	\$500	\$0	\$250	\$0	\$2,000	\$2,000	\$2,000	\$35	\$500	\$100	\$9,085
Fundraisers	\$0	\$0	\$0	\$0	\$2,000	\$0	\$0	\$200	\$0	\$0	\$0	\$0	\$2,200
Subtotal other Income	\$200	\$1,500	\$500	\$2,000	\$3,000	\$250	\$4,600	\$3,200	\$7,000	\$35	\$500	\$100	\$22,885
ATAX Reimbursement - Adv.	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,252	\$15,002
ATAX Reimbursement-Program	\$1,987	\$1,987	\$1,987	\$1,987	\$1,987	\$1,987	\$1,987	\$1,987	\$1,987	\$1,987	\$1,987	\$1,993	\$23,850
ATAX Reimbursement - Exhib.	\$1,753	\$1,753	\$1,753	\$1,753	\$1,753	\$1,753	\$1,753	\$1,760	\$1,753	\$1,753	\$1,753	\$1,753	\$21,043
Bank Interest	\$13	\$7	\$4	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24
Subtotal ATAX	\$5,003	\$4,997	\$4,994	\$4,990	\$4,990	\$4,990	\$4,990	\$4,997	\$4,990	\$4,990	\$4,990	\$4,998	\$59,919
Other Income and ATAX Total	\$5,203	\$6,497	\$5,494	\$6,990	\$7,990	\$5,240	\$9,590	\$8,197	\$11,990	\$5,025	\$5,490	\$5,098	\$82,804
Fees and Other Income Total	\$14,603	\$13,477	\$27,874	\$26,740	\$33,490	\$45,340	\$52,490	\$33,497	\$16,365	\$22,250	\$20,665	\$17,723	\$324,514
2023 Projected Income	\$14,603	\$13,477	\$27,874	\$26,740	\$33,490	\$45,340	\$52,490	\$33,497	\$16,365	\$22,250	\$20,665	\$17,723	\$324,514
2023 Projected Expense	\$22,348	\$21,604	\$22,304	\$22,044	\$24,326	\$36,734	\$30,757	\$24,426	\$21,126	\$20,460	\$25,153	\$22,222	\$293,504
Net Income / Loss	\$ (7,745)	\$ (8,127)	\$ 5,570	\$ 4,696	\$ 9,164	\$ 8,606	\$ 21,733	\$ 9,071	\$ (4,761)	\$ 1,790	\$ (4,488)	\$ (4,499)	\$31,010
Tanger													
Fees Income													
Memberships	\$500	\$500	\$1,500	\$1,000	\$1,000	\$1,000	\$1,400	\$1,300	\$600	\$500	\$1,200	\$1,500	\$12,000
Admissions	\$1,500	\$2,000	\$5,000	\$7,000	\$4,000	\$5,000	\$9,600	\$5,000	\$2,500	\$3,000	\$2,500	\$2,000	\$49,100
Camp	\$0	\$0	\$0	\$574	\$2,000	\$3,000	\$8,000	\$2,000	\$0	\$0	\$0	\$0	\$15,574
Programs	\$0	\$0	\$0	\$0	\$0	\$0	\$240	\$0	\$0	\$0	\$0	\$0	\$240
Parent's Night Out	\$0	\$0	\$280	\$0	\$280	\$0	\$200	\$0	\$0	\$100	\$100	\$150	\$1,110
Birthdays Parties @ \$225	\$225	\$300	\$225	\$150	\$500	\$1,200	\$800	\$360	\$225	\$450	\$450	\$1,000	\$5,885
Gift Shop Sales	\$30	\$50	\$50	\$100	\$50	\$300	\$400	\$200	\$50	\$200	\$100	\$100	\$1,630
Fees Income Total	\$2,255	\$2,850	\$7,055	\$8,824	\$7,830	\$10,500	\$20,640	\$8,860	\$3,375	\$4,250	\$4,350	\$4,750	\$85,539
Other Income													
Grants	\$0	\$0	\$0	\$2,000	\$0	\$0	\$0	\$500	\$1,000	\$0	\$500	\$0	\$4,000
Fundraiser Corporate Sponsors	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Exhibit Sponsors	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$150	\$0	\$0	\$0	\$0	\$150
Donations	\$515	\$0	\$500	\$0	\$0	\$0	\$0	\$0	\$0	\$35	\$0	\$0	\$1,050
Fundraisers	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal other Income	\$515	\$0	\$500	\$2,000	\$0	\$0	\$0	\$650	\$1,000	\$35	\$500	\$0	\$5,200
Bank Interest													\$0
Other Income Total	\$515	\$0	\$500	\$2,000	\$0	\$0	\$0	\$650	\$1,000	\$35	\$500	\$0	\$5,200

The Sandbox 2023

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	Income												
Fees and Other Income Total	\$2,770	\$2,850	\$7,555	\$10,824	\$7,830	\$10,500	\$20,640	\$9,510	\$4,375	\$4,285	\$4,850	\$4,750	\$90,739
2023 Projected Income	\$2,770	\$2,850	\$7,555	\$10,824	\$7,830	\$10,500	\$20,640	\$9,510	\$4,375	\$4,285	\$4,850	\$4,750	\$90,739
2023 Projected Expense	\$6,993	\$8,248	\$9,684	\$8,368	\$18,039	\$14,741	\$13,872	\$11,158	\$9,562	\$11,642	\$9,441	\$0	\$121,748
Net Income / Loss	\$ (4,223)	\$ (5,398)	\$ (2,129)	\$ 2,456	\$ (10,209)	\$ (4,241)	\$ 6,768	\$ (1,648)	\$ (5,187)	\$ (7,357)	\$ (4,591)	\$ 4,750	-\$31,009
2023 Projected Income	\$17,373	\$16,327	\$35,429	\$37,564	\$41,320	\$55,840	\$73,130	\$43,007	\$20,740	\$26,535	\$25,515	\$22,473	\$415,253
2023 Projected Expense	\$29,342	\$29,853	\$31,988	\$30,412	\$42,365	\$51,475	\$44,629	\$35,584	\$30,688	\$32,102	\$34,594	\$22,222	\$415,253
Net Income / Loss	\$ (11,969)	\$ (13,526)	\$ 3,441	\$ 7,152	\$ (1,045)	\$ 4,365	\$ 28,501	\$ 7,423	\$ (9,948)	\$ (5,567)	\$ (9,079)	\$ 251	\$0

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
15000 Computer Equipment	2,471.00
16000 Furniture & Fixtures	4,994.01

	TOTAL
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.	-74,387.60
Total 18000 Fixed Assets Accumulated Depr	-142,895.11
Building - WIP	30,014.00
Total Fixed Assets	\$64,041.34
Other Assets	
19000 Security Deposit	1,500.00
Total Other Assets	\$1,500.00
TOTAL ASSETS	\$259,367.36
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
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
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	195,594.00
32100 Transfers To/From Unrestricted	0.00
Total 32000 Unrestricted Net Assets	195,594.00
33000 Retained Earnings	-229,590.17
Unrestricted Net Assets - NM	72,927.00
Net Revenue	54,000.18
Total Equity	\$79,510.01
TOTAL LIABILITIES AND EQUITY	\$259,367.36

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

STATEMENT OF FINANCIAL POSITION

As of December 31, 2020

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Cash at Bank	0.00
Cash in Cash Box	450.00
PayPal	0.00
Total Cash at Bank	450.00
TD Bank Operating	32.27
TD CFL Holding Account	0.00
TD Money Market	1,567.07
Total Bank Accounts	\$2,049.34
Accounts Receivable	
Accounts Receivable	771.93
Total Accounts Receivable	\$771.93
Other Current Assets	
Payroll Service Customer Asset	0.00
Prepays & Other Current Assets	0.00
Undeposited Funds	0.00
Total Other Current Assets	\$0.00
Total Current Assets	\$2,821.27
Fixed Assets	
Fixed Assets Accumulated Depr	0.00
Building Improve Acc. Dep.	-85,305.60
Computers Acc Depr.	-7,451.30
Exhibits Acc Depr.	-56,786.50
Furniture & Fixtures Acc Depr.	-4,269.71
Total Fixed Assets Accumulated Depr	-153,813.11

