## 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 kazoobie 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

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. his 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. Addditionally, 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 much 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 Reveiw Committee annual reporting requirements, please classify your current grant request into the following authorized categories:

1 - Destination Advertising/Promotion  Advertising and promotion of tourism so as to develop and increase tourist attendence through the generation of publicity.	25	%
2 - Tourism-Related Events  Promotion of the arts and cultural events.	40	%
3 - Tourism-Related Facilities  Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.	35	%

#### 4 - Tourism-Related Public Services

The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve 0 % 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. 5 - Tourist Public Transportation 0 % Tourist shuttle transportation. 6 - Waterfront Erosion/Control/Repair 0 % Control and repair of waterfront erosion. 7 - Operation of Visitor Information Centers % 0 Operating visitor information centers. 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.

Government Sources	2 and Grants
Corporate Support, Sponsors	Membership, Dues, 7 Subscriptions

Ticket Sales, or Sales  78 and Services Other	
Has the organization requested other ATAX or any other public sources or organizations?  Yes No _X	other funding from
If so, please list top 3 sources and amounts.	
D. FINANCIAL INFORMATION:	
Fiscal Year Disclosure: Start Month: <u>January 2022</u> 2022	End Month: <u>December</u>
Financial Statement Requirements:	
1. The upcoming year's <b>operating budget</b> for the or	ganization.
Budget Years Provided:	
2023 Draft Budget	
<ol><li>The previous two years and current year profit an organization.</li></ol>	d loss reports for the
Profit and Loss Years Provided:	
P & L YTD 2021 P & L 2020	
3. The previous two years and current year <b>balance</b>	sheets.
Balance Sheet Years Provided:	
2020 Balance Sheet 2021 YTD Balance Sheet	

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

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 snd fsmilies, 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

								1					Total	
2023 Expenses	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Requested	notes
Executive Staff	Jan	160		Aprili	IVIQY	Julie	July	Aug	Оері	OCI	1404	Dec	\$0	110163
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	\$0,000	\$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	\$2,300	\$0,000	\$0,000	\$0	\$0,000	\$0,000	\$5,000	\$3,000	\$0	\$5,500	\$30,323	
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	φ3,003	φ10,10 <del>4</del>	φ <del>3</del> ,003	\$10,300	φ10,300	φ <b>2</b> 3,903	\$10,110	φ12,232 j	φ10,300	\$10,380	\$13,375	\$10,903	\$134,203	
Bookkeeping	\$80	\$80	\$80	\$80	\$80	\$80	\$80	\$80	\$80	\$80	\$80	\$80	\$960	
Rent	\$1	\$00 \$1	\$00 \$1	\$10 \$1	\$00 \$1	\$00 \$1	\$00 \$1	\$00 \$1	\$60 \$1	\$1	\$1	\$00 \$1	\$900 \$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	\$1,000	\$2,000 \$144	\$2,200	\$144	\$144	\$144	\$2,300 \$144	\$144	\$2,300 \$144	\$2,300	\$2,000	\$2,000	\$1,728	
IT / Telephone/Internet	\$144 \$475	\$144 \$475	\$144 \$475	\$144 \$475	\$475	\$144 \$475	\$144 \$526	\$144 \$526	\$144 \$526	\$144	\$144 \$350	\$144	\$1,728	
Advertising (ATAX)	\$475 \$1,250	\$475 \$1,250	\$475 \$1,250	\$475 \$1,250	\$1,250	\$475 \$1,250	\$526 \$1,250	\$1,250	\$1,250	\$350 \$1,250	\$350 \$1,250	\$350 \$1,252	\$5,478 \$15,002	
	\$1,250	\$1,250 \$0		\$1,250 \$0									\$15,002	
Advertising			\$200		\$0	\$0	\$0 \$0	\$0 \$0	\$0 \$100	\$0	\$0 \$0	\$0 \$0	\$200 \$350	
Membership / Spec. Events	\$0	\$0	\$100	\$0	\$50 \$0	\$100 \$0	\$0 \$20	\$0 \$100	\$100	\$0 ¢0	\$0 \$0	\$0 \$0		
Fundraising Expenses	\$0	\$0	\$50	\$0				\$100	\$0	\$0			\$170	
Executive Director Expense	\$0	\$0	\$110	\$0	\$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 Prod	\$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		
Professional Fees		. ,					\$54	- '	. ,	\$0		\$0	\$54	
							7 - 1			7"		7.0		

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	Income												
Projected 2023 Income	Jan	Feb	Mar	Apr	May	Incom 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		\$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		\$173,000
Programs	\$0	\$0	\$0	\$500		\$0	\$1,000	\$0		\$100	\$100		\$2,200
Camps	\$0	\$0	\$4,500	\$2,000		\$8,000	\$10,000	\$3,000	\$0	\$0			\$29,700
Parent's Night Out		\$280	\$280	\$0		\$0	\$0	\$0		\$0			\$1,010
Birthdays Parties @ \$225	\$2,250	\$1,000	\$500	\$500		\$2,000	\$600	\$700	\$775	\$775			\$11,500
Gift Shop Sales	\$150	\$200	\$600	\$250	1	\$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			\$2,000	\$750	\$250	\$1,800	\$1,000	\$5,000	\$0			\$10,800
Fundraiser Corporate Sponsors	\$0	\$0	\$0	\$0		\$0	\$800	\$0	\$0	\$0			\$800
Donations	\$200	\$1,500	\$500	\$0		\$0	\$2,000	\$2,000	\$2,000	\$35		\$100	\$9,085
Fundraisers	\$0	\$0	\$0	\$0		\$0	\$0	\$200	\$0	\$0			\$2,200
Subtotal other Income	\$200	\$1,500	\$500	\$2,000		\$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	\$1,252	\$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	\$1,760		\$1,753	\$1,753	\$1,753	\$21,043
Bank Interest	\$13	\$7	\$4	\$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
		4	44-4-1		***		4	***	* * * * * * * * * * * * * * * * * * * *			41	****
2023 Projected Income	\$14,603	\$13,477	\$27,874	\$26,740	\$33,490	\$45,340	\$52,490	\$33,497	\$16,365	\$22,250		\$17,723	\$324,514
2023 Projected Expense	\$22,348	\$21,604	\$22,304	\$22,044	\$24,326	\$36,734	\$30,757	\$24,426		\$20,460			\$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
								1					
Tanger													
Fees Income	<b>\$500</b>	<b>#</b> 500	<b>64 500</b>	<b>M4 000</b>	<b>#4.000</b>	<b>#4.000</b>	M4 400	<b>#4.000</b>	#000	<b>\$500</b>	04.000	<b>04 500</b>	<b>*</b> 40.000
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		\$5,000	\$9,600	\$5,000	\$2,500	\$3,000	\$2,500	\$2,000	\$49,100
Camp	\$0	\$0	\$0 \$0	\$574		\$3,000	\$8,000	\$2,000	\$0 \$0	\$0			\$15,574
Programs	\$0	\$0	\$0	\$0		\$0 *0	\$240	\$0		\$0			\$240
Parent's Night Out	\$0	\$0	\$280	\$0		\$0	\$200	\$0		\$100	\$100	\$150	\$1,110
Birthdays Parties @ \$225	\$225	\$300	\$225	\$150		\$1,200	\$800	\$360	\$225	\$450	\$450	\$1,000	\$5,885
Gift Shop Sales	\$30	\$50	\$50	\$100		\$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	<u> </u>	Φ0	<u></u>	<u>фо</u> 000	Φ0	<b>^</b>	<b>(</b> 0	<b>Ф</b> ГОО	£4.000	ФО.	<b>Ф</b> Б00	<b>*</b> 0	£4.000
Grants	\$0			\$2,000	\$0 \$0	\$0 \$0	\$0	\$500	\$1,000	\$0		\$0	\$4,000
Fundraiser Corporate Sponsors	\$0	\$0	\$0 ©0	\$0	\$0	\$0 ©0	\$0	\$0 \$150	\$0	\$0	\$0 \$0	\$0	\$0 \$450
Exhibit Sponsors Donations	\$0 \$515			\$0 \$0			\$0 \$0	\$150					\$150
LIONATIONS	. 4515	50	\$500	\$0			\$0			\$35			\$1,050
			ΔΔ.	*	40								
Fundraisers	\$0	\$0		\$0			\$0			\$0			\$0
Fundraisers Subtotal other Income		\$0		\$0 \$2,000		\$0 \$0	\$0 \$0			\$0 \$35			\$5,200
Fundraisers	\$0	\$0 \$0	\$500	\$2,000	\$0	\$0	\$0	\$650	\$1,000	\$35	\$500	\$0	\$5,200 \$0

The Sandbox 2023 DRAFT

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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
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#### Statement of Financial Position

ACCETO	TOTAL
ASSETS	
Current Assets	
Bank Accounts 10000 Petty Cash/Cash Box	450.00
10100 TD Bank Operating	450.00 133,131.45
10200 TD Money Market	6,056.20
10300 TD GoFundMe	7,299.37
Total Bank Accounts	\$146,937.02
Accounts Receivable	¥ : 10,001.10=
11000 Accounts Receivable	0.00
Total Accounts Receivable	\$0.00
Other Current Assets	φ0.00
	0.00
12000 Prepaid Expenses 13000 Undeposited Funds	0.00
CFL Inv Fund Bldg Spendable	0.00 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	<b>,</b> , ,
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

## STATEMENT OF FINANCIAL POSITION

	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
Prepaids & 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

## STATEMENT OF FINANCIAL POSITION

	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
OTAL ASSETS	\$27,282.95

## STATEMENT OF FINANCIAL POSITION

	TOTAL
IABILITIES 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

## STATEMENT OF FINANCIAL POSITION

	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

## 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)	_,,,,,,,,,	_1,101100		\$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 Servces	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

## STATEMENT OF ACTIVITY

	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	123.19
Bank Interest	15.79
Expense Reimbursments - Grants	
ATAX Service Fee Income	1,158.69
DIG Program	500.00
Santa Expense Reimbursement	0.32
Total Expense Reimbursments - Grants	1,659.01
Total 500 - Other Income	1,797.99
Total Income from Operations	127,257.52

## STATEMENT OF ACTIVITY

	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
otal Revenue	\$172,262.77
ost of Goods Sold	
Cost of Gift Shop Sales	234.60
otal Cost of Goods Sold	\$234.60
ROSS PROFIT	\$172,028.17
xpenditures	
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

## STATEMENT OF ACTIVITY

	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

## STATEMENT OF ACTIVITY

	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 Improvments	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

## STATEMENT OF ACTIVITY

	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 Beginni	ng of Year			_	267,353
Revenue					
Contributions		88,584			
Program service revenue		81,065			
Investment income		16			
Capital gain / loss					
Fundraising / Gaming:					
Gross revenue	5,83 <u>9</u>				
Direct expenses	45				
Net income		6,794 123			
Other income		123			
Total revenue			17	6,582	
Expenses					
Program services		205,116			
Management and general		37,239			
Fundraising		29,770			
Total expenses			27	<u>2,125</u>	
Excess / (deficit)				_	-95,543
Changes				_	-150,000
Reconciliation of Rev	anua.		Po	conciliation of E	ivnansas
Total revenue per financial statements	siiue	Total e		inancial statemen	-
Less:		Less:	Aponoco por n	manoiai staternen	
Unrealized gains			nated services	3	
Donated services			or year adjusti		
Recoveries			sses		
Other		Oth	ner		
Plus:		Plus:			
Investment expenses		Inve	estment expe	nses	
Other .		Oth	ner .		
Total revenue per return	176,582		Total expen	ses per return	272,125
		Balance She	eet		
	Beginning	Ending		Differences	
Assets	285,937	116,	020		
Liabilities	18,584	94,	210		
Net assets	267,353	21,	810	-245,54	<u>13</u>
		us Information			
	mended return		· /21		
	eturn / extended due o	date <u>11/15</u>	)/ <u>Z</u> I		
Fa	ailure to file penalty				

Form 8879-EC

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

Oi	NID INO	. 1545-	0047

For calendar year 2020, or fiscal year beginning . . . . .

...., 2020, and ending ....., 20 ..... ▶ Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8879EO for the latest information. Taxpayer identification number Name of exempt organization or person subject to tax THE SANDBOX A HILTON HEAD 20-0301794 Name and title of officer or person subject to tax NANCY FISH EXECUTIVE DIRECTOR 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. Total revenue, if any (Form 990, Part VIII, column (A), line 12) **b** Total revenue, if any (Form 990-EZ, line 9) 2a Form 990-EZ check here ▶ 3a Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22) 3b **b** Tax based on investment income (Form 990-PF, Part VI, line 5) \_\_\_\_\_ 4b 4a Form 990-PF check here ▶ b Balance due (Form 8868, line 3c) 5b 5a Form 8868 check here ▶ b Total tax (Form 990-T, Part III, line 4) 6b 6a Form 990-T check here▶ b Total tax (Form 4720, Part III, line 1) 7a Form 4720 check here ▶ **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 **JUNECPA** I authorize \_\_ to enter my PIN 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 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.

PAMELA JUNE, CPA ERO's signature

11/15/21 \_ Date ▶

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

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.

2020 Open to Public Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information

Department of the Treasury

A	For the 2020	calendar year, or tax year beginning	, and ending	omation.				
	Check if applicable:	C Name of organization						
П.	Address change	THE SANDBOX A HILTON HEAD						
	Name change	Doing business as				20-0301794		
	-	Number and street (or P.O. pox if mail is not delivered to street address)				E Telephone number 843-842-7645		
_	Initial return Final return/	City or town, state or province, country, and ZIP of		043-842-7643				
	terminated	HILTON HEAD ISLAND	SC 29928		<b>2</b> 0	eipts\$ 177,682		
	Amended return	F Name and address of principal officer:	50 29928		G Gross rece	eipts\$ 177,002		
	Application pending	· · ·		H(a) Is this a grou	a group return for subordinates? Yes X No			
			H(b) Are all subordinates included?					
	18 A POPE AVENUE HILTON HEAD ISLAND SC 29928				If "No," attach a list. See instructions			
_	Tax-exempt statu		(insert no.) 4947(a)(1) or 527	1				
	•	WWW.THESANDBOX.ORG	(IIISELL IIO.) 4947 (a)(1) 01 321	H(c) Group exem	intion numbe	ar <b>b</b>		
	Form of organization		Other ► L Ye	ear of formation: 20		M State of legal domicile: SC		
		ummary	Outer P	ear or formation. Z	,05	W State of legal doffliche.		
	T T		t significant activities:					
ø		describe the organization's mission or most significant activities:  E SANDBOX IS DEDICATED TO THE POSITIVE DEVELOPMENT OF YOUNG CHILDREN						
nc Suc			AN ATMOSPHERE THAT FOSTER					
Governance		MUNITY.						
Š		<u></u>	ued its operations or disposed of more than 2	5% of its net as				
<u>ن</u> ھ		of voting members of the governing body			1 - 1	14		
			(Part VI, line 1a)verning body (Part VI, line 1b)			14		
Activities	5 Total nu	mbor of individuals amployed in calendar	year 2020 (Part V, line 2a)		5	20		
ફ			<b>,</b>			1		
ĕ		mber of volunteers (estimate if necessary				0		
	/a rotarur	related business revenue from Part VIII, C	olumn (C), line 12			0		
	<b>b</b> Net unr	elated business taxable income from Form	ı 990-T, Part I, line 11	Prior Year	7b	Current Year		
_	8 Contrib	utions and grants (Part VIII, line 1h)			,835	88,584		
ne					,314	81,065		
Revenue	_	ent income (Part VIII, column (A), lines 3,	4, and 7d)		,824	16		
æ				,379	6,917			
		evenue (Part VIII, column (A), lines 5, 6d, 8		,352	176,582			
		venue – add lines 8 through 11 (must equ	(A) lines (1.2)	366	, 332	170,382		
		and similar amounts paid (Part IX, column	` · · · · · · · · · · · · · · · · · · ·			0		
		s paid to or for members (Part IX, column (	211	,456				
kpenses		, other compensation, employee benefits		211	,456	186,063		
en		ional fundraising fees (Part IX, column (A)			U			
Exp	1	ndraising expenses (Part IX, column (D), I	1 5 7	060	96 962			
_		xpenses (Part IX, column (A), lines 11a–1		,069	86,062			
	1	penses. Add lines 13–17 (must equal Par		,525	272,125			
- 8	19 Revenu	e less expenses. Subtract line 18 from line	Beginning of Curre	-173	-95,543 End of Year			
Net Assets or Fund Balances	<b>20</b> Total as	sets (Part X, line 16)	<u> </u>		, 937	116,020		
Asse	21 Total lis	bilities (Part X, line 26)			,584	94,210		
Net	22 Not acc	ets or fund balances. Subtract line 21 fron	line 20		,353	21,810		
		ignature Block	Time 20	207	, 555	21,010		
			turn, including accompanying schedules and state	ments and to the	heet of my	/knowledge and helief it is		
	•		officer) is based on all information of which prepare			r knowledge and belief, it is		
				•				
Sic	Sign Signature of officer			I Date				
He		NANCY FISH	EXECUTIVE DIRECTOR					
	'	Type or print name and title	EAECU.	TAR DIK	C I ()	.\		
	Print/Tv	pe preparer's name	Preparer's signature	Date	Chard	if PTIN		
Pai	` ا ،				Check	□"		
Paid PAMEI Preparer Firm's r		A JUNE, CPA	PAMELA JUNE, CPA	· · · · · ·	22 self-em			
				Firi	m's EIN ▶	20-4046229		
JSE	- 1	99 MAIN STREE				042 040 6500		
	Firm's		,	Pho	one no.	843-842-6500		
May	the IRS disci	iss this return with the preparer shown ab	ove? See instructions			X Yes No		

OMB No. 1545-0047

Pa		rogram Service Accounts of contains a response		e in this Part III		
T T	Briefly describe the organization of the SANDBOX IS INTROUGH EDUCATION OF THE COMMUNITY.	DEDICATED TO T	N ATMOSPHERE	THAT FOSTER	RS BOTH FAMIL	Y AND
2	Did the organization undertak prior Form 990 or 990-EZ?		• •			Yes X No
	If "Yes," describe these new s	services on Schedule O.			L	_ 103 <u>21</u> NO
3	Did the organization cease co services?  If "Yes," describe these change		nt changes in how it conduc		[	Yes X No
4	Describe the organization's prexpenses. Section 501(c)(3) a	rogram service accomplishmand 501(c)(4) organizations	are required to report the a		-	
	the total expenses, and reven	ue, if any, for each program	service reported.			
K C M C W D N	THE SANDBOX IS A STAND IN THE LOWER THE LOWER THE LOWER TO THE LOWER THE LOWER THE LOWER THE LOWER THE LOWER THE LOWER TO PROVID THE LOWER TO PROVIDE THE LOWER TO PROVIDE THE LOWER TO PROVIDE THE LOWER TO PROVIDE THE LOWER THE	COUNTRY. THE ALLY DESIGNED NG IN CHILDREN ABOUT LOVE, TR CARE GIVER. YOUNG CHILDREN ITY FOR THESE DE A STIMULATI	SANDBOX FEATU TO STIMULATE AGED EIGHT A UST AND SELF- THIS IS ESPE UNDER THE AG RELATIONSHIP ON, PROGRESSI	RES REGION- CURIOSITY, ND UNDER. WORTH THROU CIALLY CRIT E OF EIGHT. S TO FORM F VE SETTING	RELATED EXHIEVOKE CREATI WE BELIEVE TO JIGH INTERACTI TICAL FOR THE PLAY PROVI	BITS AND VITY AND HAT VE PLAY DES A N. WE AND THEIR
N	(Code: ) (Expenses					
	(Code: ) (Expenses	. \$	including grants of \$		) (Revenue \$	)
	•					
	·		· · · · · · · · · · · · · · · · · · ·	······	· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Desc					
4e	(Expenses \$ Total program service expens	including grants ses ▶ 205.	of \$ 116	) (Revenue \$	)	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	37
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		- 22
Ū	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			٠,,
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.51		3,
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
15	for any foreign organization? If "Voe." complete Schodule E. Borte II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	-10		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			<b>├</b>
•	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			<u> </u>
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2020) THE SANDBOX A HILTON HEAD 20-0301794 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 22 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X employees? If "Yes." complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X through 24d and complete Schedule K. If "No," go to line 25a 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? X 25b If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 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 27 X persons? If "Yes," complete Schedule L, Part III 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? If X "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X related organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and X 19? Note: All Form 990 filers are required to complete Schedule O. 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 0 **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

X

1c

reportable gaming (gambling) winnings to prize winners?..