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

STATEMENT OF FINANCIAL POSITION

As of December 31, 2020

	TOTAL
Fixed Assets - At Cost	0.00
Computer Equipment	2,471.00
Exhibits	6,430.00
Artist's Alley	453.72
Artwork & Signs	3,438.00
Bank Exhibit	150.67
Boat	3,317.62
Climbing Wall	4,802.95
Construction Zone	1,041.09
Grocery Store	23,000.00
International Market/Plane	3,523.29
Loft	1,330.55
Multi-Purpose Room	4,436.91
Racetrack	23,447.58
Sandcastle	2,412.19
Toddler Area	2,731.09
Total Exhibits	80,515.66
Furniture & Fixtures	4,994.01
Leasehold Improvements Buildout	
Leasehold Build. Int, Fix. Etc	2,146.34
Leasehold Building Improvements	86,647.78
Total Leasehold Improvements Buildout	88,794.12
Total Fixed Assets - At Cost	176,774.79
Total Fixed Assets	\$22,961.68
Other Assets	
Security Deposit Tanger	1,500.00
Total Other Assets	\$1,500.00
TOTAL ASSETS	\$27,282.95

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

STATEMENT OF FINANCIAL POSITION

As of December 31, 2020

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	6.13
Total Accounts Payable	\$6.13
Credit Cards	
MasterCard	9,891.84
Sam's Club Business Member Cred	753.82
VISA Exec Dir	-350.00
Total Credit Cards	\$10,295.66
Other Current Liabilities	
Deferred Grant - Exec Dir	-9,401.50
Direct Deposit Payable	0.00
Due to Building Fund	1,984.96
EIDL Loan	10,000.00
Other Current Liabilities	
125 Employee Insurance	72.18
Deferred Birthday Revenue	0.00
Deferred Memberships	-48.76
Deferred Renewals	0.00
Direct Deposit Liabilities	0.00
Payroll Liabilities	-302.91
Sales Tax Payable	18.63
Short-Term Disability-After Tax	0.00
Total Other Current Liabilities	-260.86
Payroll Liabilities	
Federal Taxes (941/944)	1,225.40
SC Income Tax	276.32
Total Payroll Liabilities	1,501.72
PPP Loan	42,395.00
Total Other Current Liabilities	\$46,219.32
Total Current Liabilities	\$56,521.11
Total Liabilities	\$56,521.11
Equity	
Permanently restrict net assets	
Endowment net assets	0.00
Total Permanently restrict net assets	0.00
Temporarily restrict net asset	16,579.00
Unrestrict (retained earnings)	-153,240.54

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

STATEMENT OF FINANCIAL POSITION

As of December 31, 2020

	TOTAL
Unrestricted net assets	195,594.00
Transfers to/from unrestricted	4,000.00
Total Unrestricted net assets	199,594.00
Net Revenue	-92,170.62
Total Equity	\$ -29,238.16
TOTAL LIABILITIES AND EQUITY	\$27,282.95

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

Statement of Activity

January - December 2021

	HHI	TANGERS	NOT SPECIFIED	TOTAL
Revenue				
40000 Income from Operations				\$0.00
40100 Admissions	98,248.89	44,626.70		\$142,875.59
40200 Birthday Parties/ Events	4,903.84	5,116.07		\$10,019.91
40300 Gift Shop Sales	2,373.06	1,763.59		\$4,136.65
40400 Membership Income	21,607.30	9,649.96		\$31,257.26
40500 Museum School	-176.28			\$ -176.28
40600 Gift Card Sales	299.86	299.85		\$599.71
Total 40000 Income from Operations	127,256.67	61,456.17		\$188,712.84
41000 Program Income				\$0.00
41200 Field Trips		240.00		\$240.00
41400 Summer Camp	23,175.57	8,319.12		\$31,494.69
Total 41000 Program Income	23,175.57	8,559.12		\$31,734.69
42000 Fundraising Income				\$0.00
42300 Capital Campaign	3,834.19			\$3,834.19
Total 42000 Fundraising Income	3,834.19			\$3,834.19
43000 Restricted Income				\$0.00
43100 Restricted Donations	3,750.00	1,250.00		\$5,000.00
43200 Restricted Grants				\$0.00
43210 Discover Imagine Grow (DIG)	500.00	500.00		\$1,000.00
43270 New Programs - Restricted	1,000.00			\$1,000.00
Total 43200 Restricted Grants	1,500.00	500.00		\$2,000.00
43300 CFL Salary Match	7,500.00	7,500.00		\$15,000.00
Total 43000 Restricted Income	12,750.00	9,250.00		\$22,000.00
44000 Unrestricted Income				\$0.00
44100 Unrestricted Donations	19,893.70	6,652.80		\$26,546.50
44200 Unrestricted Grants	26,894.05	26,894.04	10,000.00	\$63,788.09
Total 44000 Unrestricted Income	46,787.75	33,546.84	10,000.00	\$90,334.59
45000 Interest Income	2.08	2.05		\$4.13
46000 ATAX Reimbursement Income				\$0.00
46100 ATAX Reimbursement - Advertising	-52.00			\$ -52.00
Total 46000 ATAX Reimbursement Income	-52.00			\$ -52.00
47000 Other Income	21,197.50	21,197.50		\$42,395.00
Reimbursement Income (deleted)				\$0.00
200 - ATAX Reimbursement Income (deleted)				\$0.00
ATAX Reimbursement - Ad. (deleted)	-295.00			\$ -295.00
Total 200 - ATAX Reimbursement Income (deleted)	-295.00			\$ -295.00
Total Reimbursement Income (deleted)	-295.00			\$ -295.00
Sales of Product Revenue	385.93			\$385.93
Total Revenue	\$235,042.69	\$134,011.68	\$10,000.00	\$379,054.37
Cost of Goods Sold				
50000 Cost of Goods Sold - Gift Shop	990.64	137.75		\$1,128.39

	HHI	TANGERS	NOT SPECIFIED	TOTAL
Total Cost of Goods Sold	\$990.64	\$137.75	\$0.00	\$1,128.39
GROSS PROFIT	\$234,052.05	\$133,873.93	\$10,000.00	\$377,925.98
Expenditures				
60000 Administrative Expenses	1,325.00	1,325.00		\$2,650.00
60010 Accounting Services	2,097.25	2,097.25		\$4,194.50
60015 Advertising	1,539.88	1,109.27		\$2,649.15
60020 ATAX/Tourist Advertising	15,831.58			\$15,831.58
60025 Bank Service Charges	109.22	97.25		\$206.47
60030 Credit Card Fees	817.58	778.30		\$1,595.88
60040 Dues/Licenses	2,574.91	2,249.10		\$4,824.01
60045 Executive Director Expenses	78.40	45.00		\$123.40
60050 IT Support	2,220.72	1,823.57		\$4,044.29
60055 Office Supplies	1,421.38	491.53		\$1,912.91
60065 Professional Development	141.56	141.55		\$283.11
60070 Software Fees/Subscriptions	768.23	636.68		\$1,404.91
60080 Postage	141.39	72.94		\$214.33
Total 60000 Administrative Expenses	29,067.10	10,867.44		\$39,934.54
60026 Interest Expense	525.39	525.36		\$1,050.75
61000 Building/Property Expense	225.00			\$225.00
61100 Building Maintenance	4,799.38	541.75		\$5,341.13
61200 Building/Custodial Supplies	1,886.67	4,473.84		\$6,360.51
61300 Insurance				\$0.00
61310 Commercial Property Insurance	3,233.98	1,416.06		\$4,650.04
61320 Liability Insurance	1,103.92	1,103.92		\$2,207.84
61330 Workers Compensation	2,538.00	2,538.00		\$5,076.00
Total 61300 Insurance	6,875.90	5,057.98		\$11,933.88
61400 Rent		9,000.00		\$9,000.00
61500 Telephone/Internet	3,616.99	3,990.97		\$7,607.96
61600 Utilities	6,435.19			\$6,435.19
61700 Property Taxes	251.01			\$251.01
61800 New Building Expenses - Coligny	3,430.90			\$3,430.90
Total 61000 Building/Property Expense	27,521.04	23,064.54		\$50,585.58
62000 Exhibit Expenses				\$0.00
62100 ATAX/Exhibit Maintenance	5,603.65			\$5,603.65
62200 Exhibit Maintenance	589.11	1,405.25		\$1,994.36
62300 Exhibit Supplies	406.23	40.62		\$446.85
62400 ATAX Exhibit Expense - New Building	8,880.57			\$8,880.57
Total 62000 Exhibit Expenses	15,479.56	1,445.87		\$16,925.43
63000 Fundraising Expenses	721.67			\$721.67
63500 New Building Expenses	1,851.02			\$1,851.02
64000 Payroll & Related Expense				\$0.00
64100 Wages & Salary			189,117.85	\$189,117.85
64200 Payroll Tax Expense			14,467.52	\$14,467.52
64300 Payroll Service Fee	529.66	529.64		\$1,059.30
Total 64000 Payroll & Related Expense	529.66	529.64	203,585.37	\$204,644.67
65000 Program Expenses	33.50	55.23		\$88.73
65100 ATAX/Program Expense	5,554.82			\$5,554.82
65200 Program Supplies	526.56	1,065.45		\$1,592.01
Total 65000 Program Expenses	6,114.88	1,120.68		\$7,235.56

	HHI	TANGERS	NOT SPECIFIED	TOTAL
66000 Grant Programs Expense	37.97			\$37.97
67000 Meals/Entertainment	179.41	41.33		\$220.74
67500 Membership/Special Events	117.70	117.70		\$235.40
68000 Misc Expense	310.92	171.55		\$482.47
Payroll Expenses				\$0.00
Taxes			0.00	\$0.00
Wages			0.00	\$0.00
Total Payroll Expenses			0.00	\$0.00
Unapplied Cash Bill Payment Expense			0.00	\$0.00
Total Expenditures	\$82,456.32	\$37,884.11	\$203,585.37	\$323,925.80
NET OPERATING REVENUE	\$151,595.73	\$95,989.82	\$ -193,585.37	\$54,000.18
NET REVENUE	\$151,595.73	\$95,989.82	\$ -193,585.37	\$54,000.18

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

STATEMENT OF ACTIVITY

January - December 2020

	TOTAL
Revenue	
Income from Operations	
100 - Museum Income	6,380.00
Adjustments	-71.80
Admissions	25,932.23
Birthday Parties/Special Events	1,075.03
Gift Shop Sales	1,080.09
Membership Income	8,033.30
Museum School	16,520.22
Program Fees	3,370.00
Summer Camp	2,066.49
Total Program Fees	5,436.49
Total 100 - Museum Income	64,385.56
300 - Fundraising Income & Acti	
Restricted	
CFL Match	2,230.76
Salary	28,807.93
Total CFL Match	31,038.69
Exec Director Position	6,692.28
Friday Family Fun Night	5,000.00
Low Income Field Trips	1,500.00
Program Grants	300.00
Sponsorships	2,500.00
Total Restricted	47,030.97
Unrestricted	
Donations	14,043.00
Total Unrestricted	14,043.00
Total 300 - Fundraising Income & Acti	61,073.97
500 - Other Income	
Bank Interest	123.19
Expense Reimbursements - Grants	
ATAX Service Fee Income	1,158.69
DIG Program	500.00
Santa Expense Reimbursement	0.32
Total Expense Reimbursements - Grants	1,659.01
Total 500 - Other Income	1,797.99
Total Income from Operations	127,257.52

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

STATEMENT OF ACTIVITY

January - December 2020

	TOTAL
Income from Operations -Tanger	
600-Museum Income	
Adjustments	480.46
Admissions	12,289.98
Birthday Parties	419.01
Gift Shop Sales	155.66
Membership Income	1,159.72
Museum School	3,150.00
Total 600-Museum Income	17,654.83
700-Fundraising Income	
Restricted	1,000.00
Unrestricted	
Donations	3.70
Total Unrestricted	3.70
Total 700-Fundraising Income	1,003.70
Total Income from Operations -Tanger	18,658.53
Reimbursement Income	
200 - ATAX Reimbursement Income	
ATAX Reimbursement - Ad.	15,588.77
ATAX Reimbursement - Exhibit	5,322.08
ATAX Reimbursement - Prog.	5,435.87
Total 200 - ATAX Reimbursement Income	26,346.72
Total Reimbursement Income	26,346.72
Total Revenue	\$172,262.77
Cost of Goods Sold	
Cost of Gift Shop Sales	234.60
Total Cost of Goods Sold	\$234.60
GROSS PROFIT	\$172,028.17
Expenditures	
Administrative Expenses	438.00
Office Supplies	1,068.09
Professional Development	242.74
Total Administrative Expenses	1,748.83
Advertising / PR	
Community Advertising / PR	290.35
Tourist Adv. (ATAX)	8,212.04
Total Advertising / PR	8,502.39
Association Dues & Licenses	350.61

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

STATEMENT OF ACTIVITY

January - December 2020

	TOTAL
Bank & Credit Card Expenses	
Bank Service Charges	1,261.70
Credit Card Fees	1,641.75
Total Bank & Credit Card Expenses	2,903.45
Birthday Party Supplies	209.65
Building Upkeep	2,606.56
Depreciation & Amortization	
Amortization Expense	1,968.00
Depreciation Expense	2,857.04
Total Depreciation & Amortization	4,825.04
Executive Director Expenses	32.00
Exhibit Maintenance	-10.49
Exhibit - ATAX	1,763.68
Exhibit Upkeep	421.75
Total Exhibit Maintenance	2,174.94
Friday Family Fun Night	840.62
Fundraising Expenses	44.93
Insurance	225.75
Commercial Property Ins	410.25
Liability Insurance	1,053.21
Workers Compensation	1,092.84
Total Insurance	2,782.05
Interest Expense	
Finance Charge	786.30
Total Interest Expense	786.30
IT Troubleshooting	2,609.19
Janitorial & Cleaning	3,489.91
Misc. Expenses	556.38
Payroll & Related	
Payroll Expenses	38,852.43
Payroll Tax Expense	140.09
Wages	19,662.00
Total Payroll Expenses	58,654.52
Total Payroll & Related	58,654.52
Payroll Expenses	
Taxes	8,360.98
Wages	109,293.25
Total Payroll Expenses	117,654.23

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

STATEMENT OF ACTIVITY

January - December 2020

	TOTAL
Payroll Expenses -Tanger	
Payroll Expenses	
Wages Tanger	9,611.00
Total Payroll Expenses	9,611.00
Total Payroll Expenses -Tanger	9,611.00
Postage and Delivery	159.20
Printing	16.03
Professional Fees	
Accounting	4,119.50
Payroll Service Fee	143.69
Total Professional Fees	4,263.19
Programs	
General Programs	511.18
Grant Programs	
Other	357.02
Tourist Programs (ATAX)	313.10
Total Grant Programs	670.12
Total Programs	1,181.30
Reconciliation Discrepancies	-15.41
Rent	13,599.96
Tanger expenses	
Administrative Expense	85.00
office supplies	341.30
Prof Development	95.50
Total Administrative Expense	521.80
Association Dues & Licenses	300.54
Bank & Credit Card Expense	
Bank Service Fee	278.50
Credit Card Fee	241.03
Total Bank & Credit Card Expense	519.53
Exhibits	
Exhibit Improvements	16.00
Exhibit Maintenance	315.85
Total Exhibits	331.85
I/T Support	2,859.76
Insurance	
Commercial Property Ins	410.24
Liability Insurance	400.85
Workers Compensation	917.50
Total Insurance	1,728.59

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

STATEMENT OF ACTIVITY

January - December 2020

	TOTAL
Interest Expense - Tanger	54.31
Janitorial & Cleaning	2,646.48
Professional Fees	
Bookkeeping	569.50
Total Professional Fees	569.50
Programs Tanger	
General Programs	766.00
Special Programs	52.85
Total Programs Tanger	818.85
Rent	1,500.00
Telephone/Internet	961.99
Total Tanger expenses	12,813.20
Telephone & Communications	2,253.73
Travel & Ent	
Travel	20.12
Total Travel & Ent	20.12
Utilities	2,661.30
Total Expenditures	\$257,335.22
NET OPERATING REVENUE	\$ -85,307.05
Other Expenditures	
Reconciliation Discrepancies-1	8,119.58
Suspend	-1,256.01
Total Other Expenditures	\$6,863.57
NET OTHER REVENUE	\$ -6,863.57
NET REVENUE	\$ -92,170.62