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 **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a 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? 5a X 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? 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). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 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 \_\_\_\_\_ Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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? Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 .... 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 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 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 **14a** Did the organization receive any payments for indoor tanning services during the tax year? X 14b 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? X If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

Form 990 (2020) THE SANDBOX A HILTON HEAD 20-0301794 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 No 1a Enter the number of voting members of the governing body at the end of the tax year 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent ..... 14 1b 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 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O ....... X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b 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? 16a Х b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ SC 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) 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.

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

18A POPE AVENUE

SC 29928

Form **990** (2020)

843-842-7645

NANCY FISH

HILTON HEAD ISLAND

20

#### 20-0301794

Page **7** 

## 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 org	•				aniz	ation co	ompensated any current off	icer, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	kod	k, unle	ss pe	ition more rson i	than one s both an r/trustee) Former Highest compensated	(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
(1) NANCY FISH	40.00		·			8			
EXECUTIVE DIRECTOR	40.00			x			81,000	o	0
(2) DRU BROWN	0.00			Λ			81,000	0	<u> </u>
(=, = 110 = 110 = 111	1.00								
DIRECTOR	0.00	x					0	0	0
(3) JENNIE CERRATI									
	2.00								•
SECRETARY  (4) I VAIN CHICCARO	0.00	X		X			0	0	0
(4) LYNN CUCCARO	1.00								
DIRECTOR	0.00	x					0	0	0
(5) SUSIE DOLAN									
	1.00								
DIRECTOR	0.00	X					0	0	0
(6) JIM GANT	0 00								
VICE PRESIDENT	2.00 0.00	x		x			0	o	0
(7) LENORE GLEASON	0.00	^					0	0	0
(//LENOILE CLLINOIN	1.00								
DIRECTOR	0.00	X					0	0	0
(8) LINDSEY HARTMAN									
	1.00								
DIRECTOR	0.00	X					0	0	0
(9) QUEATA JACKSON	1.00								
DIRECTOR	0.00	x					0	0	0
(10) LYNN KING		† <u></u>							
	1.00								
DIRECTOR	0.00	X					0	0	0
(11) DAVE LANG	1 00								
DIRECTOR	1.00	x					0	o	0
DIVECTOR	0.00	ΙĀ					1 0	ı U	U

(A) Name and title	(B) Average hours per week (list any	(do	not o	Pos check ess pe	C) sition more erson	than o	one n an	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	Esti	(F) imated an of other ompensal from the	tion	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		ganization ed organiz		
(12) KERI OLIVETT	I 2.00												
PRESIDENT (13) JENNY PHELAN	0.00	X		X				0	0				0
(13) JENNI PHELAN	1.00												
DIRECTOR	0.00	X						0	0				0
(14) LAURIE SAVID	1.00												
DIRECTOR	0.00	X						0	0				0
(15) JASON T. STE	<b>VENS</b> 2.00												
TREASURER	0.00	х		х				0	0				0
(16) SETH TILTON	1.00												
DIRECTOR	0.00	x						0	0				0
(17) JOEY VARIN	1 00												
DIRECTOR	1.00	x						0	0				0
1b Subtotal								81,000					
d Total (add lines 1b and 1c)							<u> </u>	81,000					
2 Total number of individuals (in reportable compensation from				tho	se li	sted	abo	ove) who received more that	an \$100,000 of				
3 Did the organization list any fo				uste	e k	ev er	nnlo	wee or highest compensa	ted		\	res N	40
employee on line 1a? If "Yes,	" complete Sche	edule	J fo	r su	ch ir	ndivid	iual				3		X
4 For any individual listed on lin organization and related orga													
<ul><li>individual</li><li>Did any person listed on line</li></ul>	1a receive or ac	crue	con	 npen	satio	on fro	om a	any unrelated organization	or individual		4		X
for services rendered to the o	organization? <i>If "</i>									<u> </u>	5		X
<ul><li>Section B. Independent Contract</li><li>1 Complete this table for your fi</li></ul>	ive highest com	pens	ated	inde	eper	dent	cor	ntractors that received mor	re than \$100,000 of				
compensation from the organ	ization. Report of (A) discussions address	comp	ens	atior	for	the o	cale		ithin the organization's tax (B) tion of services	year.		(C) pensation	
Name and	d business address							Descrip	tiòn'of services		Com	peńsation	
2 Total number of independent													

For	m 990	0 (2020) <b>THE</b>	SA	NDBOX A	HIL'	TON F	HEAD	20-	-0301794		Page
Pa	art V	III Statem	ent o	of Revenue	taina	0 K00D		to to only line in	this Dort \/III		
		Спеск	II SCI	ledule O cor	itairis	a respo	onse or not	(A) Total revenue	this Part VIII (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated cam	paigns	 3	1a						
3ra ou	b	Membership du	ies		1b						
S, C	c	Fundraising eve	ents		1c						
iii a	l d	Related organiz	zations		1d						
S,E	e	Government grants (c			1e		27,506				
Sign	f	All other contributions					,				
bet the		and similar amounts r			1f		61,078				
<u> </u>	q	Noncash contributions	s include	ed in lines 1a-1f	1g 5	\$	•				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines						88,584			
							Business Code				
9	2a	MUSEUM ADM	MISSI	ONS/PROGRAM	s		611710	81,065	81,065		
ه کِ	b										
Sch	С										
e S	d										
Program Service Revenue	е										
_	f	All other progra	ım ser	vice revenue							
	g	Total. Add lines						81,065			
	3	Investment inco		-	ds, inte	erest, and	1				
		other similar an						16			10
	4	Income from inv									
	5	Royalties			<u>.</u>						
	_		l _	(i) Real		(ii) F	Personal				
	6a		6a								
	b	Less: rental expenses									
	l	Rental inc. or (loss)	6c	<u> </u>							
		Net rental incor Gross amount from	ne or	(i) Securities			D				
		sales of assets	70	(i) Securities	•	(11)	Other				
<u>o</u>	<u> </u>	other than inventory  Less: cost or other	7a								
Revenue	"	basis and sales exps.	. 7b								
Š	٦	Gain or (loss)	7c								
_	l	Net gain or (los		1			<b>•</b>				
Othe		Gross income from									
U		(not including \$									
		of contributions re									
		See Part IV, line			8a		6,839				
	b	Less: direct exp			8b		45				
		Net income or (			events	3		6,794			
	9a	Gross income from	m gam	ing activities.							
		See Part IV, line	19		9a						
	b	Less: direct exp	enses	3	9b						
	С	Net income or (	(loss) t	from gaming act	ivities						
	10a	Gross sales of	invent	ory, less							
		returns and allo			10a		1,055				
		Less: cost of go			10b		1,055				
		Net income or (	(loss) 1	from sales of inv	entory						
Snc							Business Code	400			4.0
nec	11a	*						123			123
cellaneous evenue	b	• • • • • • • • • • • • • • • • • • • •									
/ \ W											i

123

81,065

176,582

▶

0

139

d All other revenue .....

e Total. Add lines 11a-11d ...

12 Total revenue. See instructions

#### 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 (A) (B) Program service (C) (**D**) Fundraising Do not include amounts reported on lines 6b, Total expenses Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... 81,000 8,910 59,130 12,960 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages ..... 96,562 70,490 10,622 15,450 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits ..... 9 Payroll taxes ..... 8,501 6,206 935 1,360 10 Fees for services (nonemployees): a Management ..... **b** Legal 4,789 2,394 c Accounting 2,395 **d** Lobbying e Professional fundraising services. See Part IV, line 17 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 Office expenses 175 157 18 13 Information technology 14 Royalties 29,918 27,186 2,732 Occupancy 16 20 20 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates ..... 21 Depreciation, depletion, and amortization 8,523 7,980 543 22 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.) 8,799 8,799 MISCELLANEOUS 7,396 TECHNOLOGY 7,396 BANK & CREDIT CARD EXPENS 3,427 3,427 2,507 2,507 EXHIBIT UPKEEP 5,426 2,343 e All other expenses 3,083 37,239 29,770 272,125 205,116 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)

				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash—non-interest-bearing			124,443	1	5,867
2				72,527	2	29,528
3				9,402	3	9,402
4				3,699	4	3,880
5				·		
	trustee, key employee, creator or founder, substar	ntial contributor,	or 35%			
	controlled entity or family member of any of these	persons			5	
6						
2	under section 4958(f)(1)), and persons described	in section 4958(	c)(3)(B)		6	
Assets					7	
₹   8				8		
9				7,146	9	7,146
10	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	179,319			
1	<b>b</b> Less: accumulated depreciation	10b	149,136	38,706	10c	30,183
11	Investments—publicly traded securities		L		11	
12	Investments—other securities. See Part IV, line 1	1			12	
13		1	L		13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11		L	30,014	15	30,014
16	Total assets. Add lines 1 through 15 (must equal	line 33)		285,937	16	116,020
17	Accounts payable and accrued expenses			3,584	17	26,814
18				18		
19	Deferred revenue		15,000	19	15,001	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Pa	rt IV of Schedule	e D		21	
໘ 22	Loans and other payables to any current or former	officer, director	,			
≣	trustee, key employee, creator or founder, substan					
Liabilities 52	controlled entity or family member of any of these	persons			22	
23   ا∟	Secured mortgages and notes payable to unrelate	d third parties			23	
24	. ,				24	
25	, , ,					
	parties, and other liabilities not included on lines 1	7-24). Complete	Part X			
	of Schedule D				25	52,395
26	9			18,584	26	94,210
စ္ဆ	Organizations that follow FASB ASC 958, che	ck here X				
ຊັ	and complete lines 27, 28, 32, and 33.					
명   27 명				149,946	27	-210,820
28			······	117,407	28	232,630
Š	Organizations that do not follow FASB ASC 9	58, check here				
-	and complete lines 29 through 33.					
29					29	
30				30		
31				0.55	31	64 64
Net Assets or Fund Balances 2				267,353	32	21,810
<sup></sup>   33	Total liabilities and net assets/fund balances			285,937	33	116,020

Form **990** (2020)

Pa	art XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI			X				
1	Total revenue (must equal Part VIII, column (A), line 12)			582				
2	Total expenses (must equal Part IX, column (A), line 25)			125				
3	Revenue less expenses. Subtract line 2 from line 1			543				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	26	57 , :	<u>353</u>				
5	Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities 6							
7								
8	Prior period adjustments 8							
9	Other changes in net assets or fund balances (explain on Schedule O)	-15	50,0	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	2	21,8	<u>810</u>				
Pa	art 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: X Cash 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?	2a	X					
	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:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?	2b		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a							
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	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?	2c						
	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?	3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the							
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b						

Form **990** (2020)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE SANDBOX A HILTON HEAD

Employer identification number 20-0301794

Pa	art I	l Reas	on for Public Charity	<b>/ Status.</b> (All organization	ns mus	t comp	ete this part.) See instru	uctions.
Γhe	orga	nization is not	t a private foundation becau	se it is: (For lines 1 through 12,	, check o	nly one b	ox.)	
1		A church, co	nvention of churches, or as	sociation of churches described	d in <b>secti</b>	on 170(b	)(1)(A)(i).	
2		A school des	scribed in section 170(b)(1)	(A)(ii). (Attach Schedule E (Fo	rm 990 o	r 990-EZ	).)	
3		A hospital or	a cooperative hospital serv	ice organization described in <b>s</b> e	ection 17	'0(b)(1)(	A)(iii).	
4		A medical re	search organization operate	ed in conjunction with a hospital	l describe	d in sect	ion 170(b)(1)(A)(iii). Enter th	e hospital's name,
		city, and stat	e:					
5		An organizat	ion operated for the benefit	of a college or university owner	d or opera	ated by a	governmental unit described	in
			(b)(1)(A)(iv). (Complete Pa					
6	Ц			governmental unit described in				
7		•	ion that normally receives a section 170(b)(1)(A)(vi).	substantial part of its support f Complete Part II.)	rom a go	vernment	al unit or from the general pub	olic
8		A community	trust described in <b>section</b>	170(b)(1)(A)(vi). (Complete Pa	art II.)			
9		An agricultur	al research organization de	scribed in section 170(b)(1)(A	)(ix) oper	ated in c	onjunction with a land-grant co	ollege
		or university university:	or a non-land-grant college	of agriculture (see instructions)	). Enter th	e name,	city, and state of the college of	or
10	X	-	•	1) more than 33 1/3% of its sup	•		•	_
		•		npt functions, subject to certain			. ,	<b>;</b>
			•	nd unrelated business taxable 80, 1975. See <b>section 509(a)</b>	,		,	
11			=	exclusively to test for public sa			•	
12	H	-	=	exclusively for the benefit of, to	-			noses
12	Ш	•		zations described in <b>section 5</b>			•	•
				hat describes the type of suppo				
	а	Type I. A	A supporting organization op	perated, supervised, or controlle	ed by its s	supported	l organization(s), typically by g	jiving
				wer to regularly appoint or elec	-	ty of the	directors or trustees of the	
				complete Part IV, Sections A				
	b			upervised or controlled in conne				-
				rting organization vested in the e Part IV, Sections A and C.	same pe	rsons tha	it control or manage the suppo	orted
	_	$\neg$	•	•	od in con	nection v	with and functionally integrated	d with
	с	its suppo	orted organization(s) (see in	supporting organization operat structions). You must complet	te Part IV	, Sectio	ns A, D, and E.	
	d			ed. A supporting organization o e organization generally must s				
				must complete Part IV, Secti	-			511055
	е			ceived a written determination f				
				n-functionally integrated suppo				
	f	Enter the nur	mber of supported organizat	tions				
	g	Provide the f	ollowing information about t	he supported organization(s).				<u> </u>
(i)		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	· · · · · · · · · · · · · · · · · · ·	(v) Amount of monetary	(vi) Amount of
	org	ganization		(described on lines 1–10 above (see instructions))		r governing nent?	support (see instructions)	other support (see instructions)
				, , ,	Yes	No	,	,
(A)								
(B)								
(C)								
<b>/</b> D;								
(D)								
(E)								
(-)								
Γota	 il							
								L

Schedule A (Form 990 or 990-EZ) 2020

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

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

Sec	tion A. Public Support	a.iio to que	<i>y</i>	oto notou polot	, p			
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 202	.0	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
	tion B. Total Support			_		_		
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 202	.0	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc						12	
13	First 5 years. If the Form 990 is for the o	rganization's first,	second, third, for	urth, or fifth tax yea	ar as a section 50	1(c)(3)		
	organization, check this box and stop he						<u> </u>	
Sec	tion C. Computation of Public S							
14	Public support percentage for 2020 (line			umn (f))			14	%
15	Public support percentage from 2019 Sch						15	%
16a	33 1/3% support test—2020. If the orga				is 33 1/3% or mor	e, check this	•	
	box and <b>stop here.</b> The organization qua							
b	33 1/3% support test—2019. If the orga				e 15 is 33 1/3% o	r more, cned	·Κ	
170	this box and <b>stop here</b> . The organization							
17a	<b>10%-facts-and-circumstances test—2</b> 0 10% or more, and if the organization mee	-						
	Part VI how the organization meets the "f				-	-		
	<u>-</u>	acis-and-circumsia	ances lest. The	organization qualin	les as a publicity s	ирропец		▶ □
b	organization 10%-facts-and-circumstances test—2	110 If the organize	ation did not choo	ok a boy on line 12		and line		
b	15 is 10% or more, and if the organization	_						
	in Part VI how the organization meets the				-	•		
	organization				•	, , ,		▶ □
18	Private foundation. If the organization of							
								▶ □
	Instructions							

Schedule A (Form 990 or 990-EZ) 2020

Page 3

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

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

Sec	tion A. Public Support	quality under t	ine tests listed	below, please	complete r ai	· II.)	
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2010	(3) 2011	(6) 2010	(4) 2010	(6) 2020	(i) rotal
•	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						1,454,909
	tion B. Total Support				, n, -		
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	<b>(f)</b> 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						
С	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 or	-	second, third, four	th, or fifth tax year	as a section 501	(c)(3)	
_	organization, check this box and stop her						<b>▶</b>
	tion C. Computation of Public S					1 1	
15	Public support percentage for 2020 (line 8						99.10%
16	Public support percentage from 2019 Sch					16	99.18%
	tion D. Computation of Investm			(0)		T 4= T	- 0/
17	Investment income percentage for 2020 (			3, column (f))			1%
	nvestment income percentage from 2019 S						1 %
	33 1/3% support tests—2020. If the organization of the state of the st	ox and <b>stop here</b> .	The organization	qualifies as a pub	licly supported org	ganization	<b>&gt;</b> X
b	33 1/3% support tests—2019. If the orga						
20	line 18 is not more than 33 1/3%, check the <b>Private foundation</b> . If the organization dispersion of the second sec		_			-	

Schedule A (Form 990 or 990-EZ) 2020 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

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- 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.
- 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.
- 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.
- 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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.
- 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).
- 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- 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.
- 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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

Sched	ule A (Form 990 or 990-EZ) 2020 THE SANDBOX A HILTON HEAD 20-03017	94		Page <b>5</b>
Paı	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI</b> .	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion 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		
Sect	ion D. All Type III Supporting Organizations			T
			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 line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
04	supported organizations played in this regard.	3		
	ion 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 instruction	ons).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see in	structio. 1		T
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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 line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No." provide details in <b>Part VI</b> .	3a		1

**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.

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Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rgani	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N	lov. 20	, 1970 (explain in <b>Part VI</b> )	See	
	instructions. All other Type III non-functionally integrated supporting organizations me	ust cor	mplete Sections A through	E.	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Curr	ent Year
			( , , , , , , , , , , , , , , , , , , ,	(optio	onal)
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of				
	gross income or for management, conservation, or maintenance of property				
	held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Curr (optio	
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			
	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
е	<b>Discount</b> claimed for blockage or other factors				
	(explain in detail in <b>Part VI</b> ):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3_	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C – Distributable Amount			Currer	nt 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	d Type	III supporting organization	ı	

Schedule A (Form 990 or 990-EZ) 2020

(see instructions).

THE SANDBOX A HILTON HEAD 20-0301794 Schedule A (Form 990 or 990-EZ) 2020 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2020 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Section E – Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2020 Amount for 2020 Distributable amount for 2020 from Section C, line 6 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 **a** From 2015 **b** From 2016 **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. 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. Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2021. Add lines 3j

Schedule A (Form 990 or 990-EZ) 2020

and 4c.

Breakdown of line 7:

a Excess from 2016

b Excess from 2017

c Excess from 2018

d Excess from 2019

e Excess from 2020

	m 990 or 990-EZ) 2020	THE SA	NDBOX A	HILTON H	EAD	20-0301794	Page 8
Part VI	Supplemental III, line 12; Part	Information. IIV, Section A,	lines 1, 2, 3b,	3c, 4b, 4c, 5a	a, 6, 9a, 9b, 9c, 1	line 10; Part II, line 111, 111, 111, 111, 111, 111, 111, 11	art IV, Section
	3a, and 3b; Par	t V, line 1; Par	t V, Section B	, line 1e; Part		3; Part IV, Section Eles 5, 6, and 8; and F	
	ililes 2, 5, and C	o. Also comple	ie iriis part ioi	arry additiona	ıı ımomation. (S	ee mstructions.)	
•							
• • • • • • • • • • • • • • • • • • • •							

#### **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.

Open to Public

Inspection

Name of the organization Employer identification number THE SANDBOX A HILTON HEAD 20-0301794 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year \_\_\_\_\_ 4 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? 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. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements ..... 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ ..... Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X.

2	n	<b>—</b> 1	n	3	n	1	7	a	1
_		_	u		.,		•	~	-

Page 2

Г	art III	Organizations Maintainin	g Collections of	f Art, Historical	Treasure	s, or Ot	her Si	imila	r Asse	ets (cc	ntini	леd)_
3	Using the collection	e organization's acquisition, access nitems (check all that apply):	ion, and other record	s, check any of the fo	ollowing that	make sigr	ificant ı	use of	its			
а	Publi	c exhibition	d 🗌 Lo	oan or exchange pro	gram							
b	Scho	larly research	e 🗌 O	ther								
С	Pres	ervation for future generations										
4	Provide a	a description of the organization's c	ollections and explair	n how they further the	e organizatio	n's exemp	t purpos	se in F	Part			
5		e year, did the organization solicit o	or receive donations of	of art, historical treas	ures, or othe	er similar						
	_	be sold to raise funds rather than t								Ye	s	No
Pa	art IV	<b>Escrow and Custodial Ar</b>		<u> </u>								
		Complete if the organizatio 990, Part X, line 21.	n answered "Yes	s" on Form 990, F	Part IV, lir	ne 9, or r	eporte	ed ar	amou	int on	Form	1
1a	Is the org	anization an agent, trustee, custod	ian or other intermed	iary for contributions	or other ass	ets not					_	,
										Ye	s	No
b	If "Yes,"	explain the arrangement in Part XIII	and complete the fol	lowing table:								
										Amoun	t	
	Beginnin							1c				
d	Additions	during the year						1d				
е	Distributi	ons during the year						1e				
f	Ending b	alance					l	1f				
		rganization include an amount on F					?			Ye	s	No
		explain the arrangement in Part XIII	. Check here if the ex	planation has been ہ	provided on	Part XIII						
Pa	art V	Endowment Funds.	1 43 4	"	5 (D/E	40						
		Complete if the organizatio										
_			(a) Current year	(b) Prior year	(c) Two yea		(d) Thre	ee year	s back	(e) Four	years	oack
		g of year balance	57,961	56,188		6,043			0.40			
		ions				.0,000		56	,043			
С		stment earnings, gains, and	2 702	1 770		2 701						
	losses		3,783	1,773	_	3,721						
		scholarships										
е		penditures for facilities and	22 500			E 600						
	programs		33,500			5,600						
		rative expenses	27,961	F7 061				E 6	,043			
_	-	ear balance	<u> </u>	57,961		6,188		36	,043			
		he estimated percentage of the cur	•	e (line 1g, column (a)	) neid as:							
		signated or quasi-endowment	40.20%									
		nt endowment ► 51.80 % dowment ► %										
C		dowment ▶ <sub></sub> % entages on lines 2a, 2b, and 2c sho	auld agual 1000/									
20		endowment funds not in the posse										
Ja		·	ession of the organiza	illon that are nelo and	u administer	ed for the				ſ	Yes	No
	organiza									3a(i)	X	NO
										3a(i) 3a(ii)	Λ	Х
h		ed organizations	ations listed as requi	rod on Schodula D2						3b		
4		in Part XIII the intended uses of the								30		
	art VI	Land, Buildings, and Equ		willetit turius.								
16	AIC VI	Complete if the organization	•	" on Form 990 F	Part IV/ lin	ne 11a S	See Fo	rm C	190 P2	art X li	ne 1	n
		Description of property	(a) Cost or other ba				cumulate		100, 1 6	(d) Book		<del>.</del>
		Besonption of property	(investment)	(othe		` '	reciation	u		(a) Book	valuo	
10	Land		<u> </u>									
	Buildings											
	Ū	d improvements		2	88,794		88	79	4			
					5,015			01				
		nt		5	3,013						<u>.</u>	183
		s 1a through 1e. (Column (d) must							<u>;</u>			183

Part VII	orm 990) 2020 THE SANDBOX A HILTON Investments – Other Securities.		20-0301794	Page
· care var	Complete if the organization answered "Yes" or	n Form 990. Part IV	. line 11b. See Form 990.	Part X. line 12.
	(a) Description of security or category	(b) Book value	(c) Method of va	
	(including name of security)		Cost or end-of-year n	narket value
(1) Financial of	lerivatives			
(2) Closely he	ld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" or	n Form 990. Part IV	. line 11c. See Form 990.	Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of va	
			Cost or end-of-year n	narket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(h)			
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.			
rait ix	Complete if the organization answered "Yes" or	n Form 000 Part IV	line 11d See Form 990	Part X line 15
	(a) Description	111 01111 000, 1 411 14	, iiile 11d. dee 1 diiii 330,	(b) Book value
(1)	BUILDING IN PROCESS			30,01
(2)				30,02
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		<u></u>	30,01
Part X	Other Liabilities.	- F 000 Dt IV	/ lin - 44 44£ O F	000 Dt V
	Complete if the organization answered "Yes" of	n Form 990, Part IV	, line 11e or 11f. See For	m 990, Part X,
	line 25.			(la) Da alcuratura
1. (1) Fodoral	(a) Description of liability			(b) Book value
	income taxes			42,39
				10,00
(-)				10,00
(4) (5)				
(6)				
(7)				
(8)				
1-1				

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

 $\blacktriangleright$ 

52,395

Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.						
	Complete if the organization answered "Yes" on Form 990,						
1	Total revenue, gains, and other support per audited financial statements		1				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a					
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants	2c	_				
d	Other (Describe in Part XIII.)	2d					
	Add lines 2a through 2d		2e				
3	Subtract line 2e from line 1		3				
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_				
	Other (Describe in Part XIII.)	4b	- 4-				
	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> )		4c   5				
	art XII Reconciliation of Expenses per Audited Financial State		-				
	Complete if the organization answered "Yes" on Form 990,		Jei Netuili.				
1	T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		1 1				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
	Donated services and use of facilities	2a					
a h	Prior year adjustments	2b					
c	Other losses	2c					
q	Other losses Other (Describe in Part XIII.)						
e	Add lines 2a through 2d	24	2e				
3	Subtract line 2e from line 1		3				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	· ] · · · · · ] · · · · · · · · · · · ·					
	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
	Other (Describe in Part XIII.)	4b					
	· · · · · · · · · · · · · · · · · · ·		<b>T</b> 4- 1				
С	Add lines <b>4a</b> and <b>4b</b>		4c				
	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> )		5				
5							
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5				
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.	V, lines 1b and 2b; Part V, line	5				
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>art XIII</b> Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, li	V, lines 1b and 2b; Part V, line	5				
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>art XIII</b> Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, li	V, lines 1b and 2b; Part V, line	5				
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>art XIII</b> Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, li	V, lines 1b and 2b; Part V, line	5				
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>art XIII</b> Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, li	V, lines 1b and 2b; Part V, line	5				
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>art XIII</b> Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, li	V, lines 1b and 2b; Part V, line	5				
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>art XIII</b> Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, li	V, lines 1b and 2b; Part V, line	5				
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>art XIII</b> Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, li	V, lines 1b and 2b; Part V, line as any additional information.	5 4; Part X, line				
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line as any additional information.	5 4; Part X, line				
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line as any additional information.	5 4; Part X, line				
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line as any additional information.	5 4; Part X, line				
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line any additional information.	5 4; Part X, line				
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line any additional information.	5 4; Part X, line				
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line and any additional information.	5 4; Part X, line				
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line and any additional information.	5 4; Part X, line				
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line any additional information.	5 4; Part X, line				
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line any additional information.	5 4; Part X, line				
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line any additional information.	5 4; Part X, line				
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line any additional information.	5 4; Part X, line				
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line and any additional information.	5 4; Part X, line				
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line and any additional information.	5 4; Part X, line				
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line and any additional information.	5 4; Part X, line				
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line and any additional information.	5 4; Part X, line				
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line and any additional information.	5 4; Part X, line				

Schedule D (	Form 990) 2020	THE SAND	BOX A HILTO on (continued)	N HEAD	20-0301	. <b>794</b> Page <b>5</b>
Part XIII	Suppleme	ntai informati	on (continued)			

SCHEDULE O (Form 990 or 990-EZ)

#### 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

THE SANDROX A HITTON HEAD

Employer identification number

THE SANDBOX A HILTON HEAD	20-03017	74
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS	TO REVIEW	FORM 990
FORM 990 WAS REVIEWED BY BOTH THE EXECUTIVE DIRECTOR	R AND TREASU	RER BEFORE
IT WAS FILED.		
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DIS	SCLOSURE EXP	LANATION
THESE DOCUMENTS ARE AVAILABLE UPON REQUEST AND ARE I	OSTED ON TH	€
GUIDESTAR.ORG WEBSITE.		
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASS	SETS EXPLANA	rion
TRANSFER TO COMMUNITY FOUNDATION OF THE LOWCOUNTRY		

Form **4562** 

**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

Department of the Treasury Internal Revenue Service Name(s) shown on return

(99)

THE SANDBOX A HILTON HEAD

Identifying number 20-0301794

	ess or activity to which this form rela							
			perty Under Secti	on 179				
			rty, complete Part V		ı complete P	art I		
1	Maximum amount (see instructi				·		1	1,040,000
2	Total cost of section 179 proper		itti\				2	
3	Threshold cost of section 179 p						3	2,590,000
4	Reduction in limitation. Subtract			/			4	, ,
5	Dollar limitation for tax year. Subtract		• • • •	d filing separate	ly, see instructions		5	
6	•	ion of property		ost (business use	1	Elected cost		
7	Listed property. Enter the amou	nt from line 29			7			
8	Total elected cost of section 17	9 property. Add amou	nts in column (c), lines 6	and 7			8	
9	Tentative deduction. Enter the		o 0				9	
10	Carryover of disallowed deducti	on from line 13 of you					10	
11	Business income limitation. Enter	er the smaller of busir	ness income (not less tha	n zero) or line	e 5. See instructi	ions	11	
12	Section 179 expense deduction	. Add lines 9 and 10, l	but don't enter more than	line 11			12	
13	Carryover of disallowed deducti	on to 2021. Add lines	9 and 10, less line 12	<b>&gt;</b>	13			
Note	: Don't use Part II or Part III belo							
_Pa	rt II Special Deprecia	ation Allowance	and Other Deprec	iation (Do	<b>n't</b> include lis	sted pro	perty	. See instructions.)
14	Special depreciation allowance		other than listed propert	y) placed in se	ervice			
	during the tax year. See instruct						14	
15	Property subject to section 168(	(f)(1) election					15	
16	Other depreciation (including A	CRS)					16	8,523
Pa	rt III MACRS Depreci	ation (Don't incl	ude listed property.	See instruc	ctions. <b>)</b>			
			Section A					
17	MACRS deductions for assets p	olaced in service in ta	x years beginning before	2020			17	0
18	If you are electing to group any assets pla					<u>• ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;</u>		
	Section B—A		vice During 2020 Tax Y		e Generai Depi	reciation	Syste	em .
	(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) Met	hod	(g) Depreciation deduction
<u>19a</u>	3-year property							
b	5-year property							
_с	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
<u>g</u>	25-year property			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
	property				MM	S/L		
		sets Placed in Servi	ce During 2020 Tax Ye	ar Using the	Alternative De			tem
20a	Class life					S/L		
	12-year			12 yrs.		S/L		
	30-year			30 yrs.	MM	S/L		
d	40-year			40 yrs.	MM	S/L	-	
	rt IV Summary (See i							
21	Listed property. Enter amount fr						21	
22	<b>Total.</b> Add amounts from line 1:						22	8,523
23	here and on the appropriate line	•					1 22	0,323

# THESANDBOXX The Sandbox a Hilton Head 20-0301794 Federal Asset Report FYE: 12/31/2020 Form 990, Page 1

02/23/2022

Asset	Description	Date In Service	Cost	Bus Sec <u>%</u> 1791	3 <u>onu</u> s	Basis for Depr	PerConv Meth	Prior	Current
Prior 2 21 22	MACRS: flooring network camera	12/15/11 11/15/11 _	4,200 2,230 6,430	X X	X X	0 0	5 HY 200DB 5 HY 200DB	4,200 2,230 6,430	0 0 0
12 13 14 15 16 17 18	Depreciation: COMPUTERS EXHIBITS - 2005 EXHIBITS - 2006 FURNITURE FURNITURE FURNITURE LEASEHOLD IMRPOVEMENTS FURNITURE COMPUTERS Racetrack Exhibit Grocery Store Exhibit  Total Other Depreciation	11/15/05 12/31/05 4/01/06 12/15/05 4/08/06 4/26/06 11/15/05 3/30/06 6/15/08 7/15/15	4,119 26,070 1,568 3,923 168 378 88,794 525 896 23,448 23,000 172,889			4,119 26,070 1,568 3,923 168 378 88,794 525 896 23,448 23,000 172,889	4 MO S/L 5 MO S/L 15 MO S/L 15 MO S/L	4,119 26,070 1,568 3,923 168 378 83,369 525 896 7,034 6,133 134,183	0 0 0 0 0 5,425 0 0 1,564 1,534 8,523
Total ACRS and Other Depreciation			172,889			172,889		134,183	8,523
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense Net Grand Totals	ers —	179,319 0 0 179,319			172,889 0 0 172,889		140,613 0 0 140,613	8,523 0 0 8,523

THESANDBOXX The Sandbox a Hilton Head
20-0301794 Bonus Depreciation Report

FYE: 12/31/2020

Form 990, Pag	ge 1
---------------	------

02/23/2022

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

FYE: 12/31/2020

THESANDBOXX The Sandbox a Hilton Head
20-0301794 Depreciation Adjustment Report **All Business Activities** 

AMT

02/23/2022

Form Unit Asset Tax There are no assets that meet the criteria of this report

AMT Adjustments/ Preferences

THESANDBOXX The Sandbox a Hilton Head
20-0301794 Future Depreciation Report
FYE: 12/31/2020 Form 990, Page 1

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

02/23/2022

Form 990 Two Year Comparison Report

For calendar year 2020, or tax year beginning , ending

2019 & 2020

Name Taxpayer Identification Number

7	THE SANDBOX A HILTON HEAD				20-0	301794
			2019	2020	)	Differences
	1. Contributions, gifts, grants	1.	108,802	61	L,078	-47,724
	2. Membership dues and assessments	2.				
	3. Government contributions and grants	3.	40,033	27	7,506	-12,527
n e	4. Program service revenue	4.	202,314	81	1,065	-121,249
e n	5. Investment income	5.	5,824		16	-5,808
>	6. Proceeds from tax exempt bonds	6.				
R.	7. Net gain or (loss) from sale of assets other than inventory	7.				
	8. Net income or (loss) from fundraising events	8.	9,559	•	5,794	-2,765
	9. Net income or (loss) from gaming	9.				
	10. Net gain or (loss) on sales of inventory	10.				
	11. Other revenue	11.	1,820		123	
	12. Total revenue. Add lines 1 through 11	12.	368,352	176	5,582	-191,770
	13. Grants and similar amounts paid	13.				
	14. Benefits paid to or for members	14.				
S	<b>15.</b> Compensation of officers, directors, trustees, etc.	15.	64,383	81	L,000	16,617
n s	<b>16.</b> Salaries, other compensation, and employee benefits	16.	147,073	105	5,063	-42,010
Φ	17. Professional fundraising fees	17.				
α	18. Other professional fees	18.	4,376	<b>5</b> )	629	1,253
Ш	19. Occupancy, rent, utilities, and maintenance	19.	49,624	29	9,918	-19,706
	20. Depreciation and Depletion	20.	9,016	w	3,523	-493
	21. Other expenses	21.	94,053	41	L,992	-52,061
	22. Total expenses. Add lines 13 through 21	22.	368,525		2,125	-96,400
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-173	-95	5,543	-95,370
	24. Total exempt revenue	24.	368,352	176	5,582	-191,770
_	25. Total unrelated revenue	25.				
ţi	26. Total excludable revenue	26.	209,958		L,204	-128,754
ma	27. Total assets	27.	285,937	116	5,020	-169,917
Į,	28. Total liabilities	28.	18,584	94	1,210	75,626
Other Information	29. Retained earnings	29.	267,353	21	1,810	-245,543
he	<b>30.</b> Number of voting members of governing body	30.	14	14		
ŏ	<b>31.</b> Number of independent voting members of governing body	31.	14	14		
	32. Number of employees	32.	29	20		
	33. Number of volunteers	33.	9	1		

Form <b>990</b>	Tax Return History	2020
Name	THE SANDBOX A HILTON HEAD	Employer Identification Number 20-0301794

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	231,749	140,121	136,334	148,835	88,584	
Membership dues						
Program service revenue	123,905	120,963	122,811	202,314	81,065	
Capital gain or loss						
Investment income	68	6,557	-3,505	5,824	16	
Fundraising revenue (income/loss)	-3,891	9,396	7,942	9,559	6,794	
Gaming revenue (income/loss)						
Other revenue	-3,164	2,690	7,762	1,820	123	
Total revenue	348,667	279,727	271,344	368,352	176,582	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	47,768	40,622	69,796	64,383	81,000	
Other compensation	62,679	65,816	69,792	147,073	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	<u>231,385</u>	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	

THESANDBOXX The Sandbox a Hilton Head 20-0301794 **Federal Statements** 20-0301794

2/23/2022

FYE: 12/31/2020

**Taxable Interest on Investments** 

	Description	า					
		_	Amoun	t	Exclusion Code	Acquired after 6/30/75	US Obs (\$ or %)
INVESTMENT	INCOME	- INT	EREST	16	14		
INVESTMENT	INCOME -	- GAIN	LOSS		14		
TOTAL		\$		16			

THESANDBOXX The Sandbox a Hilton Head

d

Federal Statements 2/23/2022

FYE: 12/31/2020

20-0301794

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

Description	E:	Total xpenses	rogram Service	agement & General	- und aising
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	\$	5 <b>,</b> 426	\$ 3 <b>,</b> 083	\$ 2,343	\$ 0

THESANDBOXX The Sandbox a Hilton Head 2/23/2022 **Federal Statements** 20-0301794 FYE: 12/31/2020 Schedule A, Part III, Line 1(e) Description Amount 27,506 61,078 ALL OTHER CONTRIBUTIONS/GRANTS 88,584 TOTAL Schedule A, Part III, Line 2(e) Description Amount 81,065 MUSEUM ADMISSIONS/PROGRAMS 6,839 OTHER 1,055 GIFT SHOP 88,959 TOTAL Schedule A, Part III, Line 10a(e) Description Amount 16 INVESTMENT INCOME - INTEREST INVESTMENT INCOME - GAIN LOSS TOTAL 16 Schedule A, Part III, Line 11

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

## Forms 990 / 990-EZ Return Summary

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

20-0301794

				6.56.5
Net Asset / Fund Balance at Beç	ginning of Year			267,526
Revenue				
Contributions		148,835		
Program service revenue		202,314		
Investment income		5,824		
Capital gain / loss				
Fundraising / Gaming:				
Gross revenue	10,426			
Direct expenses	867			
Net income		9,559		
Other income		1,820		
Total revenue			368,352	_
Expenses				
Program services		287,295		
Management and general		47,398		
Fundraising		33,832		
Total expenses			368,525	
Excess / (deficit)				
Changes				
Not Asset / Fund	Ralance at End of Yea	ır		267.353
Net Asset / Fund	Balance at End of Yea	ır		267,353
Net Asset / Fund  Reconciliation of		ır	Reconciliati	
Reconciliation of	Revenue			on of Expenses
Reconciliation of otal revenue per financial statemen	Revenue		<b>Reconciliatio</b> expenses per financial st	on of Expenses
Reconciliation of otal revenue per financial statemeners:	Revenue	_ Total o Less:		on of Expenses
Reconciliation of otal revenue per financial statemen	Revenue	_ Total o Less: _ Do	expenses per financial st onated services	on of Expenses
Reconciliation of otal revenue per financial statementess: Unrealized gains	Revenue	_ Total ( Less: _ Do _ Pr	expenses per financial st	on of Expenses
Reconciliation of otal revenue per financial statementes: Unrealized gains Donated services	Revenue	_ Total ( Less: _ Do _ Pr _ Lo	expenses per financial st onated services ior year adjustments	on of Expenses
Reconciliation of otal revenue per financial statementess: Unrealized gains Donated services Recoveries Other	Revenue	_ Total ( Less: _ Do _ Pr _ Lo	expenses per financial st onated services ior year adjustments asses	on of Expenses
Reconciliation of otal revenue per financial statementess: Unrealized gains Donated services Recoveries Other	Revenue	_ Total e Less: _ Do _ Pr _ Lo _ Ot	expenses per financial st onated services ior year adjustments asses	on of Expenses
Reconciliation of stal revenue per financial statements: Unrealized gains Donated services Recoveries Other	Revenue ts	_ Total of Less: _ Do Pr Lo Of Plus:	expenses per financial st onated services ior year adjustments asses her	on of Expenses atements
Reconciliation of tal revenue per financial statements: Unrealized gains Donated services Recoveries Other Us: Investment expenses	Revenue	_ Total of Less: _ Do Pr Lo Of Plus:	expenses per financial st onated services ior year adjustments esses her	on of Expenses atements
Reconciliation of tal revenue per financial statements: Unrealized gains Donated services Recoveries Other US: Investment expenses Other	Revenue ts	_ Total of Less: _ Do Pr Lo Ot Plus: _ Ot _	expenses per financial st onated services ior year adjustments esses her vestment expenses her Total expenses per re	on of Expenses atements
Reconciliation of tal revenue per financial statements: Unrealized gains Donated services Recoveries Other US: Investment expenses Other	Revenue ts  368,352	Total of Less: Dot Pr Co Plus: Ot Balance Sh	expenses per financial st onated services ior year adjustments asses ther vestment expenses ther Total expenses per re	eturn Expenses
Reconciliation of stal revenue per financial statement ses:  Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return	Revenue ts 368,352	Total of Less: Dotal of Properties: Investigation of Balance Strength	expenses per financial stonated services ior year adjustments esses ther expenses ther Total expenses per referet	eturn Expenses
Reconciliation of otal revenue per financial statement ess:  Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return  Assets	Revenue ts  368,352  Beginning 292,502	Total of Less:  Property Logory  Plus:  Of Plus:  Balance She Ending  285	expenses per financial stonated services ior year adjustments esses ther expenses ther Total expenses per references	eturn Expenses
Reconciliation of otal revenue per financial statementes: Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return  Assets Liabilities	Revenue ts  368,352  Beginning 292,502 24,976	Total of Less: Do Pr Lo Ot Plus: Inv Ot  Balance Sh Ending 285	expenses per financial stonated services ior year adjustments esses ther  vestment expenses ther  Total expenses per references  peet  Differences  7584	eturn 368,52
Reconciliation of stal revenue per financial statement ses:  Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return  Assets	Revenue ts  368,352  Beginning 292,502	Total of Less: Do Pr Lo Ot Plus: Inv Ot  Balance Sh Ending 285	expenses per financial stonated services ior year adjustments esses ther  vestment expenses ther  Total expenses per references  peet  Differences  7584	eturn Expenses
Reconciliation of tal revenue per financial statements: Unrealized gains Donated services Recoveries Other Us: Investment expenses Other Total revenue per return  Assets Liabilities	Beginning 292,502 24,976 267,526	Total of Less: Do Pr Lo Ot Plus: Inv Ot  Balance Sh Ending 285	expenses per financial stonated services ior year adjustments esses ther  vestment expenses ther  Total expenses per references  peet  Differences  7584	eturn 368,52
Reconciliation of otal revenue per financial statement ass:  Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return  Assets Liabilities	Beginning 292,502 24,976 267,526	Total of Less: Do Pr Lo Ot Plus: Inv Ot Ending 285, 18, 267,	expenses per financial stonated services ior year adjustments esses ther  vestment expenses ther  Total expenses per references  peet  Differences  7584	eturn 368,52

Form **8879-EC** 

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

OI	ИB	No.	1545-	187	8
OI	ИB	No.	1545-	187	Έ

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

2019

Department of the Treasury Internal Revenue Service

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

u Go to www.irs.gov/Form8879EO for the latest information. Employer identification number Name of exempt organization THE SANDBOX A HILTON HEAD 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 ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 368,352 2a Form 990-EZ check here ▶ \_b Total revenue, if any (Form 990-EZ, line 9) 2b \_\_\_\_ 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 4a Form 990-PF check here ▶ □ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b \_\_\_\_\_ 5a Form 8868 check here ▶ □ b Balance Due (Form 8868, line 3c) 5b \_ 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 X I authorize \_\_JUNECPA \_ to enter my PIN as my signature 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. Date } 11/16/20 Officer's signature **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.