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 267,353

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 176,582

Expenses

Program services	<u>205,116</u>
Management and general	<u>37,239</u>
Fundraising	<u>29,770</u>

Total expenses 272,125

Excess / (deficit) -95,543

Changes -150,000

Net Asset / Fund Balance at End of Year 21,810

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>176,582</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>272,125</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>285,937</u>	<u>116,020</u>	
Liabilities	<u>18,584</u>	<u>94,210</u>	
Net assets	<u><u>267,353</u></u>	<u><u>21,810</u></u>	<u><u>-245,543</u></u>

Miscellaneous Information

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

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2020

▶ **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

THE SANDBOX A HILTON HEAD

Taxpayer identification number

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.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>176,582</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 _____

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 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. 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 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 ▶ **11/15/21**

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 ▶ 11/15/21

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

OMB No. 1545-0047

2020
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 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 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 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) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Prior Year</th> <th style="width:35%;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8</td> <td style="text-align: right;">148,835</td> <td style="text-align: right;">88,584</td> </tr> <tr> <td>9</td> <td style="text-align: right;">202,314</td> <td style="text-align: right;">81,065</td> </tr> <tr> <td>10</td> <td style="text-align: right;">5,824</td> <td style="text-align: right;">16</td> </tr> <tr> <td>11</td> <td style="text-align: right;">11,379</td> <td style="text-align: right;">6,917</td> </tr> <tr> <td>12</td> <td style="text-align: right;">368,352</td> <td style="text-align: right;">176,582</td> </tr> </tbody> </table>		Prior Year	Current Year	8	148,835	88,584	9	202,314	81,065	10	5,824	16	11	11,379	6,917	12	368,352	176,582						
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9	202,314	81,065																								
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11	11,379	6,917																								
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) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 29,770 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>14</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>15</td> <td style="text-align: right;">211,456</td> <td style="text-align: right;">186,063</td> </tr> <tr> <td>16a</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>b</td> <td style="text-align: right;">29,770</td> <td></td> </tr> <tr> <td>17</td> <td style="text-align: right;">157,069</td> <td style="text-align: right;">86,062</td> </tr> <tr> <td>18</td> <td style="text-align: right;">368,525</td> <td style="text-align: right;">272,125</td> </tr> <tr> <td>19</td> <td style="text-align: right;">-173</td> <td style="text-align: right;">-95,543</td> </tr> </tbody> </table>	13		0	14		0	15	211,456	186,063	16a		0	b	29,770		17	157,069	86,062	18	368,525	272,125	19	-173	-95,543
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Net Assets or Fund Balances	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Beginning of Current Year</th> <th style="width:35%;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20</td> <td style="text-align: right;">285,937</td> <td style="text-align: right;">116,020</td> </tr> <tr> <td>21</td> <td style="text-align: right;">18,584</td> <td style="text-align: right;">94,210</td> </tr> <tr> <td>22</td> <td style="text-align: right;">267,353</td> <td style="text-align: right;">21,810</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20	285,937	116,020	21	18,584	94,210	22	267,353	21,810												
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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>
Paid Preparer Use Only	Print/Type preparer's name <p>PAMELA JUNE, CPA</p> Firm's name ▶ JUNECPA Firm's address ▶ 99 MAIN STREET HILTON HEAD ISLAND, SC 29926	Preparer's signature <p>PAMELA JUNE, CPA</p> Date <p>02/23/22</p> Firm's EIN ▶ 20-4046229 Phone no. 843-842-6500
Check <input type="checkbox"/> if self-employed PTIN P00636703		

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 \$ **205,116** 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 **205,116**

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 Revenue Procedure 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 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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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		
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)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring 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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (14); 1b Enter the number of voting members included on line 1a, above, who are independent (14); 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: a The governing body? (X); 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.)

Table with 3 columns: Question, Yes, No. Rows include: 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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (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 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 [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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	2.00									
PRESIDENT	0.00	X		X			0	0	0	
(13) JENNY PHELAN	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) LURIE SAVIDGE	1.00									
DIRECTOR	0.00	X					0	0	0	
(15) JASON T. STEVENS	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							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? <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	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	(i) Real					
		(ii) Personal					
		6a					
	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					
		7a					
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		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							
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		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	96,562	70,490	10,622	15,450
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 EXPENSES	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	272,125	205,116	37,239	29,770
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	
	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 179,319		
	b Less: accumulated depreciation	10b 149,136	38,706	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	116,020	
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	-210,820
	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	21,810	
33 Total liabilities and net assets/fund balances	285,937	33	116,020	

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	272,125
3	Revenue less expenses. Subtract line 2 from line 1	3	-95,543
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	21,810

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)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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) 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

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) 14 %
Row 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 (<i>see instructions</i>).		
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. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <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: Description, 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. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 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: Description, Amount. 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:

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

	Amount
1c	
1d	
1e	
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 **▶ 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:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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		85,510	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

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

2020

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	1,040,000
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.

Form **4562** (2020)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

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 IMRPOVEMENTS	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>

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>
<p>There are no assets that meet the criteria of this report</p>						

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Prior MACRS:</u>					
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>
<u>Other Depreciation:</u>					
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
For calendar year 2020, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

THE SANDBOX A HILTON HEAD**20-0301794**

		2019	2020	Differences
Revenue	1. Contributions, gifts, grants	108,802	61,078	-47,724
	2. Membership dues and assessments			
	3. Government contributions and grants	40,033	27,506	-12,527
	4. Program service revenue	202,314	81,065	-121,249
	5. Investment income	5,824	16	-5,808
	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	9,559	6,794	-2,765
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	1,820	123	-1,697
	12. Total revenue. Add lines 1 through 11	368,352	176,582	-191,770
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	64,383	81,000	16,617
	16. Salaries, other compensation, and employee benefits	147,073	105,063	-42,010
	17. Professional fundraising fees			
	18. Other professional fees	4,376	5,629	1,253
	19. Occupancy, rent, utilities, and maintenance	49,624	29,918	-19,706
	20. Depreciation and Depletion	9,016	8,523	-493
	21. Other expenses	94,053	41,992	-52,061
	22. Total expenses. Add lines 13 through 21	368,525	272,125	-96,400
	23. Excess or (Deficit). Subtract line 22 from line 12	-173	-95,543	-95,370
Other Information	24. Total exempt revenue	368,352	176,582	-191,770
	25. Total unrelated revenue			
	26. Total excludable revenue	209,958	81,204	-128,754
	27. Total assets	285,937	116,020	-169,917
	28. Total liabilities	18,584	94,210	75,626
	29. Retained earnings	267,353	21,810	-245,543
	30. Number of voting members of governing body	14	14	
31. Number of independent voting members of governing body	14	14		
32. Number of employees	29	20		
33. Number of volunteers	9	1		

Form 990	Tax Return History	2020
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Name THE SANDBOX A HILTON HEAD	Employer Identification Number 20-0301794
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	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	105,063	
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	272,125	
Excess or (Deficit)	111,690	35,738	2,387	-173	-95,543	
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	116,020	
Total Liabilities	1,984	3,349	24,976	18,584	94,210	
Net Fund Balances	229,401	265,139	267,526	267,353	21,810	

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	\$ 16					14
INVESTMENT INCOME - GAIN LOSS						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
	<u>61,078</u>
TOTAL	\$ <u>88,584</u>

Schedule A, Part III, Line 2(e)

Description	Amount
MUSEUM ADMISSIONS/PROGRAMS	\$ 81,065
OTHER	6,839
GIFT SHOP	<u>1,055</u>
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	<u>-1,000</u>
TOTAL	\$ <u>-877</u>