\_\_\_\_\_\_ Date } <u>11/16/20</u> PAMELA JUNE, CPA ERO's signature } .

> 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.

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

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

OMB No. 1545-0047 2019 Open to Public Inspection

Α	For the	e 2019 calendar year, or tax year beginning	, and ending		_						
В	3 Check if applicable: C Name of organization D Employer identification number										
	Address of	ddress change THE SANDBOX A HILTON HEAD									
二		Doing husiness as			20-0	301794					
닏	Name cha	Number and street (or P.O. box if mail is not deliv	ered to street address)	Room/suite	E Telephon	ne number					
Ш	Initial retu				843-	842-7645					
	Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated										
H		HILTON HEAD ISLAND	SC 29928		<b>G</b> Gross red	ceipts\$ 375,456					
닏	Amended	F Name and address of principal officer:									
Ш	Application	n pending NANCY FISH		H(a) Is this a gr	oup return for	subordinates? Yes X No					
	18 A POPE AVENUE  H(b) Are all subordinates include										
	HILTON HEAD ISLAND SC 29928 If "No," attach a list. (see instructions)										
$\overline{}$	Tay-ever		(insert no.) 4947(a)(1) or 527								
÷	Website:		(IIISCIT 110.) 4547 (d)(1) 01 527	H(c) Group exe	amption numb	oor 11					
<u>.</u> К			Other <b>u</b> L	Year of formation: 2		M State of legal domicile: SC					
	Part I	organization: X Corporation Trust Association Summary	Other <b>u</b>	real of formation. Z	005	M State of legal domicile. DC					
	$\overline{}$		t aignificant activities								
Φ		Briefly describe the organization's mission or mos				ODEN					
Š		THE SANDBOX IS DEDICATED TO									
rra		THROUGH EDUCATIONAL PLAY IN	AN AIMOSPHERE THAT FOSTE	RS BOTH F	AMILLY	AND					
Governance											
Ö		Check this box ${f u}$ if the organization discontinu	·	25% of its net a	assets.						
⋖ర		Number of voting members of the governing body				14					
ies	4 1	Number of independent voting members of the government	verning body (Part VI, line 1b)		4	14					
<u>₹</u>	5 7	otal number of individuals employed in calendar y	/ear 2019 (Part V, line 2a)		. 5	29					
Activities	6 7	otal number of volunteers (estimate if necessary)	)		. 6	9					
_	7a 7	otal unrelated business revenue from Part VIII, co	olumn (C), line 12		7a	0					
		Net unrelated business taxable income from Form			7b	0					
				Prior Ye		Current Year					
<u>o</u>	8 (	Contributions and grants (Part VIII, line 1h)			5,334	148,835					
Revenue	9 F	Program service revenue (Part VIII, line 2g)			2,811	202,314					
ě	10	nvestment income (Part VIII, column (A), lines 3, 4	4, and 7d)	_:	3,505	5,824					
œ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8	c, 9c, 10c, and 11e)		5,704	11,379					
	12 7	otal revenue - add lines 8 through 11 (must equa	al Part VIII, column (A), line 12)	273	1,344	368,352					
	13 (	Grants and similar amounts paid (Part IX, column	(A), lines 1–3)			0					
	14 E	Benefits paid to or for members (Part IX, column (	A), line 4)			0					
S	15 9	Salaries, other compensation, employee benefits (		139	588	211,456					
xpense	16a F	Professional fundraising fees (Part IX, column (A),	line 11e)			0					
be	. b 7	otal fundraising expenses (Part IX, column (D), li	es, other compensation, employee benefits (Part IX, column (A), lines 5–10) ssional fundraising fees (Part IX, column (A), line 11e) fundraising expenses (Part IX, column (D), line 25) <b>u</b> 33,832								
ñ	17 (	Other expenses (Part IX, column (A), lines 11a-11	ld, 11f–24e)	129	9,369	157,069					
		otal expenses. Add lines 13–17 (must equal Part			3,957	368,525					
		Revenue less expenses. Subtract line 18 from line			2,387	-173					
Jo S				Beginning of Cu		End of Year					
Net Assets or	₹ 20 7	otal assets (Part X, line 16)		292	2,502	285,937					
As	<b>21</b> 7			24	4,976	18,584					
Se	<b>22</b> N	Net assets or fund balances. Subtract line 21 from		26	7,526	267,353					
F	Part II	Signature Block									
ī	Jnder per	nalties of perjury, I declare that I have examined this ref	turn, including accompanying schedules and sta	tements, and to th	e best of m	ny knowledge and belief, it is					
tr	ue, corre	ect, and complete. Declaration of preparer (other than o	fficer) is based on all information of which prepare	arer has any know	rledge.						
						_					
Sig	gn	Signature of officer			Date	_					
	ere	NANCY FISH	EXECU	JTIVE DI	RECTO	R					
		Type or print name and title									
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN					
Pai	id	PAMELA JUNE, CPA	PAMELA JUNE, CPA	12/28	/20 self-en	nployed P00636703					
Pre	eparer	Firm's name } JUNECPA	-	' I	irm's EIN }	20-4046229					
Us	e Only	99 MAIN STREET	ŗ	CI	FNT	COPY					
		Firm's address } HILTON HEAD IS		T	Phone no.	843-842-6500					
Ma	y the IR	S discuss this return with the preparer shown about	-			X Yes No					

rm 990 (2019) THE SANDBOX A		20-0301794	Page <b>2</b>
	Service Accomplishment		
		any line in this Part III	<u> </u>
COMMINITTY	ATED TO THE POSIT LAY IN AN ATMOSP	IVE DEVELOPMENT OF YOU HERE THAT FOSTERS BOTH	FAMILY AND
Did the organization undertake any signi	ficant program services during the	year which were not listed on the	
			Yes X No
		it conducts, any program	Yes X No
	vice accomplishments for each of i 4) organizations are required to rep	ts three largest program services, as measure port the amount of grants and allocations to c	-
VITH A PARENT OR CARE DEVELOPMENT OF YOUNG NATURAL OPPORTUNITY F STRIVE TO PROVIDE A S CARE GIVERS TO PLAY	RY. THE SANDBOX DESIGNED TO STIMU. CHILDREN AGED EIGHT AND E GIVER. THIS IS CHILDREN UNDER THE THE SENTE OF THESE RELATIONS TO THE SENTE OF THE SENT	SELF-WORTH THROUGH INT ESPECIALLY CRITICAL F	D EXHIBITS AND CREATIVITY AND IEVE THAT TERACTIVE PLAY OR THE PROVIDES A RENGTHEN. WE
	including grants	s of \$	\$)
1/A			
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•			
(O-d-: ) (F f	in alcodin a consusta	) (Davis and	Φ ,
(Code: ) (Expenses \$	including grants	s of \$	<b>D</b> )
<b>/</b> ♣			
•			
• • • • • • • • • • • • • • • • • • • •			
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•			
Other program continue (Describe	shodulo (O.)	CHEN	TCOPY
Other program services (Describe on Sc		) (Davision of	
(Expenses \$	including grants of \$	) (Revenue \$	)
e Total program service expenses u	including grants of \$ 287,295	, (	,

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			3.5
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		v
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
Ū	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	Ť		
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			3.5
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401-		v
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1.00		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	_	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	<u> </u>

Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art 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			_Ц
	1 1 -		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 1b 0 1b	JP.	Y	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

	990 (2019) IHE SANDBOX A HILLION HEAD 20-03017			P	age 3					
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (conti	nued)								
•	Fig. 1. C. 1. C. 1. F. WOT. WILLIAM IT.	1		Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2a 29								
L			- AL	v						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return.		2b	X						
20	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) <b>a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?									
3a										
b 4a										
₹a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	h. If "Vas" enter the name of the foreign country.									
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial				l					
5a	The Man the appropriation a party to a much hidd toy shelter transposition at any time showing the tay year?									
b										
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		X					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	argenization colicit any contributions that were not toy deductible on charitable contributions?		6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contribution									
	gifts were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods								
	and services provided to the payor?		7a							
b			7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as			l					
	required to file Form 8282?		7c							
d	· · · · · · · · · · · · · · · · · · ·	7d	7e							
е										
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		-					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		-					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are interesting a decrease of the decrease of		7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	-								
9			8							
a	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?		9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	• • • • • • • • • • • • • • • • • • • •	9b							
10	Section 501(c)(7) organizations. Enter:		35							
a	1	0a								
		0b								
11	Section 501(c)(12) organizations. Enter:		1		l					
а	1	1a								
b	Gross income from other sources (Do not net amounts due or paid to other sources									
	against amounts due or received from them.)	1b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	2b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which	. 1								
	· · · · · · · · · · · · · · · · · · ·	3b								
С		3c			77					
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 Schedul		14b		<del>                                     </del>					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		1.		v					
	excess parachute payment(s) during the year?		15		X					
16	If "Yes," see instructions and file Form 4720, Schedule N.	in a a ma 2	16		Y					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	CI IENT CO	16	/	X					
	If "Yes," complete Form 4720, Schedule O.									

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change				instru	ction			
	Check if Schedule O contains a response or note to any line in this Part VI					_X			
Sec	tion A. Governing Body and Management								
		۱.	1 1 1		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14	4					
	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.	46	14						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	14	$\dashv$					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1		v			
2	any other officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct			2		_X			
3				3		х			
4	supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was file			4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	su :		5		X			
6									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			6		X			
ı a	one or more members of the governing body?			7a		х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1a					
b	stockholders, or persons other than the governing body?			7b		х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	 /ear h	v the following			-22			
а	The governing hady?		y ti le lollowii	19. 8a	х				
b	Each committee with authority to act on behalf of the governing body?			8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			05					
Ŭ	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		х			
Sec	tion B. Policies (This Section B requests information about policies not required by the			_	de.)				
	and an analysis of the control of th				Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a	1	Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,								
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fill	ng the	form?	11a		Х			
b	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			12a		X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	rise to	conflicts?	12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		•						
	describe in Schedule O how this was done			12c					
13	Did the organization have a written whistleblower policy?			13		X			
14	Did the organization have a written document retention and destruction policy?			14		X			
15	Did the process for determining compensation of the following persons include a review and approval by								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?							
а	The organization's CEO, Executive Director, or top management official			15a		X			
b	Other officers or key employees of the organization			15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement								
	with a taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its								
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the								
	organization's exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ${f u}$ SC								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Section	on 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									
	financial statements available to the public during the tax year.		NIT C		V				
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	uii U		Ĭ				
	AROLINE RINEHART 18A POPE AVENUE LLTON HEAD ISLAND SC 2992	0	01.	3-84	2_7	6 1 E			
11.	DL 4334		04.	. – u ±	<u>~</u> /	O I			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

2	n	_	n	2	^	1	7	a	1
7.	u	_	u		u	_	_ /	7	4

Page 7

Part VII	II Compensation of Officers, Directors, Trustees, Key Employee	s, 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.

Comparison of the comparison	
A0.00	
EXECUTIVE DIRECTOR 0.00 X 64,383 0  (2) CAROLINE RINEHART	
(2) CAROLINE RINEHART	^
40.00	0
DIRECTOR OPERATIONS 0.00 X 41,007 0  (3) MAGGIE BLANK  1.00  DIRECTOR 0.00 X 0 0  (4) DRU BROWN  1.00  DIRECTOR 0.00 X 0 0  (5) JENNIE CERRATI  1.00  SECRETARY 0.00 X X 0 0  (6) LYNN CUCCARO	
(3) MAGGIE BLANK  1.00 DIRECTOR 0.00 X  0 0 (4) DRU BROWN  1.00 DIRECTOR 0.00 X  0 0 (5) JENNIE CERRATI 1.00 SECRETARY 0.00 X  X  0 0 0 0 0 0	0
1.00	<del>-</del>
(4) DRU BROWN  1.00  DIRECTOR 0.00 X 0 0  (5) JENNIE CERRATI  1.00  SECRETARY 0.00 X X 0 0  (6) LYNN CUCCARO 1.00	
1.00   0   0   0   0   0   0   0   0   0	0
DIRECTOR 0.00 X 0 0  (5) JENNIE CERRATI  1.00  SECRETARY 0.00 X X 0 0  (6) LYNN CUCCARO 1.00	
(5) JENNIE CERRATI  1.00  SECRETARY  0.00 X X  0  (6) LYNN CUCCARO  1.00	
1.00   0   0   0   0   0   0   0   0   0	0
SECRETARY	
(6) LYNN CUCCARO 1.00	^
1.00	0
DIRECTOR   0.00   X           0   0	0
(7) SUSIE DOLAN	<del>_</del>
1.00	
DIRECTOR 0.00 X 0	0
(8) JIM GANT	
2.00	
VICE PRESIDENT 0.00 X X 0	0
(9) LENORE GLEASON	
	_
DIRECTOR 0.00 X 0	0
(10) LINDSAY HARTMAN 1.00	
DIRECTOR 0.00 X 0	0
(11) LYNN KING	
1.00   CLIENT COPY	
DIRECTOR 0.00 X 0	

Part VII Section A. Officer	s, Directors, 11	ruste	ees,	ney	Em	ipioy	ees	, and Highest Compens	ated Employees (continu	ea)			
(A) Name and title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both ar officer and a director/trustee)						(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations		(F) Estimated amount of other compensation from the		
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		ganization ed organi:		
(12) DAVE LANG	1.00												
DIRECTOR	0.00	x						0	0				0
(13) KERI OLIVETT	1 2.00												
PRESIDENT	0.00	х		x				0	0				0
(14) LAURIE SAVAG	E 1.00												
DIRECTOR	0.00	х						0	0				0
(15) JASON T. STE	VENS 2.00												
TREASURER	0.00	х		х				0	0				0
(16) SETH TILTON	1.00												
DIRECTOR	0.00	х						0	0				0
(17) JOEY VARIN	1.00												
DIRECTOR	0.00	х						0	0				0
1b Subtotal							u	105,390					
c Total from continuation should Total (add lines 1b and 1c)		•					u u	105,390					
Total number of individuals (in reportable compensation from	ncluding but not	limit	ed to						an \$100,000 of				
3 Did the organization list any f	ormer officer, d	irect	or, tr	uste	e, ke	ey er	nplo	yee, or highest compensa	ted	[			No
employee on line 1a? If "Yes,  4 For any individual listed on lir	" complete Sche	edule n of	J fo	or su rtable	ch ii e co	ndivio mpe	<i>dual</i> nsat	ion and other compensation	on from the		3		<u>X</u>
organization and related orga											4		X
5 Did any person listed on line		ccrue	cor	nper	ısati	on fr	om a	any unrelated organization					
for services rendered to the of Section B. Independent Contract		Yes,	" COI	mpie	te S	chec	lule	J for such person		<u></u>	5		<u>X</u>
Complete this table for your factor compensation from the organization.	ive highest com	pens	ated	inde	eper	ndent	cor	ntractors that received more	e than \$100,000 of	vear			
	(A) d business address	<i>7</i> 0111¢	701100	20011	101	110			(B) tion of services	your.	Com	(C) pensation	1
									CLIENT	CC	<del>)PY</del>	7	
2 Total number of independent received more than \$100,000									^				

Forr	n 990	0 (2019) <b>THE</b>	SAI	NDBOX A	HIL	TON	HEAD	20	-0301794		Page <b>9</b>
Pa	rt V			of Revenue nedule O cor	ntains	a resp	onse or no	te 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, Girts, Grants and Other Similar Amounts	1a	Federated camp	paigns	 3	1a						
5 E	b	Membership du	es		1b						
Ą,	С	Fundraising eve	ents		1c						
₽Ë	d	d Related organizations 1d									
Si'y	е	Government grants (d			1e		40,033				
er (	f	All other contributions,									
탏		and similar amounts n	not includ	ded above	1f		108,802				
ont o	g	Noncash contributions		= = =	1g						
<u> </u>	h	Total. Add lines	s 1a–1	<u>lf</u>				148,835			
	•						Business Code	202 214	202 214		
Program service Revenue	2a	*		IONS/PROGRAM			611710	202,314	202,314		
ું હ્	b	*									
am Sver	c d	* * * * * * * * * * * * * * * * * * * *									
9	u e										
7	f	All other progra		vice revenue							
		Total. Add lines					u	202,314			
	3	Investment inco									
	other similar amounts)							5,824			5,824
	4	Income from inv	/estme	ent of tax-exem	pt bond	d proceed	ds <b>u</b>				
	5	Royalties					u				
		(i) Real			(ii)	Personal					
		Gross rents	6a								
		Less: rental expenses									
		Rental inc. or (loss) 6c Net rental income or (loss)									
		Gross amount from	ne or	<b>'</b>			i) Other				
		sales of assets	of assets (I) Securities		(1	i) Other					
e le	h	other than inventory Less: cost or other	/ a								
Revenue	_	basis and sales exps.	7b								
Re	С	Gain or (loss)	7c								
ē	d	Net gain or (los	s)		<u>,</u>		u				
Other	8a	Gross income from	m fund	raising events							
		(not including \$									
		of contributions re									
		See Part IV, line 1			8a		10,426				
		Less: direct exp			8b		867	9,559			
		Net income or ( Gross income from	. ,	-	eveni	S	u	7,337			
	Ja	See Part IV, line 1			9a						
	b	Less: direct exp			9b						
		Net income or (					u				
		Gross sales of i									
		returns and allo	wance	es	10a		6,237				
		Less: cost of go			10b		6,237				
	С	Net income or (	loss) 1	from sales of in	ventory	<u> </u>					
Sn							Business Code	1 000			1 000
scellaneous Revenue	11a							1,820			1,820
ella	b										
lsc Re	q C	All other revenu									
≥	u e	Total. Add lines					u	1,820		LIENT C	OPY
_		Total revenue.						368,352	202,314	0	7,644

### Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must			complete column (A).	
	Check if Schedule O contains a res	·		(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	Management and general expenses	<b>(D)</b> Fundraising expenses
1 1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	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):				
а	Management				
b	Legal				
С	Accounting	4,325	2,163	2,162	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 1	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	40 604	44 000	4 505	
16	Occupancy	49,624	44,829	4,795	
17	Travel	849	849		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21 22	Payments to affiliates  Depreciation, depletion, and amortization	9,016	8,424	592	
23	· · · · · · · · · · · · · · · · · · ·	8,748	7,873	875	
24	Insurance Other expenses. Itemize expenses not covered	3,710	, , 0, 15	373	
	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.)				
а	PROGRAM COSTS	16,794	16,794		
b	EXHIBIT UPKEEP	14,732	14,732		
С	BANK & CREDIT CARD EXPENS		7,857		
d	ADMINISTRATION	6,153		6,153	
е	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			OLIEVIT	0001
	organization reported in column (B) joint costs from a combined educational campaign and			CLIENT	COPY
	fundraising solicitation. Check here <b>u</b> if				
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 147,251 124,443 Cash—non-interest-bearing 1 Savings and temporary cash investments 67,211 72,527 2 9,402 Pledges and grants receivable, net 3 Accounts receivable, net 303 3,699 4 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 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 Assets 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges ..... 7,146 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ..... 179,319 10a **b** Less: accumulated depreciation 10b 140,613 47,722 38,706 10c Investments—publicly traded securities 11 11 12 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets \_\_\_\_\_ 14 14 30,015 30,014 Other assets. See Part IV, line 11 15 15 292,502 285,937 16 Total assets. Add lines 1 through 15 (must equal line 33) ..... 16 Accounts payable and accrued expenses 2,069 3,584 17 17 Grants payable 18 18 15,000 Deferred revenue 22,907 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 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 24,976 18,584 26 26 Total liabilities. Add lines 17 through 25 ..... Organizations that follow FASB ASC 958, check here X **Assets or Fund Balances** and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 91,195 149,946 27 27 Net assets with donor restrictions 176,331 117,407 28 28 Organizations that do not follow FASB ASC 958, check here u and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Š Total net assets or fund balances 267,526 267,353 32 32 285,937 292,502 Total liabilities and net assets/fund balances ...... 33

Form **990** (2019)

orn	990 (2019) THE SANDBOX A HILTON HEAD 20	0-0301794			Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this F					
1	Total revenue (must equal Part VIII, column (A), line 12)		1		8,3	
2	Total expenses (must equal Part IX, column (A), line 25)		2	36	8,5	
3	Revenue less expenses. Subtract line 2 from line 1		3			<u> 173</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A		4	26	57,5	<u> 526</u>
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	26	57,3	<u>353</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this F	art XII				Ш
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual	Other				
	If the organization changed its method of accounting from a prior year or checked "Othe	r," explain in				
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent a			2a	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year wer	e compiled or				
	reviewed on a separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate	basis				
b	Were the organization's financial statements audited by an independent accountant?			2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year wer	e audited on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsi					
	the audit, review, or compilation of its financial statements and selection of an independ			2c		
	If the organization changed either its oversight process or selection process during the t	ax year, explain on				
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or aud	ts as set forth in the				
	Single Audit Act and OMB Circular A-133?			3a		_ <u>X</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did					
	required audit or audits, explain why on Schedule O and describe any steps taken to un	dergo such audits		3b		
				Form	· 990	(2019)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

OMB No. 1545-0047 **2019** 

Open to Public Inspection

u Attach to Form 990 or Form 990-EZ.

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

THE SANDROX A HILTON HEAD

Employer identification number

			THE SANDBOX	A HILTON HEAD			20-030	1/94
Pa	art l	Reas	on for Public Charity	/ Status (All organization	ns must	compl	ete this part.) See instru	uctions.
The	orga	nization is not	a private foundation becau	se it is: (For lines 1 through 12	, check o	nly one b	ox.)	
1		A church, co	nvention of churches, or as	sociation of churches described	d in <b>sect</b> i	ion 170(l	o)(1)(A)(i).	
2	П	A school des	scribed in section 170(b)(1	)(A)(ii). (Attach Schedule E (Fo	orm 990 c	r 990-EZ	).)	
3	П			rice organization described in s				
4	П	-		d in conjunction with a hospita				e hospital's name,
	ш	city, and stat	0.					
5		•		of a college or university owner				in
		section 170	(b)(1)(A)(iv). (Complete Pa	rt II.)				
6	Ш	A federal, sta	ate, or local government or	governmental unit described in	section	170(b)(1	)(A)(v).	
7	Ш	-	ion that normally receives a section 170(b)(1)(A)(vi). (	substantial part of its support f	from a go	vernment	al unit or from the general pu	blic
8				<b>170(b)(1)(A)(vi).</b> (Complete Pa	art II.)			
9	П	An agricultur	al research organization de	scribed in section 170(b)(1)(A	(ix) ope	rated in d	onjunction with a land-grant c	ollege
	_	_	or a non-land-grant college	of agriculture (see instructions)	. Enter th			=
10	X			1) more than 33 1/3% of its su		n contribu	utions, membership fees, and	gross
				npt functions—subject to certain				
		support from	gross investment income a	nd unrelated business taxable	income (	ess secti	on 511 tax) from businesses	
	_	acquired by t	the organization after June 3	30, 1975. See <b>section 509(a)(</b>	<b>2).</b> (Comp	olete Part	III.)	
11		An organizat	ion organized and operated	exclusively to test for public sa	afety. See	section	509(a)(4).	
12		An organizati	ion organized and operated	exclusively for the benefit of, to	o perform	the funct	tions of, or to carry out the pu	rposes
				izations described in <b>section</b> 5				
		Check the bo	ox in lines 12a through 12d	that describes the type of supp	orting org	anization	and complete lines 12e, 12f,	and 12g.
	а			perated, supervised, or controlle	-			giving
				wer to regularly appoint or elec	-	ty of the	directors or trustees of the	
				complete Part IV, Sections A				
	b	_		upervised or controlled in conn				=
				rting organization vested in the	same pe	ersons tha	at control or manage the supp	orted
			•	e Part IV, Sections A and C.			aidh ann a fean aite a alla ainte ann ta	al
	С			supporting organization operatestructions). You must comple				a with,
	d	Type III	non-functionally integrate	ed. A supporting organization of	perated i	n connec	tion with its supported organia	zation(s)
				e organization generally must				eness
		_ ·	,	must complete Part IV, Secti				
	е			ceived a written determination for on-functionally integrated suppo				
	f		mber of supported organiza	·				
	g			the supported organization(s).				
(i)		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
(-)		ganization	(,	(described on lines 1–10		ur governing	support (see	other support (see
				above (see instructions))	docur	ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(B)								
(C)								
,								
(D)								
(E)								
(E)								
							CLIENT	COPY

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

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in) <b>u</b>	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 201	19	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
<b>4 5</b>	Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.							
	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 201	19	(f) Total
7	Amounts from line 4						$\longrightarrow$	
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	<b>Total support.</b> Add lines 7 through 10							
12	Gross receipts from related activities, etc	•	,				12	
13	First five years. If the Form 990 is for the	-			•			
	organization, check this box and stop he	re					<u></u>	▶
Sec	tion C. Computation of Public							
14	Public support percentage for 2019 (line 6	6, column (f) divide	ed by line 11, colu	ımn (f))			14	<u>%</u>
15	Public support percentage from 2018 Sch	iedule A, Part II, li	ne 14				15	%
16a	<b>33 1/3% support test—2019.</b> If the orga				is 33 1/3% or mor	e, check this	S	
	box and <b>stop here.</b> The organization qua							▶ ∟
b	33 1/3% support test—2018. If the orga				1e 15 is 33 1/3% 0	r more, cne	CK	
170	this box and <b>stop here.</b> The organization							
11a	<b>10%-facts-and-circumstances test—2</b> 10% or more, and if the organization med							
	Part VI how the organization meets the "							
	organization							▶ □
b	10%-facts-and-circumstances test—2	•				•		
	15 is 10% or more, and if the organizatio				•			
	Explain in Part VI how the organization n			•	·			<u> </u>
4.0								▶ ∐
18	<b>Private foundation.</b> If the organization dinstructions							▶ □

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019

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

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

Sec	tion A. Public Support	. ,		, <u>, , , , , , , , , , , , , , , , , , </u>	•	,	
	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 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						
	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from line 6.)						1 (15 00)
Sec	etion B. Total Support						1,615,286
	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6	337,920	355,654	279,055	274,845	367,812	1,615,286
10a		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	30		3,337	57505	3,021	07302
С	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, check this box and stop he	ro				501(c)(3)	▶□
Sec	tion C. Computation of Public S						
15	Public support percentage for 2019 (line 8			ımn (f))		15	99.18 %
16	Public support percentage from 2018 Sch					16	99.55 %
	tion D. Computation of Investm						
17	Investment income percentage for 2019			13, column (f))			1%
18 10-	Investment income percentage from 2018						%
19a	33 1/3% support tests—2019. If the org						<b>▶</b> X
b	17 is not more than 33 1/3%, check this b 33 1/3% support tests—2018. If the org		-			-	
	line 18 is not more than 33 1/3%, check the						
20	Private foundation. If the organization d	id not check a box	on line 14, 19a, o	or 19b, check this	box and see instru	uctions	'.' <b>▶</b> □

## Schedule A (Form 990 or 990-EZ) 2019 THE S 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

- 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4-		
	4a		
	41		
	4b		
	4c		
	5a		
	5b		
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	8		
	9a		
	9b		
	9c		
	46		
	10a		
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	90 or 990-EZ) 2019 THE SANDBOX A HILTON HEAD		20-0301	<b>794</b> Page <b>6</b>
Part V T	ype III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations	
1 Check	nere if the organization satisfied the Integral Part Test as a qualifying trust on N	lov. 20	), 1970 (explain in Part VI)	. See
instruc	tions. All other Type III non-functionally integrated supporting organizations mu	ust co	mplete Sections A through	E.
Section A - Ad	usted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-t	erm capital gain	1		
2 Recoveries	of prior-year distributions	2		
3 Other gros	s income (see instructions)	3		
4 Add lines	1 through 3.	4		
5 Depreciation	on and depletion	5		
6 Portion of	operating expenses paid or incurred for production or			
collection of gr	ross income or for management, conservation, or			
maintenance of	f property held for production of income (see instructions)	6		
7 Other exp	enses (see instructions)	7		
8 Adjusted	Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Mir	imum 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):			
<b>a</b> Averaç	ge monthly value of securities	1a		
<b>b</b> Averag	je monthly cash balances	1b		
<b>c</b> Fair m	arket value of other non-exempt-use assets	1c		
d Total	(add lines 1a, 1b, and 1c)	1d		
e Disco	unt claimed for blockage or other			
factors (ex	plain in detail in <b>Part VI</b> ):			
2 Acquisition	indebtedness applicable to non-exempt-use assets	2		
3 Subtract lin	ne 2 from line 1d.	3		
4 Cash deer	ned held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instruction	is).	4		
5 Net value	of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply lin	e 5 by .035.	6		
	s of prior-year distributions	7		
8 Minimum	Asset Amount (add line 7 to line 6)	8		
Section C - Dis	tributable Amount			Current Year
1 Adjusted n	et income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85%		2		
3 Minimum a	asset amount for prior year (from Section B, line 8, Column A)	3		
	ter of line 2 or line 3.	4		
	imposed in prior year	5		
	ble Amount. Subtract line 5 from line 4, unless subject to			
	nporary reduction (see instructions).	6		
	nere if the current year is the organization's first as a non-functionally integrated	d Type	e III supporting organization	n (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Schedule A (Form 990 or 990-EZ) 2019

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c Excess from 2017
 d Excess from 2018
 e Excess from 2019

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.)
• • • • • • • • • • • • • • • • • • • •	
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Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

#### **Schedule of Contributors**

u Attach to Form 990, Form 990-EZ, or Form 990-PF. u Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Name of the organization

THE SANDBOX A HILTON HEAD

20-0301794

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
•	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General Rule							
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.						
Special Rules							
regulations under s	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line and that received from any one contributor, during the year, total contributions of the greater of (1) of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributor, during literary, or education	the described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one they ear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.						
contributor, during contributions totale during the year for General Rule app	the year, contributions exclusively for religious, charitable, etc., purposes, but no such d more than \$1,000. If this box is checked, enter here the total contributions that were received an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the lies to this organization because it received nonexclusively religious, charitable, etc., contributions more during the year						
990-EZ, or 990-PF), but it	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, <b>must</b> 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 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) (2019)



Page **2** 

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	\$ 40,033	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	BARGAIN BOX 546 WILLIAM HILTON PARKWAY HILTON HEAD SC 29928	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No. 3	Name, address, and ZIP + 4  BREEDLOVE FOUNDATION 528 PATTERSON ROAD  HENDERSONVILLE NC 28739	Total contributions  \$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	GANT FAMILY CHARITABLE FOUNDATION 475 PARK AVE. SO., SUITE 31FL NEW YORK NY 10016	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
•		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	ivaino, audicoo, and ZiF + 4	\$ CLIE	Person Payroll Noncash (Complete Part II for noncash contributions.)			

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements u Complete if the organization answered "Yes" on Form 990,

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.

2019
Open to Public Inspection

Employer identification number Name of the organization THE SANDBOX A HILTON HEAD 20-0301794 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year \_\_\_\_\_ Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year 4 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? 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. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located  ${f u}$ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 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 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)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the CLIEN 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 ......

		(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			
	Contributions		10,000	56,043		
С	Net investment earnings, gains, and					
	losses	1,773	-3,721			
d	Grants or scholarships					
	Other expenditures for facilities and					
	programs		5,600			
f	Administrative expenses		534			
	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 %
- Term endowment  $\mathbf{u}$  ..... %

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:

(i) Unrelated organizations (ii) Related organizations **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

 3a(i)	X	
 3a(ii)		X
 3b		

Yes No

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

#### Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (b) Cost or other basis (c) Accumulated (d) Book value (a) Cost or other basis depreciation (investment) (other) **1a** Land ..... c Leasehold improvements ..... 88,794 83,369 5,425 5,015 5,015 **d** Equipment 52,22985,510 33,281 38,706 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2019

20-0301794 Schedule D (Form 990) 2019 THE SANDBOX A HILTON HEAD 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 (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) 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.) 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 30,014 BUILDING IN PROCESS (1) (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. (a) Description of liability (b) Book value Federal income taxes (1) (2) (3)(4)(5) (6) (7) (8) (9)

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Sche	dule D (Form 990) 2019 THE SANDBOX A HILTON HEAD	20-	0301794	Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Staten	nents With Rev	enue per Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a	a	
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
		2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4				
		4a		
		4b		
Pa	·			
		Part IV, line 12		
1			1	
		1 1		
a	Donated services and use of facilities			
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	1		
		4a		
		4b		
			5	
	•			
; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional infor	mation.	
• • •				
• • •				
• • •	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total revenue, gains, and other support per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:  a Net unrealized gains (losses) on investments  b Donated services and use of facilities  c Recoveries of prior year grants  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIII.)  c Add lines 4a and 4b  C Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  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.  1 Total expenses and losses per audited financial statements  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  C Other losses  c Other losses  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  2 2a  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
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Speedule D Form 900 2019 THE SANDBOX A HILTON HEAD 20-0301794 Page 5 Part XIII Supplemental Information (continued)	Sched	ule D (F	orm 990) 2019	THE	SANDBOX	A HILTON	HEAD	20-	-0301794	Page <b>5</b>
	Par	t XIII	Supplemen	ntal Inf	formation (co	ontinued)				
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#### SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 **2019** 

Open to Public

Department of the Treasury Internal Revenue Service

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

on. Open to Public Inspection

| Employer identification number

THE SANDBOX A HILTON HEAD	20-0301794				
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					
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  FORM 990 WAS REVIEWED BY BOTH THE EXECUTIVE DIRECTOR AND TREASURER BEFORE IT WAS FILED.  FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THESE DOCUMENTS ARE AVAILABLE UPON REQUEST AND ARE POSTED ON THE GUIDESTAR.ORG WEBSITE.					
FORM 990 WAS REVIEWED BY BOTH THE EXECUTIVE DIRECTOR AND TREASURER BEFORE IT WAS FILED.  FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THESE DOCUMENTS ARE AVAILABLE UPON REQUEST AND ARE POSTED ON THE GUIDESTAR.ORG WEBSITE.					
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  FORM 990 WAS REVIEWED BY BOTH THE EXECUTIVE DIRECTOR AND TREASURER BEFORE IT WAS FILED.  FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THESE DOCUMENTS ARE AVAILABLE UPON REQUEST AND ARE POSTED ON THE GUIDESTAR.ORG WEBSITE.					
FORM 990, PART VI, LINE 19 - GOVERNING DOCU	MENTS DISCLOSURE EXPLANATION				
THESE DOCUMENTS ARE AVAILABLE UPON REQUEST A	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

chment lence No. 1

Name(s) shown on return Identifying number 20-0301794 THE SANDBOX A HILTON HEAD Business or activity to which this form relates INDIRECT DEPRECIATION Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 1,020,000 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 2,550,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 9,016 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2019 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 .... Section B-Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (e) Convention (a) Classification of property placed in (business/investment use (a) Depreciation deduction only-see instructions) 19a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property S/I 25 yrs. MM S/L 27.5 yrs. Residential rental property 27.5 yrs. MM S/L ММ Nonresidential real 39 yrs. S/L property MM 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/I 30-year 30 yrs. NMMS/L d 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 ......

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

For assets shown above and placed in service during the current year, enter the

 $P_{9,016}$ 

THESANDBOX The Sandbox a Hilton Head

20-0301794

Form 990, Page 1

FYE: 12/31/2019

Asset	Description	Date In Service	Cost	Bus %	Sec 179	3 <u>onu</u> s	Basis for Depr	<u>Per</u> (	Conv Meth	Prior	Current
<b>Prior</b> 21 22	MACRS: flooring network camera	12/15/11 11/15/11	4,200 2,230 6,430		X X	X X	0 0		HY 200DB HY 200DB	4,200 2,230 6,430	0 0 0
Other 12 13 14 15 16 17 18 19 20 23 24	COMPUTERS EXHIBITS - 2005 EXHIBITS - 2006 FURNITURE FURNITURE FURNITURE LEASEHOLD IMRPOVEMENTS FURNITURE COMPUTERS Racetrack Exhibit Grocery Store Exhibit  Total Other Depreciation	11/15/05 12/31/05 4/01/06 12/15/05 4/08/06 4/26/06 11/15/05 3/30/06 6/15/08 7/15/15	4,119 26,070 1,568 3,923 168 378 88,794 525 896 23,448 23,000				4,119 26,070 1,568 3,923 168 378 88,794 525 896 23,448 23,000	5 5 5 5 15 5 15	MO S/L	4,119 26,070 1,568 3,923 168 378 77,449 525 896 5,471 4,600	0 0 0 0 0 0 5,920 0 0 1,563 1,533
	Total ACRS and Other Depr	reciation	172,889			:	172,889		=	125,167	9,016
Grand Totals Less: Dispositions and Transfers Less: Start-up/Org Expense Net Grand Totals			179,319 0 0 179,319				172,889 0 0 172,889		-	131,597 0 0 131,597	9,016 0 0 9,016

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12/28/2020

# THESANDBOX The Sandbox a Hilton Head 20-0301794 Bonus Depreciation Report FYE: 12/31/2019 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
	flooring network camera	12/15/11 11/15/11	4,200 2,230		4,200 2,230	0	0	0
		Grand Total	6,430		0	0	0	0

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12/28/2020

THESANDBOX The Sandbox a Hilton Head 12/28/2020

20-0301794 FYE: 12/31/2019 Depreciation Adjustment Report

All Business Activities

						AMT
						Adjustments/
Form	Unit	Asset	Description	Tax	AMT	Preferences

There are no assets that meet the criteria of this report

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20-0301794

THESANDBOX The Sandbox a Hilton Head

Future Depreciation Report FYE: 12/31/20 Form 990, Page 1

FYE: 12/31/2019

Asset	Description	Date In Service	Cost	Tax	AMT
Prior N	ACRS:				
21 22	flooring network camera	12/15/11 11/15/11	4,200 2,230	0	0
			6,430	0	0
Other	Depreciation:				
12 13 14 15 16 17 18 19 20 23 24	COMPUTERS EXHIBITS - 2005 EXHIBITS - 2006 FURNITURE FURNITURE FURNITURE LEASEHOLD IMRPOVEMENTS FURNITURE COMPUTERS Racetrack Exhibit Grocery Store Exhibit	11/15/05 12/31/05 4/01/06 12/15/05 4/08/06 4/26/06 11/15/05 3/30/06 6/15/08 7/15/15 1/15/16	4,119 26,070 1,568 3,923 168 378 88,794 525 896 23,448 23,000	0 0 0 0 0 0 5,425 0 0 1,564 1,534	0 0 0 0 0 0 0 0 0 0
	<b>Total Other Depreciation</b>		172,889	8,523	0
	Total ACRS and Other Depreciation		172,889	8,523	0
	Grand Totals		179,319	8,523	0

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12/28/2020

28. Total liabilities

**30.** Number of voting members of governing body ......

**31.** Number of independent voting members of governing body

32. Number of employees

**29.** Retained earnings

**33.** Number of volunteers

Two Year Comparison Report 2018 & 2019 Form **990** For calendar year 2019, or tax year beginning Taxpayer Identification Number Name 20-0301794 THE SANDBOX A HILTON HEAD 2018 2019 **Differences** 1. 81,652 108,802 27,150 1. Contributions, gifts, grants 2. Membership dues and assessments 2. -14,649 3. Government contributions and grants 54,682 40,033 3. 79,503 122,811 202,314 4. Program service revenue 4. 5. Investment income 5. -3,5055,824 9,329 6. Proceeds from tax exempt bonds 6. 7. 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 8. 9. Net income or (loss) from gaming ..... 9. 3,277 -3,27710. Net gain or (loss) on sales of inventory 10. 11. Other revenue 4,485 1,820 11. -2,66512. Total revenue. Add lines 1 through 11 12. 271,344 368,352 97,008 13. Grants and similar amounts paid 13. 14. Benefits paid to or for members 14. 69,796 64,383 -5,413 **15.** Compensation of officers, directors, trustees, etc. 15. 69,792 **16.** Salaries, other compensation, and employee benefits 16. 147,073 77,281 17. Professional fundraising fees 17. 18. Other professional fees ..... 5,234 4,376 -858 18. 49,624 38,210 11,414 **19.** Occupancy, rent, utilities, and maintenance 19. 9,015 9,016 20. Depreciation and Depletion 20. 21. Other expenses 76,910 94,053 17,143 21. 268,957 22. Total expenses. Add lines 13 through 21 368,525 99,568 22. 2,387 <del>-</del>173 -2,560 23. Excess or (Deficit). Subtract line 22 from line 12 23. 271,344 368,352 24. 97,008 24. Total exempt revenue 25. Total unrelated revenue 25. 82,890 127,068 209,958 26. Total excludable revenue 26. 292,502 285,937 -6,565 27. Total assets 27.