Forms 990 / 990-EZ Return Summary

For calendar year 2019, or tax year beginning _____, and ending _____

20-0301794

THE SANDBOX A HILTON HEAD

Net Asset / Fund Balance at Beginning of Year		<u>267,526</u>
Revenue		
Contributions	<u>148,835</u>	
Program service revenue	<u>202,314</u>	
Investment income	<u>5,824</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>10,426</u>	
Direct expenses	<u>867</u>	
Net income	<u>9,559</u>	
Other income	<u>1,820</u>	
Total revenue		<u>368,352</u>
Expenses		
Program services	<u>287,295</u>	
Management and general	<u>47,398</u>	
Fundraising	<u>33,832</u>	
Total expenses		<u>368,525</u>
Excess / (deficit)		<u>-173</u>
Changes		
Net Asset / Fund Balance at End of Year		<u><u>267,353</u></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>368,352</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>368,525</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>292,502</u>	<u>285,937</u>	
Liabilities	<u>24,976</u>	<u>18,584</u>	
Net assets	<u>267,526</u>	<u>267,353</u>	<u>-173</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/16/20
 Failure to file penalty _____

CLIENT COPY

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning, 2019, and ending, 20

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

2019

Department of the Treasury
Internal Revenue Service
Name of exempt organization

THE SANDBOX A HILTON HEAD

Employer identification number
20-0301794

Name and title of officer
**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, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, 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>368,352</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 _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's 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 organization's tax year 2019 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2019 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.

Officer's signature } Date } 11/16/20

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 2019 electronically filed return for the organization 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 } 11/16/20

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.

CLIENT COPY Form **8879-EO** (2019)

Form **990**
 (Rev. January 2020)
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
 Open to Public Inspection

A For the 2019 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
18 A POPE AVENUE
 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

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

G Gross receipts \$ **375,456**

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

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

J Website: **WWW.THESANDBOX.ORG**

K Form of organization: Corporation Trust Association Other **u**

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

H(c) Group exemption number **u**

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	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 2019 (Part V, line 2a)	5	29
	6 Total number of volunteers (estimate if necessary)	6	9
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	136,334	148,835
	9 Program service revenue (Part VIII, line 2g)	122,811	202,314
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,505	5,824
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,704	11,379
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	271,344	368,352
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)	139,588	211,456
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	16b Total fundraising expenses (Part IX, column (D), line 25) u	33,832	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	129,369	157,069
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	268,957	368,525	
19 Revenue less expenses. Subtract line 18 from line 12	2,387	-173	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	292,502	285,937
	21 Total liabilities (Part X, line 26)	24,976	18,584
	22 Net assets or fund balances. Subtract line 21 from line 20	267,526	267,353

Part II Signature Block

Under penalty 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 FISH** 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: **12/28/20** 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**

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 \$ 287,295 including grants of \$) (Revenue \$ 202,314)

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 u 287,295

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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 Revenue Procedure 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

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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 29		
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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		
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)?		X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring 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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?		
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.		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
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.		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.		X

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

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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
15b	Other officers or key employees of the organization		<input checked="" type="checkbox"/>
	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?		<input checked="" type="checkbox"/>
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 **u SC**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

CAROLINE RINEHART
HILTON HEAD ISLAND

18A POPE AVENUE

SC 29928

843-842-7645

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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	40.00									
EXECUTIVE DIRECTOR	0.00			X			64,383	0	0	
(2) CAROLINE RINEHART	40.00									
DIRECTOR OPERATIONS	0.00			X			41,007	0	0	
(3) MAGGIE BLANK	1.00									
DIRECTOR	0.00	X					0	0	0	
(4) DRU BROWN	1.00									
DIRECTOR	0.00	X					0	0	0	
(5) JENNIE CERRATI	1.00									
SECRETARY	0.00	X		X			0	0	0	
(6) LYNN CUCCARO	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) SUSIE DOLAN	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) JIM GANT	2.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(9) LENORE GLEASON	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) LINDSAY HARTMAN	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) LYNN KING	1.00									
DIRECTOR	0.00	X					0	0	0	

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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) DAVE LANG	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) KERI OLIVETTI	2.00									
PRESIDENT	0.00	X		X			0	0	0	
(14) LAURIE SAVAGE	1.00									
DIRECTOR	0.00	X					0	0	0	
(15) JASON T. STEVENS	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							105,390			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							105,390			

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

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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	40,033				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	108,802				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f	u		148,835			
Program Service Revenue	2a MUSEUM ADMISSIONS/PROGRAMS	Business Code	611710	202,314	202,314		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u		202,314			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u		5,824		5,824	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real					
		(ii) Personal					
		6b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		7b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c					
	d Net gain or (loss)	u					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	10,426				
		b Less: direct expenses	8b	867			
c Net income or (loss) from fundraising events		u		9,559			
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	10a	6,237					
	b Less: cost of goods sold	10b	6,237				
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue	11a OTHER INCOME	Business Code		1,820		1,820	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u		1,820			
12 Total revenue. See instructions	u		368,352	202,314	0	7,644	

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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	64,383	47,000	7,082	10,301
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	130,264	95,093	14,329	20,842
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	16,809	12,271	1,849	2,689
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	4,325	2,163	2,162	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	51		51	
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	19,672	19,672		
13 Office expenses	382	344	38	
14 Information technology				
15 Royalties				
16 Occupancy	49,624	44,829	4,795	
17 Travel	849	849		
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	9,016	8,424	592	
23 Insurance	8,748	7,873	875	
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 PROGRAM COSTS	16,794	16,794		
b EXHIBIT UPKEEP	14,732	14,732		
c BANK & CREDIT CARD EXPENSES	7,857	7,857		
d ADMINISTRATION	6,153		6,153	
e All other expenses	18,866	9,394	9,472	
25 Total functional expenses. Add lines 1 through 24e	368,525	287,295	47,398	33,832
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)			CLIENT COPY	

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	147,251	1	124,443	
	2	Savings and temporary cash investments	67,211	2	72,527	
	3	Pledges and grants receivable, net		3	9,402	
	4	Accounts receivable, net	303	4	3,699	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9	7,146	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	179,319		
	b	Less: accumulated depreciation	10b	140,613	10c	38,706
	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	30,015	15	30,014	
16	Total assets. Add lines 1 through 15 (must equal line 33)	292,502	16	285,937		
Liabilities	17	Accounts payable and accrued expenses	2,069	17	3,584	
	18	Grants payable		18		
	19	Deferred revenue	22,907	19	15,000	
	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		
	26	Total liabilities. Add lines 17 through 25	24,976	26	18,584	
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	91,195	27	149,946	
	28	Net assets with donor restrictions	176,331	28	117,407	
	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	267,526	32	267,353	
33	Total liabilities and net assets/fund balances	292,502	33	285,937		

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	368,352
2	Total expenses (must equal Part IX, column (A), line 25)	2	368,525
3	Revenue less expenses. Subtract line 2 from line 1	3	-173
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	267,526
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	267,353

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	
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 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.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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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) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (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) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (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 five 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: Line number, Description. Rows include: 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2018 Schedule A, Part II, line 14; 16a 33 1/3% support test—2019; b 33 1/3% support test—2018; 17a 10%-facts-and-circumstances test—2019; b 10%-facts-and-circumstances test—2018; 18 Private foundation.

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	196,597	231,749	140,121	136,334	148,835	853,636
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	141,323	123,905	138,934	138,511	218,977	761,650
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	337,920	355,654	279,055	274,845	367,812	1,615,286
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.)						1,615,286

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	337,920	355,654	279,055	274,845	367,812	1,615,286
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	38	68	6,557	-3,505	5,824	8,982
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	38	68	6,557	-3,505	5,824	8,982
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.)	337,958	355,722	285,612	274,825	374,456	1,628,573

14 First five 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 2019 (line 8, column (f), divided by line 13, column (f))	15	99.18 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	99.55 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2019. 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—2018. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 (b) and (c) 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 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>		

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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 (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 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>		
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>		

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>		

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?		
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>		
3 By reason of the relationship described in (2), 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>		

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 government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) 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>		
b Did the activities described in (a) 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>		
3 Parent of Supported Organizations. <i>Answer (a) and (b) 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>Provide details in Part VI.</i>		
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>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .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 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)	
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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2019

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

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

Employer identification number

THE SANDBOX A HILTON HEAD

20-0301794

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TOWN OF HILTON HEAD ONE TOWN CENTER COURT HILTON HEAD ISLAND SC 29928	\$ 40,033	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BARGAIN BOX 546 WILLIAM HILTON PARKWAY HILTON HEAD SC 29928	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BREEDLOVE FOUNDATION 528 PATTERSON ROAD HENDERSONVILLE NC 28739	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	GANT FAMILY CHARITABLE FOUNDATION 475 PARK AVE. SO., SUITE 31FL NEW YORK NY 10016	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, 6 Staff and volunteer hours devoted to monitoring, 7 Amount of expenses incurred in monitoring, 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.