28.

29.

30.

31.

32.

33.

24,976

267,526

11

11

14

18,584

267,353

14

14

29

9

-6,392

-173

Net Fund Balances

117,711

229,401

Form <b>990</b>		Tax Re	turn History			2019
Name THE SANDBO	X A HILTON HE	AD				r Identification Number
	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants		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		-3,164	2,690	7,762	1,820	
Total revenue		348,667	279,727	271,344	368,352	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.		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	4 - 4 - 4	9,016	9,017	9,015	9,016	
Other expenses		72,889	82,671	76,910	94,053	
Total expenses		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	· · · · · · · · · · · · · · · · · · ·	231,385	268,488	292,502	285,937	
Total Liabilities	3,083	1,984	3,349	24,976	18,584	
	110 011	220 401	265 120	267 526	20,301	

265,139

267,526

267,353

THESANDBOX The Sandbox a Hilton Head

Federal Statements

FYE: 12/31/2019

20-0301794

**Taxable Interest on Investments** 

	Description								
		_	Amo	unt	Unrelated Business		Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INVESTMENT	INCOME	- INT	EREST						
		\$		51		14			
INVESTMENT	INCOME -	GAIN	LOSS						
				5,773		14			
TOTAL		\$		5,824					

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THESANDBOX The Sandbox a Hilton Head

20-0301794

# **Federal Statements**

FYE: 12/31/2019

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

Description	E	Total xpenses	Program Service	agement & General	1	Fund Raising
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	\$	18,866	\$ 9,394	\$ 9,472	\$	0

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20-0301794

**Federal Statements** 

FYE: 12/31/2019

# Schedule A, Part III, Line 1(e)

Description	 Amount
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	\$ 148,835

## Schedule A, Part III, Line 2(e)

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

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

D	escription	Amount
INVESTMENT INCOME - INTEREST	\$	51
INVESTMENT INCOME - GAIN LOSS	_	5,773
TOTAL	\$	5,824

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THESANDBOX The Sandbox a Hilton Head

**Federal Statements** 

FYE: 12/31/2019

20-0301794

## Schedule A, Part III, Line 11

Description	Amount
OTHER INCOME LESS: DEDUCTIONS	\$ 1,820 -1,000
TOTAL	\$ 820

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## Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning

, and ending

20-0301794

### THE SANDBOX A HILTON HEAD

	ning of Year			265,139
Revenue				
Contributions	1	36,334		
Program service revenue		22,811		
Investment income		<b>-</b> 3,505		
Capital gain / loss		3,303		
Fundraising / Gaming:				
Gross revenue	8 190			
Direct expenses	8,190 248			
Net income	230	7,942		
Other income		7,762		
Total revenue		1,102	271,344	
Expenses			211,344	
	2	17 251		
Program services		17,351		
Management and general		<u>29,272</u> 22,334		
Fundraising		22,334	0.00 0.57	
Total expenses			268,957	
Excess / (deficit)				2,387
Changes				
Net Asset / Fund Ba	lance at End of Year			267,526
Reconciliation of Re	evenue		Reconciliation of Expen	ises
Total revenue per financial statements		Total expenses r	per financial statements	
Less:		Less:		
Unrealized gains		Donated ser	vices	
Donated services		Prior year ac		
Recoveries		Losses		
Other		Other		
Plus:		Plus:	alaka	
Investment expenses		Investment e	whohoo	
Other				
Total revenue per return	271,344	Other		268.957
Total revenue per return	2/1/044	Total ex	penses per return	200,931
		Balance Sheet		
	Beginning	Ending	Differences	
Assets	268,488	292,502	Dillerences	
Liabilities	3,349	24,976		
Net assets	265,139	267,526	2,387	
ואפנ מסטפנס		201,320		
	Miscellaneous Inf	armation		
		Officiation		
	Amended return  Return / extended due date	11/15/1 <del>9</del>	/~ 1 1 Em N 1 mg	CONV

Form 8879-EO

# IRS *e-file* Signature Authorizatio... for an Exempt Organization

OMB	No.	1545-1878

Department of the Treasury

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

Internal Revenue Service

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

2018

Name of exempt organization	Employer identification number
THE SANDBOX A HILTON HEAD	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	s 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, the	n enter -0- on
the applicable line below. <b>Do not</b> complete more than one line in Part I.	
1a Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 271,344
2a Form 990-EZ check here Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ 🔲 b Balance Due (Form 8868, line 3c)	5b
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 are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the	belief, they
organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return origin	nator (FRO)
to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for	
the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applica	ble, I
authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) enti	
financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasu	
Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial	A CONTRACTOR OF THE PROPERTY O
involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inqu	
resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization	
electronic return and, if applicable, the organization's consent to electronic funds withdrawal.	
Officer's PIN: check one box only	
X Lauthorize JUNECPA to enter my PIN	12245 as my signature
	nter five numbers, but o 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	
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 electronic	ically filed return
If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating char	ities 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 organ	ization
indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized	
Information for Authorized IRS e-file Providers for Business Returns.	
ERO's signature PAMELA JUNE Date 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

Ret of Organization Exempt From In ne Tax

Under section \_\_\_(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.

2018
Open to Public Inspection

<u>A</u>	For the	<u>e 2018 calendar year, or tax year beginning</u>	, and ending			_	
B Check if applicable: C Name of organization							r identification number
	Address ch	hange THE SAI	NDBOX A HILTON HEAD				
	Name char	Doing business as					
		Number and street (or P.O. box if mail is not delivered to street address)  Room					e number 842-7645
Ц	Initial return  18 A POPE AVENUE  City or town, state or province, country, and ZIP or foreign postal code						042-7045
	terminated						075 005
П	Amended r	return F Name and address of a size left and	SC 29928			<b>G</b> Gross rec	eipts \$ 275,825
		F Name and address of principal officer:			H(a) Is this a g	oup return for s	ubordinates? Yes X No
Ш	Application	1111101 11011					
		18 A POPE AVENUE			H(b) Are all su	bordinates inclu	uded? Yes No
		HILTON HEAD ISLA	ND SC 29928		If "No	," attach a list.	(see instructions)
1	Tax-exem	npt status: <b>X</b> 501(c)(3) 501(c) (	) <b>(</b> insert no.) 4947(a)(1) or	527			
J	Website:	▶ WWW.THESANDBOX.ORG			H(c) Group ex	emption numbe	r <b>&gt;</b>
ĸ	Form of o	organization: X Corporation Trust Associ	ation Other	L	Year of formation:	2003	M State of legal domicile: SC
20000000	art I	Summary					
200000		Briefly describe the organization's mission or m	nost significant activities:				
	' -	THE SANDBOX IS DEDICATED !	TO THE POSTTIVE DEVEL	ODMENT OF	VOLING CH	TIDEEN	************************
JCe	19.4	THROUGH EDUCATIONAL PLAY					
nai		COMMUNITY.	IN AN AIMOSFILERE INAI	FOSTERS	BOIN FAMI	HI AND	orententiamentin mit
Activities & Governance	1 2	· · · · · · · · · · · · · · · · · · ·					
တိ		Check this box ▶ ☐ if the organization disco				1	1 1 1
∘ర	3 N	Number of voting members of the governing be	ody (Part VI, line 1a)			3	11
ties	4 1	Number of independent voting members of the	governing body (Part VI, line 1b)			4	11
Ξ	5 1	Total number of individuals employed in calend	lar year 2018 (Part V, line 2a)			5	14
Act		Total number of volunteers (estimate if necess				6	6
	7a 1	Total unrelated business revenue from Part VII	II, column (C), line 12			7a	0
	b١	Net unrelated business taxable income from Fo	orm 990-T, line 38		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7b	0
					Prior Y		Current Year
ō	8 (	Contributions and grants (Part VIII, line 1h) $\dots$		0,121	136,334		
enc	9 F	Program service revenue (Part VIII, line 2g)	12	0,963	122,811		
Revenue	10	Investment income (Part VIII, column (A), lines	3, 4, and 7d)			6,557 2,086	-3,505
2	11 (	Other revenue (Part VIII, column (A), lines 5, 6	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				15,704
		Total revenue – add lines 8 through 11 (must e			27	9,727	271,344
	13 (	Grants and similar amounts paid (Part IX, colu	mn (A), lines 1–3)				0
		Benefits paid to or for members (Part IX, colun					0
10	15 5	Salaries, other compensation, employee benef	fits (Part IX, column (A), lines 5–10)		10	6,438	139,588
Expenses	162 5	Salaries, other compensation, employee benef Professional fundraising fees (Part IX, column Total fundraising expenses (Part IX, column (D Other expenses (Part IX, column (A), lines 11a	(Δ) line 11e)	************			0
ben	h 7	Total fundraising expenses (Part IX, column (F	1) line 25) <b>22</b>	334			
X	17	Other expenses (Part IX, column (A), lines 11a	2-11d 11f-24e)	/	13	37,551	129,369
		Total expenses. Add lines 13–17 (must equal I				13,989	268,957
		Revenue less expenses. Subtract line 18 from				35,738	
7.	2	rvevenue less expenses. Subtract line 10 from	illie 12		Beginning of C		End of Year
ets (	20 7	Total assets (Part X, line 16)				8,488	
Net Assets or	21 7	Total liabilities (Dort V. line OC)				3,349	
Net	32 1	Net assets or fund balances. Subtract line 21 f	rom lino 20		26	55,139	
	art II	Signature Block	Tom line 20			,,,,,,,	201,320
-							Line and Allert Mark of the
		nalties of perjury, I declare that I have examined this ect, and complete. Declaration of preparer (other tha				of my knowie	age and belief, it is
-	,	N Company Country of Property (caret and		mon proparor nac	any knowledge.		
c:		Signature of officer				Date	
	gn			EVECT			
He	ere	NANCY FISH		EXECU	TIVE DI	RECTOR	(
-		Type or print name and title					
D-	id	Print/Type preparer's name	Preparer's signature		Date	Check	
Pa		PAMELA JUNE	PAMELA JUNE		11/1	5/19 self-er	
	eparer	Firm's name JUNECPA				Firm's EIN	20-4046229
US	e Only	99 MAIN STR					
		Firm's address   HILTON HEAD	ISLAND, SC 2992	6		Phone no.	843-842-6500
Ма	y the IR	S discuss this return with the preparer shown	above? (see instructions)				X Yes No
For DAA		ork Reduction Act Notice, see the separate instr	uctions.				Form <b>990</b> (2018)
-, 0							

		Page 2
Pa	tilli Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:	
	HE SANDBOX IS DEDICATED TO THE POSITIVE DEVELOPMENT OF YOUNG CHILDREN	
	ROUGH EDUCATIONAL PLAY IN AN ATMOSPHERE THAT FOSTERS BOTH FAMILY AND	
	OMMUNITY.	
Ŭ		
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X 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?	X 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 \$ 217,351 including grants of \$ ) (Revenue \$ 122,8	311
M C W D N S C	RAFTS SPECIFICALLY DESIGNED TO STIMULATE CURIOSITY, EVOKE CREATIVITY AND CONTIVATE LEARNING IN CHILDREN AGED EIGHT AND UNDER. WE BELIEVE THAT HILDREN LEARN ABOUT LOVE, TRUST AND SELF-WORTH THROUGH INTERACTIVE PLAY ITH A PARENT OR CARE GIVER. THIS IS ESPECIALLY CRITICAL FOR THE EVELOPMENT OF YOUNG CHILDREN UNDER THE AGE OF EIGHT. PLAY PROVIDES A ATURAL OPPORTUNITY FOR THESE RELATIONSHIPS TO FORM AND STRENGTHEN. WE TRIVE TO PROVIDE A STIMULATION, PROGRESSIVE SETTING FOR CHILDREN AND THE ARE GIVERS TO PLAY TOGETHER.  (Code: )(Expenses \$ including grants of \$ ) (Revenue \$ /A	EIR
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
N	/A	
	·	
	•	
4.1	Others are recorded (Paradha in Orbada) O	
4d	Other program services (Describe in Schedule O.)	
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 217,351	

Form 990 (2018) THE SANDBOX A H CON
Part IV Checklist of Required Schedules

	Oncomic of Required Concounce			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		4	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			-0
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		- 23	v
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			x
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		A
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40	v	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		37	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	77
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		7 7	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	. 4	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	-10		
		16		x
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	-10		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	D-41/11 15 4 10.0 (17)/ 11 14.0 1.1 1.0 D.41/	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	7.1	
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	-	-22
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		1124
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	Some government on Factor, Column (77), and Fill Foo, Complete Collecture I, Falls Fally II	41		1 42

Form 990 (2018) THE SANDBOX A H. ON HEAD

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			37
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
С	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		Sans C
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27	196900000000	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):			77
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b		x
С	Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		- 22
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			77
	or IV, and Part V, line 1	34		X
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		A
b		256		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
30	rolated examination? If "Ven " complete Caledyla D. Davit V. line ?	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 41
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
P	art V Statements Regarding Other IRS Filings and Tax Compliance		-	
7	Check if Schedule O contains a response or note to any line in this Part V			
		Secondary	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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		77	
( <del>m)</del>	reportable gaming (gambling) winnings to prize winners?	1c	X	

Form 990 (2018) THE SANDBOX A H ON HEAD 20-0301, 9

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

	Statements Regarding Other INS Fillings and Tax Compilance (continu	<del>c</del> u/				84
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				Yes	No
	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?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority o	over.			
	a financial account in a foreign country (such as a bank account, securities account, or other financial ac			4a		X
b	If "Yes," enter the name of the foreign country: ▶	,				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial According to the contract of the contract o	ounts (	FBAR).			
5a	Was the organization a party to a prohibited tay shallon to prohibited to the law to a start of the device the tay and a start of the s			5a	1	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction					X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	200				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions					
	gifts were not toy deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds				
	and services provided to the payor?			7a	00000000000	00000000000
b	If "Va = " slid the annual state with the slave of the sl			71.		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contr			7e	<u> </u>	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			70		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by					
	spensoring organization have expense hydrogen heldings at any time during the year?			8		1
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the energying experimental make any toyohla distributions under section 40002			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	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 1	041?		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.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any navments for indeer tanging convices during the tay year?			14a		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					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	ome?	CLIENT	CO 16		X
	If "Yes," complete Form 4720, Schedule O.		may remove a streeting it. W. S.	3007 3		
			The second second second		and the second second	

Form 990 (2018) THE SANDBOX A H ON HEAD 20-030, 94 Page 6 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 Yes No Enter the number of voting members of the governing body at the end of the tax year 11 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 11 b 1b 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 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a Each committee with authority to act on behalf of the governing body? X 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 in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 X 13 Did the organization have a written document retention and destruction policy? 14 X 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? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a 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 List the states with which a copy of this Form 990 is required to be filed ▶ 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 in Schedule O)
- 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.
- State the name, address, and telephone number of the person who possesses the organization's books and records 20

CAROLINE RINEHART

HILTON HEAD ISLAND

18A POPE AVENUE

SC 29928

843-842-7645

DAA

Form 990 (2018)

# 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.

(A) Name and Title	(B) Average hours per week (list any	bo	x, unle	ess pe	ition more rson is	than on s both a /trustee	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) KERI OLIVETTI	2 00									
DDDG TDDD	2.00	32	î î.,	37						
PRESIDENT	0.00	X		X			_	0	0	
(2) JIM GANT	2.00									
WIGE DDEGIDENE	0.00	37		37					0	
VICE PRESIDENT (3) JASON T. STEVENS		X		X				0	0	
(3) DASON 1. SIEVENS	2.00									
IDEA CHOED	0.00	₹.		v	1				0	
TREASURER (4) JEANNIE CERRATI	0.00	X		X			-	0	0	
(4) DEANNIE CERRAII	1.00									
SECRETARY	0.00	x		x					0	
(5) LYNN KING	0.00	^		A				0	0	(
(5) HINN KING	1.00									
DIRECTOR	0.00	x						o	0	
(6) LENORE GLEASON	0.00	122		-77						
(6)	1.00									
DIRECTOR	0.00	x						0	О	
(7) DRU BROWN										
(1/21/6 21/6/12)	1.00			177						
DIRECTOR	0.00	X		20			- 1	0	0	(
(8) SUSIE DOLAN	0.00									<u> </u>
(0,00000	1.00									
DIRECTOR	0.00	X					1	0	0	
(9) AMANDA WALTERS						113				
	1.00									
DIRECTOR	0.00	X						0	o	
10) LYNN CUCCARO										
	1.00		-4							
DIRECTOR	0.00	X	T					0	CHENTO	OPY (
11) DAVE LANG										A The Market of the Control of the C
	1.00			LE,						
DIRECTOR	0.00	X						0	0	

Form 990 (2018) THE SANDBOX- A HILTON HEAD 20-030-94 Page 8 Section A. Officers, Directors, 7 ees, Key Employees, and Highest Compensated Joyees (continued) (C) (D) (E) (F) Name and title Position Reportable Reportable Estimated Average (do not check more than one hours per compensation compensation from amount of box, unless person is both an from related other week (list any officer and a director/trustee) the organizations compensation (W-2/1099-MISC) organization from the hours for Individual or director Institutional trustee Key employee (W-2/1099-MISC) related organization lighest compensatec mployee and related organizations below dotted organizations trustee line) (12)CAROLINE RINEHART 40.00 0.00 DIRECTOR OPERATIONS X 0 0 42,903 NANCY FISH (13)40.00 EXECUTIVE DIRECTOR 0.00 X 26,894 0 0 69,797 Sub-total ..... Total from continuation sheets to Part VII, Section A 69,797 Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such X 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person X Section B. Independent Contractors 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. (C) Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

1000000	monom.	Check	if Schedule C	contains a	response o	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
Gifts, Grants lar Amounts	1a b c d	Federated can Membership d Fundraising ev Related organi	ues rents	1a 1b 1c 1d					
Contributions, Gifts, Grants and Other Similar Amounts	e f g	Government grants All other contribution and similar amounts Noncash contribution	s, gifts, grants,	1e   1f   5	54,682 81,652				
	h	Total. Add line	s 1a–1f			136,334			
Program Service Revenue	2a b	MUSEUM A	ADMISSIONS/PR	OGRAMS	Busn. Code 611710	122,811	122,811		
ram Servic	c d e								
Prog			am service reven s 2a-2f		•	122,811			
	3	Investment inc	ome (including di ar amounts)	ividends, intere	st,	-3,505			-3,505
e Te	4		vestment of tax-						
	5		(i) Real		Personal			*	
	6a b	Gross rents Less: rental exps.							
	С	Rental inc. or (loss)							
	d 7a	Net rental inco Gross amount from sales of assets other than inventory	me or (loss) (i) Securities		ii) Other				
		Less: cost or other basis & sales exps. Gain or (loss)							
	d	Net gain or (los	ss)		<b>)</b>				
Other Revenue		(not including \$ of contributions r See Part IV, line	om fundraising even eported on line 1c). 18 penses		8,190 248				
0	С	Net income or	(loss) from fundr			7,942			
	9a	Gross income from See Part IV, line	om gaming activities	0.24					
	b	Less: direct ex		. a					
			(loss) from gamir						
	b		owances oods sold	, b	7,510 4,233	0.000			
	С		(loss) from sales	of inventory	Busn. Code	3,277	3,277		
	11a b	OTHER INC	OME	***********		4,485			4,485
	С								
	d	All other reven	ue					HENT OF	)PY
		Total. Add line			AND RESIDENCE AND CO. LONG.	4,485			
	12	i otal revenue	. See instructions	3		271,344	126,088	0	980

### 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, (D) Fundraising (B) Total expenses Program service Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees ..... 69,796 50,952 7,677 11,167 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages ..... 58,674 7 42,832 6,454 9,388 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits Payroll taxes ..... 11,118 8,116 1,223 1,779 Fees for services (non-employees): Management ..... b Legal 4,650 2,325 2,325 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... 584 584 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion ..... 39,409 39,409 12 Office expenses 314 283 31 Information technology 14 15 Royalties 38,210 34,504 3,706 Occupancy 16 421 421 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates ..... 21 Depreciation, depletion, and amortization 8,423 9,015 22 592 4,456 23 Insurance 4,010 446 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.) PROGRAM COSTS 26,076 26,076 **ADMINISTRATION** 6,234 6,234 C d All other expenses 268,957 29,272 25 Total functional expenses. Add lines 1 through 24e 217,351 22,334 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 following SOP 98-2 (ASC 958-720)

Part )						<u> </u>	
	Check if Schedule O contains a response or note	to any line in t	his Part X				
				(A)		(B)	
14	Cook manipharathania			Beginning of year		End of year	
1	Cash—non-interest bearing			120,270 71,594		147,251	
2	Savings and temporary cash investments		71,394	7 31 15	67,211		
3	Pledges and grants receivable, net			3	303		
4	Accounts receivable, net				4	303	
5	Loans and other receivables from current and former o						
	trustees, key employees, and highest compensated em						
6	Complete Part II of Schedule L			5			
0	Loans and other receivables from other disqualified per						
	4958(f)(1)), persons described in section 4958(c)(3)(B) sponsoring organizations of section 501(c)(9) voluntary						
					•		
Assets	organizations (see instructions). Complete Part II of Sci	ledule L			7		
ASS 8	Notes and loans receivable, net Inventories for sale or use				8		
9	Dranaid aynanasa and deferred shares				_		
. 1	Land, buildings, and equipment: cost or				9		
104		100	179,319				
h	other basis. Complete Part VI of Schedule D  Less: accumulated depreciation	401	131,597	56,737	40-	47,722	
11		30,737	10c	41,122			
12	Investments—publicly traded securities Investments—other securities. See Part IV, line 11		12				
13	Investments—program-related. See Part IV, line 11			13			
14	Internalible assets			14			
15	Intangible assets Other assets See Part IV line 11	19,887		30,015			
16	Other assets. See Part IV, line 11  Total assets. Add lines 1 through 15 (must equal line 3)		268,488		292,502		
17	Accounts payable and accrued expenses		3,349		2,069		
18				3,313	18	2,003	
19	D-f - 1				19	22,907	
20	Terrore and be and the 1990 and				20	22/301	
21	Escrow or custodial account liability. Complete Part IV	of Schedule D			21		
22	Loans and other payables to current and former officers						
iji.	trustees, key employees, highest compensated employ						
Liabilities	disqualified persons. Complete Part II of Schedule L				22		
تّا <sub>23</sub>	Secured mortgages and notes payable to unrelated thin	d parties			23		
24	Unsecured notes and loans payable to unrelated third p	ortica			24		
25	Other liabilities (including federal income tax, payables						
	parties, and other liabilities not included on lines 17-24)						
	of Schedule D				25		
26	Total liabilities. Add lines 17 through 25			3,349	26	24,976	
	Organizations that follow SFAS 117 (ASC 958), che		X and	, , , , , , , , , , , , , , , , , , , ,		,	
es es	complete lines 27 through 29, and lines 33 and 34.						
E 27	Unrestricted net assets			80,557	27	91,195	
g 28	Temporarily restricted net assets			159,582	28	146,331	
29	Permanently restricted net assets			25,000	29	30,000	
교	Organizations that do not follow SFAS 117 (ASC 98						
Net Assets or Fund Balances 27 28 29 30 31 32	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 equipmen	nt fund			31		
<b>5</b> 32	Retained earnings, endowment, accumulated income,	etained earnings, endowment, accumulated income, or other funds					
33	Total net assets or fund balances			265,139		267,526	
34	Total liabilities and net assets/fund balances			268,488	34	292,502	

Form **990** (2018)

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2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3	71, 68, 2,	344 957 387 139
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 5	58, 2,	957 387
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 5	58, 2,	957 387
2 Potal expenses (must equal Part IX, column (A), line 25)  3 Revenue less expenses. Subtract line 2 from line 1  4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  5 Net unrealized gains (losses) on investments  5	2,	387
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments	2,	387
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  5 Net unrealized gains (losses) on investments  5		
5 Net unrealized gains (losses) on investments 5		
6 Donated services and use of facilities		
7 Investment expenses 7		
8 Prior period adjustments		
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))	57 .	526
Part XII Financial Statements and Reporting		
Check if Schedule O contains a response or note to any line in this Part XII		2.5
	Yes	No
1 Accounting method used to prepare the Form 990: X Cash Accrual 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?	X	annerene.
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:		
X Separate basis Consolidated basis Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		
separate basis, consolidated basis, or both:		
Separate basis Consolidated basis Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	.000000000	.000000000
of the audit, review, or compilation of its financial statements and selection of an independent accountant?	- 51	
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	ansonouties	neengestide.
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.		
Fon		

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### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Pu charity Status and Public Capport

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Nam	e of the	e organization	THE	SANDBOX	A HILTON HEAD			Employer identi 20-030	
P	art	Reas			y Status (All organizations	s must co	mplete th		
The	orga				ise it is: (For lines 1 through 12, c			io parti) ded indiraction	<u>.</u>
1					ssociation of churches described i			(i).	
2					)(A)(ii). (Attach Schedule E (Forn				
3					vice organization described in sec				
4					ed in conjunction with a hospital c			0(b)(1)(A)(iii). Enter the hosp	ital's name.
		city, and state						· · · · · · · · · · · · · · · · · · ·	
5		An organizati	on operate	d for the benefit	t of a college or university owned	or operated	by a govern	mental unit described in	
				). (Complete Pa					
6					governmental unit described in se	ection 170	(b)(1)(A)(v).		
7		An organizati described in	on that nor section 17	mally receives a 0(b)(1)(A)(vi).	a substantial part of its support fro Complete Part II.)	m a govern	nmental unit	or from the general public	
8		A community	trust desc	ribed in <b>section</b>	170(b)(1)(A)(vi). (Complete Part	t II.)			
9					escribed in section 170(b)(1)(A)(		d in conjunct	ion with a land-grant college	
		or university	or a non-la	nd-grant college	e of agriculture (see instructions).	Enter the n	ame, city, ar	nd state of the college or	
	32	university:							
10	X	An organizati	on that nor	mally receives:	(1) more than 33 1/3% of its supp empt functions—subject to certain	ort from co	ntributions, i	membership fees, and gross	
					and unrelated business taxable in				
		acquired by the	ne organiza	ation after June	30, 1975. See section 509(a)(2).	. (Complete	Part III.)	tax) irom businesses	
11					d exclusively to test for public safe			(4).	
12					d exclusively for the benefit of, to p				
		of one or mor	e publicly s	supported organ	nizations described in section 509	9(a)(1) or s	ection 509(	a)(2). See section 509(a)(3).	
		Check the bo	x in lines 1	2a through 12d	that describes the type of support	ting organiz	ation and co	emplete lines 12e, 12f, and 12	g.
	а				perated, supervised, or controlled				
					ower to regularly appoint or elect		f the directo	rs or trustees of the	
	b				complete Part IV, Sections A a				
	D				supervised or controlled in connec orting organization vested in the s				
					te Part IV, Sections A and C.	arric persor	iis that conti	or or manage the supported	
	С				supporting organization operated	d in connec	tion with, an	d functionally integrated with.	
		its suppo	rted organi	zation(s) (see ir	nstructions). You must complete	Part IV, S	ections A, D	), and E.	
	d				ed. A supporting organization ope				
					he organization generally must sa				
					must complete Part IV, Sectio				
	е	Check the	is box if the Ilv integrate	e organization re ed or Type III n	eceived a written determination fro on-functionally integrated support	om the IRS	that it is a Ty	ype I, Type II, Type III	
	f			ported organiza		ing organiza	ation.		
	g	Provide the fo	ollowing inf	ormation about	the supported organization(s).				
	(i) Nam	ne of supported		(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	or	ganization			(described on lines 1–10		ur governing	support (see	other support (see
					above (see instructions))		iment?	instructions)	instructions)
/ A !						Yes	No		
(A)	)								
(B	<u> </u>								
(1)	,								
(C	)								
,,,	,		-						
(D	)								
•									
(E)	)								
								CHENT	COPY
			\$447777444745555555						

Schedule A (Form 990 or 990-EZ) 2018 Part II

NDBOX A HILTON HEAD

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 4 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 Gross receipts from related activities, etc. (see instructions) 12 12 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 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 14 Public support percentage from 2017 Schedule A, Part II, line 14 15 15 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 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 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 \_\_\_\_\_ 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 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.

Sec	tion A. Public Support	quality under th	ie tests listed be	slow, please col	inplete Fart II.,		
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</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		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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						1,488,439
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</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						
С	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, check this box and stop here tion C. Computation of Public Su	organization's first, s					
15				U)		45	0/
16	Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche	dule A Part III line	by line 13, column ( 15	1))		15	99.55 %
_	tion D. Computation of Investme	nt Income Per	centage			16	99.53%
17	Investment income percentage for 2018 (li			olumn (f))		17	%
18	Investment income percentage from 2017	Schedule A, Part III,	11 4 7				%
19a	33 1/3% support tests—2018. If the orga	nization did not ched	ck the box on line 14	, and line 15 is mor	re than 33 1/3%, a	nd line	
b	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2017. If the orga	x and <b>stop here.</b> The	ne organization qua	lifies as a publicly su	upported organizat	ion	<b>&gt;</b> X
	line 18 is not more than 33 1/3%, check thi						Y • 🗆
20	Private foundation. If the organization did						<b>&gt;</b> [

### Schedule A (Form 990 or 990-EZ) 2018 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

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- 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.
- 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.
- 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)
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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).
- 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.
- 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.
- 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.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
***********		
636666666		
2	1	
		******
3a		
		********
3b		
3с		2
4a		
4a		5000000000
4b		14-11
The state of the s		evitaviososis.
4c		
5a	***************************************	00000000000000
5b		
5c		
6		
	(10000000000000000000000000000000000000	99999999
	***************************************	**********
7		
8		
	***************************************	
9a		
9b		
9c		
30		5000000000
10a		
10a		
10a		

⊢ ra	Supporting Organizations (continued)	- Company of the Comp
11 a	Has the organization accepted a gift or contribution from any of the following persons?  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?	Yes No
b	사고 있다. 그리고 있는 그리고 그러고 있는데 이번 그리고 있다면 하다 하는데 그리고 있다. 그리고 있는데 그리고 있다면 하다 하는데 그리고 있는데 그리고 있는데 그리고 있다. 그리고 있는데 그리고 그리고 있다.	11b
С	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
Sect	ion B. Type I Supporting Organizations	1110
		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
Sect	ion 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
Sect	ion 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	
. 6	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	
Socti	supported organizations played in this regard.	3
4	ion E. Type III Functionally-Integrated Supporting Organizations	
' -	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	
a b	The organization satisfied the Activities Test. Complete line 2 below.	
c	The organization is the parent of each of its supported organizations. Complete line 3 below.	
·	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ns).
2 /	Activities Test. Answer (a) and (b) below.	[V ] N
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Yes No
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>	
	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.	20
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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.	20
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	
	trustees of each of the supported organizations? <i>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	Ju .
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b
	1 / January and rogard.	1 1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	a Organizatio	20-0301	7 94 Page 6
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust	on Nov. 20, 1970	(explain in Port VI) See	
instructions. All other Type III non-functionally integrated supporting organizatio	ns must complete	Sections A through F	
Section A - Adjusted Net Income	ne made complete	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(optional)
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)
Aggregate fair market value of all non-exempt-use assets (see			(optional)
instructions for short tax year or assets held for part of year):			
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 integr		orting argenization /	

Schedule A (Form 990 or 990-EZ) 2018

instructions).

	ule A (Form 990 or 990-EZ) 2018	ILTON HEAD	20-0303	L <b>794</b> Page
Fal	Type III Non-Functionally Integrated 509(a)(	(3) Supporting Organization	tions (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	rnoses		
2	Amounts paid to perform activity that directly furthers exempt purpo	oses of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su	upported 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 organ	nization 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		0	
	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			7 unount for 2010
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	0.1		
a	From 2013			
b	From 2014			
	From 2015			
d	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
С	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:			
	Excess from 2014			
b	Excess from 2015			



c Excess from 2016 d Excess from 2017 e Excess from 2018

Schedule A (Forn	n 990 or 990-EZ) 2018	THE	ANDBOX 2	A	HILTON	HEAD	20-0301794	Page 8
Part VI	B, lines 1 and 2; F 3a, and 3b; Part \	r, Section A, Part IV, Sect /, line 1; Pai	Provide the e , lines 1, 2, 3 tion C, line 1 rt V, Section	b, ; P	olanations i 3c, 4b, 4c, Part IV, Sec line 1e; Pa	required 5a, 6, 9a tion D, lir	by Part II, line 10; Part II, line 17a or a, 9b, 9c, 11a, 11b, and 11c; Part IV, nes 2 and 3; Part IV, Section E, lines 5tion D, lines 5, 6, and 8; and Part V, mation. (See instructions.)	17b; Part Section 1c. 2a. 2b
	******************							****************
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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

### Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Name of the organization

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

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

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

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).

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

Name of organization

# THE SANDBOX A HILTON HEAD

PAGE 1 OF 1

Employer identification number 20-0301794

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(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 X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
2	BARGAIN BOX 546 WILLIAM HILTON PARKWAY HILTON HEAD SC 29928	Total contributions  \$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
3	BREEDLOVE FOUNDATION 528 PATTERSON ROAD HENDERSONVILLE NC 28739	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	GLEASON FAMILY FOUNDATION 67 MARK DRIVE SAN RAFAEL CA 94903	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	*	s CLIE	Person Payroll Noncash (Complete Part II for noncash contributions.)

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

pplemental 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

Open to Public Inspection

Employer identification number

THE SANDBOX A HILTON HEAD		20-0	301794
Part I Organizations Maintaining Donor Advised Funds Complete if the organization answered "Yes" on Forr	or Other Similar Funds or m 990, Part IV, line 6.	Accounts	3.
	(a) Donor advised funds	(	b) Funds and other accounts
1 Total number at end of year			
Aggregate value of contributions to (during year)			
Aggregate value of grants from (during year)			
4 Aggregate value at end of year			
bid the organization inform all donors and donor advisors in writing that the a	ssets held in donor advised		
funds are the organization's property, subject to the organization's exclusive I	egal control?		Yes
bid 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 advi	sor, or for any other purpose		
conferring impermissible private benefit?			Yes
Complete if the organization answered "Yes" on Forr	n 990, Part IV, line 7.		
1 Purpose(s) of conservation easements held by the organization (check all tha	t apply).		
Preservation of land for public use (e.g., recreation or education)	Preservation of a historically im	portant land	area
Protection of natural habitat	Preservation of a certified histo		
Preservation of open space			
2 Complete lines 2a through 2d if the organization held a qualified conservation	contribution in the form of a conser-	vation	
easement on the last day of the tax year.			Held at the End of the Tax
a Total number of conservation easements		2a	
b Total acreage restricted by conservation easements		2h	
realiser of conservation easements on a certified historic structure included in	ı (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and	not on a		
historic structure listed in the National Register  Number of conservation easements modified transferred released outling the		2d	
Number of conservation easements modified, transferred, released, extinguis	hed, or terminated by the organization	on during the	
tax year			
4 Number of states where property subject to conservation easement is located			
Does the organization have a written policy regarding the periodic monitoring,	inspection, handling of		
violations, and enforcement of the conservation easements it holds?			Yes
Staff and volunteer hours devoted to monitoring, inspecting, handling of violati	ons, and enforcing conservation ea	sements duri	ng the year
· · · · · · · · · · · · · · · · · · ·			
7 Amount of expenses incurred in monitoring, inspecting, handling of violations,	and enforcing conservation easeme	ents during th	e year
Ψ			
B Does each conservation easement reported on line 2(d) above satisfy the requ	uirements of section 170(h)(4)(B)(i)		
and section 170(h)(4)(B)(ii)?			Yes
the organization reports conservation easements in	its revenue and expense statement	and	
balance sneet, and include, if applicable, the text of the footnote to the organiz	ation's financial statements that des	cribes the	
organization's accounting for conservation easements.			
Part III Organizations Maintaining Collections of Art, Hist Complete if the organization answered "Yes" on Form	orical Treasures, or Other 990, Part IV, line 8.	Similar A	ssets.
a If the organization elected, as permitted under SFAS 116 (ASC 958), not to re	oort in its revenue statement and ba	lance sheet	
works of art, historical treasures, or other similar assets held for public exhibiting	on, education, or research in further	ance of	
public service, provide, in Part XIII, the text of the footnote to its financial state	ments that describes these items.		
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report	in its revenue statement and balance	e sheet	
works of art, historical treasures, or other similar assets held for public exhibition	on, education, or research in further	ance of	
public service, provide the following amounts relating to these items:			
(i) Revenue included on Form 990, Part VIII, line 1		•	\$
(-) The standard in Form 550, Fall X			\$s
is the organization received of field works of art, flistorical treasures, or other s	imilar assets for financial gain, provi	de the	COPY
following amounts required to be reported under SFAS 116 (ASC 958) relating	to these items:		V V 1 1
a Revenue included on Form 990, Part VIII, line 1		•	\$
The medical art of the coo, I dit X			\$ \$
r Paperwork Reduction Act Notice, see the Instructions for Form 990.			Schedule D (Form 990) 20