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: Description, Amount. 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. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$, (ii) Assets included in Form 990, Part X u \$. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$.

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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	56,188	56,043			
b Contributions		10,000	56,043		
c Net investment earnings, gains, and losses	1,773	-3,721			
d Grants or scholarships					
e Other expenditures for facilities and programs		5,600			
f Administrative expenses		534			
g End of year balance	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 **u 48.20 %**
 - b Permanent endowment **u 51.80 %**
 - c Term endowment **u %**
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------------|----------|----------|
| (i) Unrelated organizations | 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	83,369	5,425
d Equipment		5,015	5,015	
e Other		85,510	52,229	33,281
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	38,706

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) 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.)	u 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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

Series of horizontal dotted lines for providing supplemental information.

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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.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

THE SANDBOX A HILTON HEAD

Employer identification number

20-0301794

**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.**

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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)
u Attach to your tax return.

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

OMB No. 1545-0172

2019

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	1,020,000
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	2,550,000
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 2018 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 2020. 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	9,016

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 2019	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"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2019 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			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2019 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	9,016
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.

Form **4562** (2019)

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	77,449	5,920
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	5,471	1,563
24	Grocery Store Exhibit	1/15/16	23,000				23,000	15 MO S/L	4,600	1,533
	Total Other Depreciation		<u>172,889</u>				<u>172,889</u>		<u>125,167</u>	<u>9,016</u>
	Total ACRS and Other Depreciation		<u>172,889</u>				<u>172,889</u>		<u>125,167</u>	<u>9,016</u>
	Grand Totals		179,319				172,889		131,597	9,016
	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>131,597</u>	<u>9,016</u>

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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>
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There are no assets that meet the criteria of this report

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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	5,425	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	1,564	0
24	Grocery Store Exhibit	1/15/16	23,000	1,534	0
	Total Other Depreciation		<u>172,889</u>	<u>8,523</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>172,889</u>	<u>8,523</u>	<u>0</u>
	Grand Totals		<u>179,319</u>	<u>8,523</u>	<u>0</u>

Form 990	Two Year Comparison Report	2018 & 2019
For calendar year 2019, or tax year beginning _____, ending _____		

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

		2018	2019	Differences
Revenue	1. Contributions, gifts, grants	81,652	108,802	27,150
	2. Membership dues and assessments			
	3. Government contributions and grants	54,682	40,033	-14,649
	4. Program service revenue	122,811	202,314	79,503
	5. Investment income	-3,505	5,824	9,329
	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	7,942	9,559	1,617
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	3,277		-3,277
	11. Other revenue	4,485	1,820	-2,665
	12. Total revenue. Add lines 1 through 11	271,344	368,352	97,008
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	69,796	64,383	-5,413
	16. Salaries, other compensation, and employee benefits	69,792	147,073	77,281
	17. Professional fundraising fees			
	18. Other professional fees	5,234	4,376	-858
	19. Occupancy, rent, utilities, and maintenance	38,210	49,624	11,414
	20. Depreciation and Depletion	9,015	9,016	1
	21. Other expenses	76,910	94,053	17,143
	22. Total expenses. Add lines 13 through 21	268,957	368,525	99,568
	23. Excess or (Deficit). Subtract line 22 from line 12	2,387	-173	-2,560
Other Information	24. Total exempt revenue	271,344	368,352	97,008
	25. Total unrelated revenue			
	26. Total excludable revenue	127,068	209,958	82,890
	27. Total assets	292,502	285,937	-6,565
	28. Total liabilities	24,976	18,584	-6,392
	29. Retained earnings	267,526	267,353	-173
	30. Number of voting members of governing body	11	14	
	31. Number of independent voting members of governing body	11	14	
32. Number of employees	14	29		
33. Number of volunteers	6	9		

Form 990	Tax Return History	2019
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Name THE SANDBOX A HILTON HEAD	Employer Identification Number 20-0301794
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	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants	196,597	231,749	140,121	136,334	148,835	
Membership dues						
Program service revenue	122,569	123,905	120,963	122,811	202,314	
Capital gain or loss						
Investment income	38	68	6,557	-3,505	5,824	
Fundraising revenue (income/loss)	8,574	-3,891	9,396	7,942	9,559	
Gaming revenue (income/loss)						
Other revenue	2,317	-3,164	2,690	7,762	1,820	
Total revenue	330,095	348,667	279,727	271,344	368,352	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	49,423	47,768	40,622	69,796	64,383	
Other compensation	81,796	62,679	65,816	69,792	147,073	
Professional fees	4,600	5,973	4,750	5,234	4,376	
Occupancy costs	33,247	38,652	41,113	38,210	49,624	
Depreciation and depletion	6,701	9,016	9,017	9,015	9,016	
Other expenses	108,403	72,889	82,671	76,910	94,053	
Total expenses	284,170	236,977	243,989	268,957	368,525	
Excess or (Deficit)	45,925	111,690	35,738	2,387	-173	
Total exempt revenue	330,095	348,667	279,727	271,344	368,352	
Total unrelated revenue						
Total excludable revenue	124,924	120,809	130,210	127,068	209,958	
Total Assets	120,794	231,385	268,488	292,502	285,937	
Total Liabilities	3,083	1,984	3,349	24,976	18,584	
Net Fund Balances	117,711	229,401	265,139	267,526	267,353	

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						
	\$	51		14			
INVESTMENT	INCOME - GAIN LOSS						
		5,773		14			
TOTAL	\$	<u>5,824</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	\$ 5,590	\$	\$ 5,590	\$
ASSOCIATION DUES & LICENS	3,882		3,882	
MISCELLANEOUS	3,394	3,394		
DESIGN EXPENSE	2,802	2,802		
EXECUTIVE DIRECTOR EXPENS	1,897	1,897		
FRIDAY FAMILY FUN NIGHT	1,301	1,301		
TOTAL	<u>\$ 18,866</u>	<u>\$ 9,394</u>	<u>\$ 9,472</u>	<u>\$ 0</u>

Federal Statements

Schedule A, Part III, Line 1(e)

<u>Description</u>	<u>Amount</u>
ALL OTHER CONTRIBUTIONS/GRANTS	\$ 73,802
TOWN OF HILTON HEAD	
CASH CONTRIBUTION	40,033
BARGAIN BOX	
CASH CONTRIBUTION	5,000
BREEDLOVE FOUNDATION	
CASH CONTRIBUTION	5,000
GANT FAMILY CHARITABLE FOUNDATION	
CASH CONTRIBUTION	25,000
TOTAL	<u>\$ 148,835</u>

Schedule A, Part III, Line 2(e)

<u>Description</u>	<u>Amount</u>
MUSEUM ADMISSIONS/PROGRAMS	\$ 202,314
OTHER	10,426
GIFT SHOP	6,237
TOTAL	<u>\$ 218,977</u>

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

<u>Description</u>	<u>Amount</u>
INVESTMENT INCOME - INTEREST	\$ 51
INVESTMENT INCOME - GAIN LOSS	5,773
TOTAL	<u>\$ 5,824</u>

Federal Statements

Schedule A, Part III, Line 11

Description	Amount
OTHER INCOME	\$ 1,820
LESS: DEDUCTIONS	-1,000
TOTAL	\$ <u>820</u>

Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning _____, and ending _____

20-0301794

THE SANDBOX A HILTON HEAD

Net Asset / Fund Balance at Beginning of Year		<u>265,139</u>
Revenue		
Contributions	<u>136,334</u>	
Program service revenue	<u>122,811</u>	
Investment income	<u>-3,505</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>8,190</u>	
Direct expenses	<u>248</u>	
Net income	<u>7,942</u>	
Other income	<u>7,762</u>	
Total revenue		<u>271,344</u>
Expenses		
Program services	<u>217,351</u>	
Management and general	<u>29,272</u>	
Fundraising	<u>22,334</u>	
Total expenses		<u>268,957</u>
Excess / (deficit)		<u>2,387</u>
Changes		
Net Asset / Fund Balance at End of Year		<u><u>267,526</u></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><u>271,344</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>268,957</u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>268,488</u>	<u>292,502</u>	
Liabilities	<u>3,349</u>	<u>24,976</u>	
Net assets	<u><u>265,139</u></u>	<u><u>267,526</u></u>	<u>2,387</u>

Miscellaneous Information

Amended return _____

Return / extended due date 11/15/19

Failure to file penalty _____

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Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning 2018, and ending 20

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

Go to www.irs.gov/Form8879EO for the latest information.