Scriedule	D (Form 990) 2018 THE SAND	A HILTON	N HEAD		0-0301794		Doo	
Part I	II Organizations Maintainin	g Collections of A	rt, Historical Tr	easures. c	or Other Similar As	sets (continu	Pag	e A
3 Us	ing the organization's acquisition, accessi	on, and other records, c	heck any of the follow	ving that are a	significant use of its	sets (contint	ieu)	-
col	llection items (check all that apply):		The second secon	ving that are a	Significant use of its			
a	Public exhibition	d L	oan or exchange prog	grams				
b	Scholarly research							
С	Preservation for future generations		***************		*******************			
4 Pro	ovide a description of the organization's co	ollections and explain ho	w they further the ora	ranization's ex	rempt purpose in Dort			
XII	I.	and originally file	water are org	gariizadori s 67	empt purpose in Part			
<b>5</b> Du	ring the year, did the organization solicit o	r receive donations of ar	t historical treasures	or other sim	ilor			
ass	sets to be sold to raise funds rather than to	n be maintained as part	of the organization's	s, or other sim	ııdı			
Part I	V Escrow and Custodial Ar	rangemente	of the organization's t	collection?	<u> </u>	Y	es	No
300000000000000000000000000000000000000	Complete if the organizatio		on Form 000 Ba	rt IV/ line O				
	990, Part X, line 21.	manswered 165 (	on rollingso, Fal	rt iv, iine 9	, or reported an amo	on Form	1	
1a Ist	the organization an agent, trustee, custodi	an or other intermedian	for contain the	d .				
inc	luded on Form 990. Part X?	arror other intermediary	ior contributions or o	iner assets no	Dt .	П.		
b If "	luded on Form 990, Part X? Yes," explain the arrangement in Part XIII	and complete the follow	ina tahla.		******************	Y	es	No
	arangoment in a tangoment in a tangoment	and complete the follow	ing table:		Г			_
c Be	ginning halance					Amour	)t	_
d Add	ginning balance				1c			_
e Dis	ditions during the year				1d		Secretario de	
C DIS	dibutions during the year				1e			
22 Did	ding balance				1f			
Za Diu	i the organization include an amount on Fe	orm 990, Part X, line 21,	for escrow or custod	ial account lia	bility?	Y	es 📗 l	No
Part \	Yes," explain the arrangement in Part XIII.	Check here if the explai	nation has been provi	ided on Part X	(III			
raits			F 000 F					
	Complete if the organizatio			t IV, line 10	0.			
4- 0-		(a) Current year	(b) Prior year	(c) Two year	s back (d) Three years	back (e) Fou	ır years back	<
Ta Be	ginning of year balance	56,043						
b Co	ntributions	10,000	56,043					
	t investment earnings, gains, and							
loss	ses	-3,721				P. T. B.		
d Gra	ants or scholarships							
e Oth	er expenditures for facilities and							
pro	grams	5,600						
<b>f</b> Adr	ministrative expenses	534						T
g End	d of year balance	56,188	56,043					
2 Pro	vide the estimated percentage of the curre	ent year end balance (lin	ne 1g, column (a)) hel	ld as:				
	ard designated or quasi-endowment	46.61%						
	manent endowment ► 53.39 %							
	nporarily restricted endowment	%						
	percentages on lines 2a, 2b, and 2c show							
3a Are	there endowment funds not in the posses	ssion of the organization	that are held and adr	ministered for	the			
orga	anization by:					12712	Yes N	0
(i)	unrelated organizations					3a(i)	X	
						2-(::)		ζ
b If "Y	es" on line 3a(ii), are the related organiza	tions listed as required of	on Schedule R?			3b		-
4 Des	cribe in Part XIII the intended uses of the	organization's endowme	ent funds		*******************			
Part V	Land, Buildings, and Equ							_
	Complete if the organization		n Form 990 Part	t IV line 11	a See Form 000 B	art V line 10		
	Description of property	(a) Cost or other basis	s (b) Cost or ot					
		(investment)	(other		(c) Accumulated depreciation	(d) Book	value	
1a Lan	d	The second secon		.,	deprediation			_
<b>b</b> Build	dings			***		<u> </u>	100	
c Lea	sehold improvements			20 704	77 440		11 0 -	_
d Fau	ipment			5,015	77,449		L1,34	5
e Othe	er			35,013	5,015		26 25	
	l lines 1a through 1e. (Column (d) must ed		olumn (R) line 10= \	33,310	49,133	A SECULATION OF THE PARTY OF TH	36,37	
		dadi i Oilli 990, Part X, C	olullili (B), line 10c.)			I I I V I	17.72	2

	(a) Description of security or category	(b) Book value	line 11b. See Form 990, Part X, line 12.	
	(including name of security)	(4) 2001 1440	Cost or end-of-year market value	
(1) Financial				
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(G)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			3838388
Part VIII	Investments—Program Related.			
***************************************	Complete if the organization answered "Yes" on	Form 990 Part IV I	ine 11c See Form 990 Part Y 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)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			00000000
Part IX	Other Assets.			
		Form 990 Part IV I	ing 11d Sag Form 000 Dort V line 15	
1	Complete if the organization answered "Yes" on	Form 990, Part IV, I		
(1)	Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, I	(b) Book value	015
(1) (2)	Complete if the organization answered "Yes" on	Form 990, Part IV, I		015
A Proposition of the Proposition	Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, I	(b) Book value	015
(2)	Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, I	(b) Book value	015
(2)	Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, I	(b) Book value	015
(2) (3) (4) (5) (6)	Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, I	(b) Book value	015
(2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, I	(b) Book value	015
(2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, I	(b) Book value	015
(2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" on  (a) Description  BUILDING IN PROCESS	Form 990, Part IV, I	(b) Book value 30,	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Complete if the organization answered "Yes" on  (a) Description  BUILDING IN PROCESS   (b) must equal Form 990, Part X, col. (B) line 15.)	Form 990, Part IV, I	(b) Book value	
(2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" on  (a) Description  BUILDING IN PROCESS   (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.		(b) Book value 30,	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Complete if the organization answered "Yes" on  (a) Description  BUILDING IN PROCESS   (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on		(b) Book value 30,	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Complete if the organization answered "Yes" on  (a) Description  BUILDING IN PROCESS   (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, I	(b) Book value 30,	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Complete if the organization answered "Yes" on  (a) Description  BUILDING IN PROCESS   To (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on line 25.  (a) Description of liability		(b) Book value 30,	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Complete if the organization answered "Yes" on  (a) Description  BUILDING IN PROCESS   (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, I	(b) Book value 30,	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2)	Complete if the organization answered "Yes" on  (a) Description  BUILDING IN PROCESS   To (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on line 25.  (a) Description of liability	Form 990, Part IV, I	(b) Book value 30,	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) (3)	Complete if the organization answered "Yes" on  (a) Description  BUILDING IN PROCESS   To (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on line 25.  (a) Description of liability	Form 990, Part IV, I	(b) Book value 30,	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2)	Complete if the organization answered "Yes" on  (a) Description  BUILDING IN PROCESS   To (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on line 25.  (a) Description of liability	Form 990, Part IV, I	(b) Book value 30,	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) (3) (4)	Complete if the organization answered "Yes" on  (a) Description  BUILDING IN PROCESS   To (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on line 25.  (a) Description of liability	Form 990, Part IV, I	(b) Book value 30,	
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(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes" on  (a) Description  BUILDING IN PROCESS   To (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on line 25.  (a) Description of liability	Form 990, Part IV, I	(b) Book value 30,	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" on  (a) Description  BUILDING IN PROCESS   To (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on line 25.  (a) Description of liability	Form 990, Part IV, I	(b) Book value 30,	

Pέ	art XI Reconciliation of Revenue per Audited Financial S	tatements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
	Total Total and The Table 12.		5	
Pa	Reconciliation of Expenses per Audited Financial	Statements With Expen	nses per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b				
	Other (Describe in Part XIII.)	4b		
C	Other (Describe in Part XIII.) Add lines 4a and 4b	4b	4c	
с 5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.	4b	4c 5	
c 5 Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.  Int XIII Supplemental Information.		5	
5 Pa Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.  Art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Ab    Part IV, lines 1b and 2b; Part V	5   , line 4; Part X, line	
5 Pa Provi	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.  Int XIII Supplemental Information.	Ab    Part IV, lines 1b and 2b; Part V	5   , line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.  Art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Ab    Part IV, lines 1b and 2b; Part V	5   , line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.  Art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Ab    Part IV, lines 1b and 2b; Part V	5   , line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.  Art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Ab    Part IV, lines 1b and 2b; Part V	5   , line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.  Art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Ab    Part IV, lines 1b and 2b; Part V	5   , line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.  Art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Ab    Part IV, lines 1b and 2b; Part V	5   , line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.  Art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Ab    Part IV, lines 1b and 2b; Part V	5   , line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.  Art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Ab    Part IV, lines 1b and 2b; Part V	5   , line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.  Art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Ab    Part IV, lines 1b and 2b; Part V	5   , line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.  Art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Ab    Part IV, lines 1b and 2b; Part V	5   , line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.  Art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Ab    Part IV, lines 1b and 2b; Part V	5   , line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.  Art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Ab    Part IV, lines 1b and 2b; Part V	5   , line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.  Art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Ab    Part IV, lines 1b and 2b; Part V	5   , line 4; Part X, line	
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5 Pa Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.  Art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Ab    Part IV, lines 1b and 2b; Part V	5   , line 4; Part X, line	
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5 Pa Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.  Art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Ab    Part IV, lines 1b and 2b; Part V	5   , line 4; Part X, line	
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5 Pa Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.  Art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Ab    Part IV, lines 1b and 2b; Part V	5   , line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.  Art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Ab    Part IV, lines 1b and 2b; Part V	5   , line 4; Part X, line	
5 Pa Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.  Art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Ab    Part IV, lines 1b and 2b; Part V	5   , line 4; Part X, line	

Schedule D (F	orm 990) 2018	THE S	SAND	(AH)	LTON	HEAD	∠0-03	01794		Page 5
Part XIII	Suppleme	ental Infor	mation (d	continued	)					
			31631							
	6	**********								
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SCHEDULE O (Form 990 or 990-EZ) 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.

OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number THE SANDBOX A HILTON HEAD 20-0201704

		20-0301794
FORM 990, PAR	RT VI, LINE 11B - ORGANIZATION'S PROCES	S TO REVIEW FORM 990
	REVIEWED BY BOTH THE EXECUTIVE DIRECTO	
IT WAS FILED.		
FORM 990 PAR	T VI LINE 19 - COVERNING DOCUMENTS DI	CCI OCUDE EVEL ANAMION
	RT VI, LINE 19 - GOVERNING DOCUMENTS DI	
	ITS ARE AVAILABLE UPON REQUEST AND ARE	POSTED ON THE
GUIDESTAR.ORG	WEBSITE.	
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Department of the Treasury Internal Revenue Service

**Depreciation and Amortization** 

(Including Information on Listed Property) Attach to your tax return.

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

OMB No. 1545-0172

Name(s) shown on return

(99)

THE SANDBOX A HILTON HEAD

Identifying number 20-0301794

		hich this form relates							
	artl Ele	ction To Expe	ense Certain Prope	erty Under Sec	ction 179	7			
_	Not	e: If you have	any listed property,	complete Par	t V before you c	complete P	art I.		Transaction of the second
1		unt (see instruction		, , , , , , , , , , , , , , , , , , , ,				1	1,000,000
2	Throughold seet	ection 1/9 property	placed in service (see i	nstructions)				2	
4	Peduction in lin	of section 179 pro	pperty before reduction in	limitation (see ins	structions)			3	2,500,000
5	Dollar limitation for	nitation, Subtract I	ine 3 from line 2. If zero	or less, enter -0-			,,,,,,,,,,,,,,	4	
6	Donar Illination it		line 4 from line 1. If zero or I	ess, enter -U If marr	(b) Cost (business use		san to one	5	
		<u> </u>	- Property		(b) Cost (business use	only)	(c) Elected cost		
									-
7	Listed property	. Enter the amount	t from line 29			7			
8	Total elected co	ost of section 179	property. Add amounts in	n column (c), lines	6 and 7			8	
9	Tentative dedu	ction. Enter the <b>sn</b>	naller of line 5 or line 8	(0),				9	
10	Carryover of dis	sallowed deduction	n from line 13 of your 20	17 Form 4562	**************			10	
11	Business incom	ne limitation. Enter	the smaller of business	income (not less t	han zero) or line 5	See instruction	ns	11	
12	Section 179 ex	pense deduction.	Add lines 9 and 10, but d	on't enter more that	an line 11			12	
13	Carryover of dis	sallowed deduction	n to 2019. Add lines 9 an	d 10. less line 12	<b>&gt;</b>	13			
			for listed property. Instea						
********	art II Spe	cial Deprecia	tion Allowance an	d Other Depre	eciation (Don't	include lis	ted property	/. Se	e instructions.)
14	Special depreci	ation allowance fo	r qualified property (other	er than listed prope	erty) placed in service	e			
4.5		ear. See instructio						14	
15	Property subject	t to section 168(f)	(1) election	*********				15	
16 □ <b>⊳</b> ∽	Otrici depreciai	ion (including ACF	(3)					16	9,015
FC	HE III IVIA	CKS Deprecia	tion (Don't include			ns.)			
17	MACRS deduct	ions for assets pla	and in coming in toward	Section					_
18	If you are electing to	group any assets place	ced in service in tax yea	rs beginning befor	e 2018		········	17	0
NE.	in you are clooting to	Section B-	d in service during the tax year in -Assets Placed in Serv	vice During 2018	asset accounts, check he Tax Year Using th	e General De	nrociation Su	otom	
			(b) Month and year	(c) Basis for depreci		Conciaibe	spreciation 3	stem	
	(a) Classification	on of property	placed in service	(business/investmen only-see instruction	tuse	(e) Convention	on (f) Meth	od	(g) Depreciation deduction
19a	3-year propert	у							
b	5-year propert	у							
С	7-year propert	у							
d	10-year propert	у							
е	15-year propert								
f	20-year propert								
	25-year propert				25 yrs.		S/L		
h	Residential rent	al			27.5 yrs.	MM	S/L		
	property				27.5 yrs.	MM	S/L		
i	Nonresidential r	eal			39 yrs.	MM	S/L		
-	property					MM	S/L		
20a	Class life	Section C—A	ssets Placed in Service	e During 2018 Ta	x Year Using the	Alternative D	epreciation S	yster	n
	12-year		-				S/L		
No. of Contract	30-year				12 yrs.		S/L		
111111111111111111111111111111111111111	40-year				30 yrs.	MM	S/L		
Contractor of the last		nmary (See ins	structions )		40 yrs.	MM	S/L		
1		Enter amount fron						24	
2	Total. Add amo	unts from line 12, I	ines 14 through 17, lines	s 19 and 20 in colu	ımn (g), and line 21	Enter	MITEL	21	700V
	here and on the	appropriate lines	of your return. Partnersh	ips and S corporat	ions—see instruction	ons	VLILIN	22	9,015
:3	For assets show	n above and place	ed in service during the o	current vear, enter	the				,
	portion of the ba	sis auributable to :	section 263A costs			23			

20-0301794

Federal Asset Report Form 990, Page 1 11/15/2019

FYE: 12/31/2018

Asset	Description	Date In Service	Cost	Bus %	Sec 179	B <u>onu</u> s_	Basis for Depr	PerConv Meth	Prior	Current
Prior 21 22	MACRS: flooring network camera	12/15/11 11/15/11 _	4,200 2,230 6,430		X X	X X	0 0		4,200 2,230 6,430	0 0
Other 12 13 14 15 16 17 18 19 20 23 24	T Depreciation:  COMPUTERS EXHIBITS - 2005 EXHIBITS - 2006 FURNITURE FURNITURE FURNITURE LEASEHOLD IMRPOVEMENTS FURNITURE COMPUTERS Racetrack Exhibit Grocery Store Exhibit  Total Other Depreciation	11/15/05 12/31/05 4/01/06 12/15/05 4/08/06 4/26/06 11/15/05 3/30/06 6/15/08 7/15/15 1/15/16	4,119 26,070 1,568 3,923 168 378 88,794 525 896 23,448 23,000 172,889				4,119 26,070 1,568 3,923 168 378 88,794 525 896 23,448 23,000 172,889	4 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 15 MO S/L 5 MO S/L 5 MO S/L 15 MO S/L 15 MO S/L 15 MO S/L	4,119 26,070 1,568 3,923 168 378 71,530 525 896 3,908 3,067	0 0 0 0 0 0 5,919 0 0 1,563 1,533
	Total ACRS and Other Depre	ciation =	172,889			-	172,889		116,152	9,015
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense Net Grand Totals	ers 	179,319 0 0 179,319				172,889 0 0 172,889		122,582 0 0 122,582	9,015 0 0 9,015

THESANDBOX The Sandbox a Hilton Head

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
	flooring network camera	12/15/11 11/15/11	4,200 2,230		4,200 2,230	0	0	0 0
		Grand Total	6,430		0	0	0	0

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11/15/2019

THESANDBOX The Sandbox a Hilton Head

20-0301794

De reciation Adjustment Report

**All Business Activities** 

FYE: 12/31/2018

AMT Adjustments/ Preferences

11/15/2019

Form Unit Asset

Description

**AMT** 

There are no assets that meet the criteria of this report

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THESANDBOX The Sandbox a Hilton Head
20-0301794 Future L preciation Report FYE. 12/31/19

FYE: 12/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Тах	AMT
Prior M	IACRS:				
21 22	flooring network camera	12/15/11 11/15/11	4,200 2,230	0 0	0
			6,430	0	0
Other I	Depreciation:				
12 13 14 15 16 17 18 19 20 23 24	COMPUTERS EXHIBITS - 2005 EXHIBITS - 2006 FURNITURE FURNITURE FURNITURE LEASEHOLD IMRPOVEMENTS FURNITURE COMPUTERS Racetrack Exhibit Grocery Store Exhibit	11/15/05 12/31/05 4/01/06 12/15/05 4/08/06 4/26/06 11/15/05 3/30/06 6/15/08 7/15/15 1/15/16	4,119 26,070 1,568 3,923 168 378 88,794 525 896 23,448 23,000	0 0 0 0 0 0 5,920 0 0 1,563 1,533	0 0 0 0 0 0 0 0 0
	Total Other Depreciation		172,889	9,016	0
	<b>Total ACRS and Other Depreciation</b>		172,889	9,016	0
	Grand Totals		179,319	9,016	0

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11/15/2019

Form **990** 

# **Two Year Comparison Report**

For calendar year 2018, or tax year beginning

2017 & 2018

Name

Taxpayer Identification Number

1	THE SANDBOX A HILTON HEAD				20-0		301794		
				2017		18		Dif	erences
	1. Contributions, gifts, grants		1.	86,121		81	,652		-4,469
	<ol><li>Membership dues and assessments</li></ol>		2.						
_	3. Government contributions and grant	S	3.	54,000		54	,682		682
n e	4. Program service revenue		4.	120,963	1	22	,811		1,848
e n	5. Investment income		5.	6,557			,505		-10,062
>	6. Proceeds from tax exempt bonds		6.						
×	7. Net gain or (loss) from sale of assets	s other than inventory	7.						
	8. Net income or (loss) from fundraising	g events	8.	9,396		7	,942	the section of	-1,45
	9. Net income or (loss) from gaming		9.						
	10. Net gain or (loss) on sales of invento	ory 1	0.	2,690		3	,277		58
	11. Other revenue		1.				,485		4,48
	12. Total revenue. Add lines 1 through	11   1	2.	279,727	2	71	,344		-8,38
	13. Grants and similar amounts paid	1	3.						
	14. Benefits paid to or for members		4.						
0	15. Compensation of officers, directors,	trustees, etc.	5.	40,622		69	,796		29,17
0	16. Salaries, other compensation, and e	mployee benefits	6.	65,816			,792		3,97
9	17. Professional fundraising fees	1	7.						0/0
4	18. Other professional fees	1	8.	4,750		5	,234		484
Ц	19. Occupancy, rent, utilities, and mainte	enance	9.	41,113			,210		-2,903
	20. Depreciation and Depletion		0.	9,017			,015		-/
	21 Other company		1.	82,671			,910		-5,76
	22. Total expenses. Add lines 13 through	a service to the contract of t	2.	243,989			,957		24,968
	23. Excess or (Deficit). Subtract line 2		3.	35,738			,387		-33,35
	24. Total exempt revenue	2	4.	279,727	2		,344		-8,383
-	25. Total unrelated revenue		5.				- 10 - 1		0,000
5	26. Total excludable revenue	2	6.	130,210	1	27	,068		-3,142
a	27. Total assets	2	7.	268,488	2	92	,502		24,014
2 20.	28. Total liabilities	2	8.	3,349	A COLUMN	24	,976		21,62
	29. Retained earnings	2	9.	265,139			,526		2,387
	30. Number of voting members of gover	ning body 3	0.	11	11	•	, 525		2,30
,	31. Number of independent voting memb		1.	11	11				
	22 Niverban of annual annual		2.	14	14				
_	33. Number of volunteers		3.	2	6		9		

Form 990 Tax Return History 2018

Name

THE SANDBOX A HILTON HEAD

Employer Identification Number 20-0301794

						20.000000000000000000000000000000000000
	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants	104,227	196,597	231,749	140,121	136,334	2010
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					2/1/511	
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	
I Otal Liabilities	3,651	3,083	1,984	3,349	24,976	
Net Fund Balances	71,786	117,711	229,401	265,139	267,526	

THESANDBOX The Sandbox a Hilton Head

20-0301794

# **Federal Statements**

11/15/2019

FYE: 12/31/2018

# Taxable Interest on Investments

Description

Amount

Unrelated Exclusion Postal Acquired after Business Code Code 6/30/75

State of the postal Acquired after Code 6/30/75

TOTAL

State of the postal Acquired after Code 6/30/75

TOTAL

14

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THESANDBOX The Sandbox a Hilton Head 20-0301794

**Federal Statements** 

11/15/2019

FYE: 12/31/2018

# Schedule A, Part III, Line 1(e)

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

# Schedule A, Part III, Line 2(e)

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

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

Description			Amount		
INVESTMENT	INCOME		\$ -3,505		
TOTAL			\$ -3,505		

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THESANDBOX The Sandbox a Hilton Head

20-0301794 FYE: 12/31/2018

# **Federal Statements**

11/15/2019

Schedule A, Part III, Line 11

Description

**Amount** 

4,485 -1,000

TOTAL

LESS: DEDUCTIONS

OTHER INCOME

3,485

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

Date:

APR 222008

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:

### 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.

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

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