2018

Department of the Treasury
Internal Revenue Service

Name of exempt organization

THE SANDBOX A HILTON HEAD

Employer identification number

20-0301794

Name and title of officer

**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, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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>271,344</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	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize JUNECPA to enter my PIN 12245 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2018 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.

Officer's signature

Date 11/14/19

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 2018 electronically filed return for the organization 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 Date 11/14/19

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** (2018)

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 513(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

A For the 2018 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 type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p 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>18 A POPE AVENUE</p> City or town, state or province, country, and ZIP or foreign postal code <p>HILTON HEAD ISLAND SC 29928</p>		D Employer identification number <p align="center">20-0301794</p>
	F Name and address of principal officer: <p>NANCY FISH 18 A POPE AVENUE HILTON HEAD ISLAND SC 29928</p>		E Telephone number <p align="center">843-842-7645</p>
	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		G Gross receipts \$ 275,825
	J Website: WWW.THESANDBOX.ORG		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) H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2003 M State of legal domicile: SC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p 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	11	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11	
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	14	
	6 Total number of volunteers (estimate if necessary)	6	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 38	7b	0		
Revenue			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	140,121	136,334	
	9 Program service revenue (Part VIII, line 2g)	120,963	122,811	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,557	-3,505	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,086	15,704	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	279,727	271,344	
Expenses			0	0
	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)	106,438	139,588	
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 22,334			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	137,551	129,369		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	243,989	268,957		
19 Revenue less expenses. Subtract line 18 from line 12	35,738	2,387		
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	268,488	292,502	
	21 Total liabilities (Part X, line 26)	3,349	24,976	
22 Net assets or fund balances. Subtract line 21 from line 20	265,139	267,526		

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 align="center">NANCY FISH</p> Type or print name and title <p align="center">EXECUTIVE DIRECTOR</p>		Date	
	Preparer's signature <p>PAMELA JUNE</p>		Date <p>11/15/19</p>	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> if PTIN PTIN <p>P00636703</p>
Paid Preparer Use Only	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. Form **990** (2018)
 DAA

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 [X]

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 [X]

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 \$ 217,351 including grants of \$) (Revenue \$ 122,811)

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 in Schedule O.)

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

4e Total program service expenses 217,351

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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 temporarily restricted endowments, permanent endowments, or 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?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
29			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
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			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
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
33			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
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b			
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
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			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	
38		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
		2a	14
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
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)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring 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?			
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?			
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.		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
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.		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.		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 in 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 columns for question number, description, and Yes/No checkboxes. Includes questions 1a-9 regarding governing body members, relationships, and documentation.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 10a-16b regarding local chapters, conflict of interest policies, whistleblower policies, and joint ventures.

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 in 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

CAROLINE RINEHART
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.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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)	(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) KERI OLIVETTI	2.00									
PRESIDENT	0.00	X		X			0	0	0	
(2) JIM GANT	2.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(3) JASON T. STEVENS	2.00									
TREASURER	0.00	X		X			0	0	0	
(4) JEANNIE CERRATI	1.00									
SECRETARY	0.00	X		X			0	0	0	
(5) LYNN KING	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) LENORE GLEASON	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) DRU BROWN	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) SUSIE DOLAN	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) AMANDA WALTERS	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) LYNN CUCCARO	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) DAVE LANG	1.00									
DIRECTOR	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)	(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) CAROLINE RINEHART	40.00									
DIRECTOR OPERATIONS	0.00			X			42,903	0	0	
(13) NANCY FISH	40.00									
EXECUTIVE DIRECTOR	0.00			X			26,894	0	0	
1b Sub-total							69,797			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							69,797			

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, or 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

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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	54,682		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	81,652		
	g Noncash contributions included in lines 1a-1f: \$				
	h Total. Add lines 1a-1f		136,334		
Program Service Revenue	2a MUSEUM ADMISSIONS/PROGRAMS	Busn. Code 611710	122,811	122,811	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		122,811		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		-3,505		-3,505
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross rents	(i) Real (ii) Personal			
	b Less: rental exps.				
	c Rental inc. or (loss)				
	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 & sales exps.				
	c Gain or (loss)				
	d Net gain or (loss)				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	8,190		
	b Less: direct expenses	b	248		
	c Net income or (loss) from fundraising events		7,942		
9a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a	7,510			
b Less: cost of goods sold	b	4,233			
c Net income or (loss) from sales of inventory		3,277	3,277		
Miscellaneous Revenue		Busn. Code			
11a OTHER INCOME			4,485		4,485
b					
c					
d All other revenue					
e Total. Add lines 11a-11d			4,485		
12 Total revenue. See instructions.			271,344	126,088	0

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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	69,796	50,952	7,677	11,167
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	58,674	42,832	6,454	9,388
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	11,118	8,116	1,223	1,779
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	4,650	2,325	2,325	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	584		584	
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	39,409	39,409		
13 Office expenses	314	283	31	
14 Information technology				
15 Royalties				
16 Occupancy	38,210	34,504	3,706	
17 Travel	421	421		
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	9,015	8,423	592	
23 Insurance	4,456	4,010	446	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM COSTS	26,076	26,076		
b ADMINISTRATION	6,234		6,234	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	268,957	217,351	29,272	22,334
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)				

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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	120,270	1	147,251
	2 Savings and temporary cash investments	71,594	2	67,211
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	303
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 179,319		
	b Less: accumulated depreciation	10b 131,597	56,737	10c 47,722
	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		19,887	15
16 Total assets. Add lines 1 through 15 (must equal line 34)		268,488	16	292,502
Liabilities	17 Accounts payable and accrued expenses	3,349	17	2,069
	18 Grants payable		18	
	19 Deferred revenue		19	22,907
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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	
	26 Total liabilities. Add lines 17 through 25		3,349	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	80,557	27	91,195
	28 Temporarily restricted net assets	159,582	28	146,331
	29 Permanently restricted net assets	25,000	29	30,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances		265,139	33	267,526
34 Total liabilities and net assets/fund balances		268,488	34	292,502

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	271,344
2	Total expenses (must equal Part IX, column (A), line 25)	2	268,957
3	Revenue less expenses. Subtract line 2 from line 1	3	2,387
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	265,139
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 in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	267,526

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 in 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 in Schedule O and describe any steps taken to undergo such audits.		

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SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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						

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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: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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 (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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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, 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); 13 First five 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 3 columns: Description, Amount, Percentage. Rows include: 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2017 Schedule A, Part II, line 14; 16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	104,227	196,597	231,749	140,121	136,334	809,028
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	136,738	141,323	123,905	138,934	138,511	679,411
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	240,965	337,920	355,654	279,055	274,845	1,488,439
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.)						1,488,439

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	240,965	337,920	355,654	279,055	274,845	1,488,439
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	68	38	68	6,557	-3,505	3,226
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	68	38	68	6,557	-3,505	3,226
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					3,485	3,485
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.)	241,033	337,958	355,722	285,612	274,825	1,495,150

14 First five 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 2018 (line 8, column (f), divided by line 13, column (f))	15	99.55 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	99.53 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2018. 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—2017. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

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 (b) and (c) below, the governing body of a supported organization?		
11a			
b	A family member of a person described in (a) above?		
11b			
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c			

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete **line 2** below.
 - b The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .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 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).

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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)	
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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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Part VI

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

Area with horizontal dotted lines for supplemental information.

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Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2018

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

Name of the organization

Employer identification number

THE SANDBOX A HILTON HEAD

20-0301794

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

THE SANDBOX A HILTON HEAD

Employer identification number

20-0301794

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TOWN OF HILTON HEAD ONE TOWN CENTER COURT HILTON HEAD ISLAND SC 29928	\$ 54,682	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BARGAIN BOX 546 WILLIAM HILTON PARKWAY HILTON HEAD SC 29928	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BREEDLOVE FOUNDATION 528 PATTERSON ROAD HENDERSONVILLE NC 28739	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	GLEASON FAMILY FOUNDATION 67 MARK DRIVE SAN RAFAEL CA 94903	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

20-0301794

THE SANDBOX A HILTON HEAD

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-4 about aggregate values and questions 5-6 about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-7 about conservation easements and a sub-table for 'Held at the End of the Tax Year'.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-1b and 2a-2b about reporting collections of art and historical treasures.

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 are a 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 programs
- 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
1c	
1d	
1e	
1f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

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	56,043				
b Contributions	10,000	56,043			
c Net investment earnings, gains, and losses	-3,721				
d Grants or scholarships					
e Other expenditures for facilities and programs	5,600				
f Administrative expenses	534				
g End of year balance	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 ▶ 46.61 %
 - b Permanent endowment ▶ 53.39 %
 - c Temporarily restricted 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
3b 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	77,449	11,345
d Equipment		5,015	5,015	
e Other		85,510	49,133	36,377

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **47,722**

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.

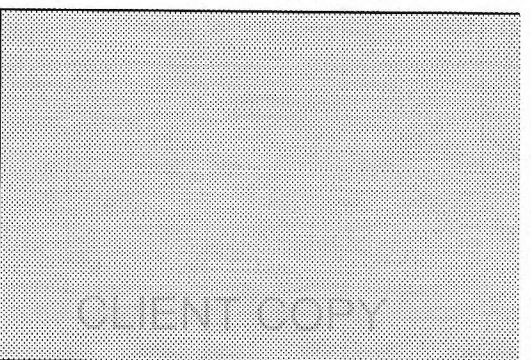
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BUILDING IN PROCESS	30,015
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	30,015

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	



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 FIN 48 (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

Name of the organization

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

2018

**Open to Public
Inspection**

Employer identification number

20-0301794

THE SANDBOX A HILTON HEAD

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.**

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Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

2018

Attachment Sequence No. **179**

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

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	1,000,000
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	2,500,000
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 2017 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 2019. 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	9,015

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 2018	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 2018 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			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2018 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	9,015
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

20-0301794

Federal Asset Report

FYE: 12/31/2018

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	71,530	5,919
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	3,908	1,563
24	Grocery Store Exhibit	1/15/16	23,000				23,000	15 MO S/L	3,067	1,533
	Total Other Depreciation		<u>172,889</u>				<u>172,889</u>		<u>116,152</u>	<u>9,015</u>
	Total ACRS and Other Depreciation		<u>172,889</u>				<u>172,889</u>		<u>116,152</u>	<u>9,015</u>
	Grand Totals		179,319				172,889		122,582	9,015
	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>122,582</u>	<u>9,015</u>

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20-0301794

onus Depreciation Report

FYE: 12/31/2018

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>

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Depreciation Adjustment Report

All Business Activities

Form Unit Asset

Description

Tax

AMT

AMT
Adjustments/
Preferences

There are no assets that meet the criteria of this report

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<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Prior MACRS:</u>					
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>
<u>Other Depreciation:</u>					
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	5,920	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>9,016</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>172,889</u>	<u>9,016</u>	<u>0</u>
	Grand Totals		<u>179,319</u>	<u>9,016</u>	<u>0</u>

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Form **990**

Two Year Comparison Report

2017 & 2018

For calendar year 2018, or tax year beginning _____, ending _____

Name

Taxpayer Identification Number

THE SANDBOX A HILTON HEAD

20-0301794

		2017	2018	Differences
Revenue	1. Contributions, gifts, grants	1. 86,121	81,652	-4,469
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 54,000	54,682	682
	4. Program service revenue	4. 120,963	122,811	1,848
	5. Investment income	5. 6,557	-3,505	-10,062
	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. 9,396	7,942	-1,454
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10. 2,690	3,277	587
	11. Other revenue	11.	4,485	4,485
	12. Total revenue. Add lines 1 through 11	12. 279,727	271,344	-8,383
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 40,622	69,796	29,174
	16. Salaries, other compensation, and employee benefits	16. 65,816	69,792	3,976
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 4,750	5,234	484
	19. Occupancy, rent, utilities, and maintenance	19. 41,113	38,210	-2,903
	20. Depreciation and Depletion	20. 9,017	9,015	-2
	21. Other expenses	21. 82,671	76,910	-5,761
	22. Total expenses. Add lines 13 through 21	22. 243,989	268,957	24,968
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 35,738	2,387	-33,351
Other Information	24. Total exempt revenue	24. 279,727	271,344	-8,383
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 130,210	127,068	-3,142
	27. Total assets	27. 268,488	292,502	24,014
	28. Total liabilities	28. 3,349	24,976	21,627
	29. Retained earnings	29. 265,139	267,526	2,387
	30. Number of voting members of governing body	30. 11	11	
	31. Number of independent voting members of governing body	31. 11	11	
	32. Number of employees	32. 14	14	
	33. Number of volunteers	33. 2	6	

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Form **990****Tax Return History****2018**

Name

THE SANDBOX A HILTON HEAD

Employer Identification Number

20-0301794

	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants	104,227	196,597	231,749	140,121	136,334	
Membership dues						
Program service revenue	124,077	122,569	123,905	120,963	122,811	
Capital gain or loss						
Investment income	68	38	68	6,557	-3,505	
Fundraising revenue (income/loss)	7,776	8,574	-3,891	9,396	7,942	
Gaming revenue (income/loss)						
Other revenue	1,583	2,317	-3,164	2,690	7,762	
Total revenue	237,731	330,095	348,667	279,727	271,344	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	50,000	49,423	47,768	40,622	69,796	
Other compensation	99,125	81,796	62,679	65,816	69,792	
Professional fees	4,550	4,600	5,973	4,750	5,234	
Occupancy costs	30,114	33,247	38,652	41,113	38,210	
Depreciation and depletion	5,920	6,701	9,016	9,017	9,015	
Other expenses	89,311	108,403	72,889	82,671	76,910	
Total expenses	279,020	284,170	236,977	243,989	268,957	
Excess or (Deficit)	-41,289	45,925	111,690	35,738	2,387	
Total exempt revenue	237,731	330,095	348,667	279,727	271,344	
Total unrelated revenue						
Total excludable revenue	125,728	124,924	120,809	130,210	127,068	
Total Assets	75,437	120,794	231,385	268,488	292,502	
Total Liabilities	3,651	3,083	1,984	3,349	24,976	
Net Fund Balances	71,786	117,711	229,401	265,139	267,526	

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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	\$ -3,505		14			
	TOTAL	<u>\$ -3,505</u>					

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Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
ALL OTHER CONTRIBUTIONS/GRANTS	\$ 61,652
TOWN OF HILTON HEAD	
CASH CONTRIBUTION	54,682
BARGAIN BOX	
CASH CONTRIBUTION	5,000
BREEDLOVE FOUNDATION	
CASH CONTRIBUTION	5,000
GLEASON FAMILY FOUNDATION	
CASH CONTRIBUTION	10,000
TOTAL	<u>\$ 136,334</u>

Schedule A, Part III, Line 2(e)

Description	Amount
MUSEUM ADMISSIONS/PROGRAMS	\$ 122,811
OTHER	8,190
GIFT SHOP	7,510
TOTAL	<u>\$ 138,511</u>

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

Description	Amount
INVESTMENT INCOME	\$ -3,505
TOTAL	<u>\$ -3,505</u>

Schedule A, Part III, Line 11

<u>Description</u>	<u>Amount</u>
OTHER INCOME	\$ 4,485
LESS: DEDUCTIONS	-1,000
TOTAL	\$ <u>3,485</u>

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)