

**2025**

# **Accommodations Tax Funds Request Application**

**Organization Name:** The Sandbox

**Project/Event Name:** Enhancing the Tourist Experience

## **Executive Summary**

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

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

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

A significant portion of visitor responses come from internet searches, including social media posts. Our Facebook (FB) page, along with our website, continues to see an increase in likes and has directed online traffic to the page. Our FB audience consists mainly of women aged 35-44, indicating a clear target demographic and has grown to 6,400 followers. Our Instagram following has grown by 54% in the last year, which shows that we are successfully expanding our presence across different social media platforms. Our print expenditure includes ads in publications targeting visitors, as well as local magazines that reach guests directly. Word of mouth continues to account for 20% of visitors, indicating a positive impact from The Sandbox's reputation and visitor experiences.

Our print expenditure included ads in publications targeting visitors including (BIG Fat Coupon Book, Island Events, Discovery Map, etc.), local magazines free to guests where we advertised specific events and programs, flyers, posters, etc. When asked, visitors indicated they had heard about us through word of mouth including from the place they were staying (hotel or rental agency). This summer our summer camp had not only repeat campers, but also campers who were here for the entire summer. The curriculum for camp was based on stem activities, learning about the lowcountry animals and their habitats, and playing in the museum.

The museum features interactive exhibits and programs thoughtfully designed to cater to the developmental needs of children, to encourage play through learning, and to promote interaction between children up to age twelve and their parents/caregivers. During 2024, we have had several new exhibits installed and our guests are loving it! They walk in and it definitely is a "wow" factor. The beautiful artwork, airplanes hanging throughout draw your eyes up. The parents admire the murals and learn about the Gullah culture while they are in the museum. We've also added a 10x10 space banner and with the addition of the play equipment on the back deck it attracts visitors that are playing in Celebration Park. Guests often tell us, "my kids saw the

play equipment on the deck and want to play." The Sandbox continues to be a valuable resource for families visiting Hilton Head Island, offering both entertainment and educational value. The location of the new museum building, offers close proximity and access to the hub of tourist activity on the south end of the Island.

The Sandbox is the only non-profit hands-on, interactive, play and learning museum of its kind in the Lowcountry. The museum is an environment where kids can play freely, create memories of a lifetime and parents are very engaged with their play. We have developed special programs specifically designed to stimulate curiosity, evoke creativity, and motivate learning in children aged twelve years and under. Since our inception in December of 2005, we have hosted over 480,000 patrons from across the world. Once inside the museum, you see and hear kids giggling, parents laughing, the sound of the Gulfstream simulator experience, kids creating their very own music on the music wall, making their parents a pizza in the pretend kitchen, or racing cars down the race track. It is truly the sound of fun and learning. 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 **\$64,000**. While we have traditionally worked to lower our ask, we realize the need for these resources to keep our facilities, programming and advertising to the same caliber that has made The Sandbox the destination for kids and families from near and far. The Board of Directors and staff at The Sandbox wish to extend our thanks you for the opportunity to share our successes with the ATAX Committee and appreciate your consideration and continued support which will allow us to celebrate 20 years in our community.

# 2025 Accommodations Tax Funds Request Application

Date Received: 09/06/2024

Time Received: 11:06 AM

By: Online Submittal

*Applications will not be accepted if submitted after 4 pm on September 6, 2024*

## A. SUMMARY OF GRANT REQUEST:

**ORGANIZATION NAME:** The Sandbox

**Project/Event Name:** Enhancing the Tourist Experience

Contact Name: Alicia Powell

Title: Executive Director

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

Email Address: apowell@thesandbox.org

Contact Phone: 912-417-1222

Event Date:

Event Location: The Sandbox Children's Museum

**Total Budget:** \$456,941.00

**Grant Requested:** \$64,000.00

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

The Sandbox Children's Museum is requesting funds in the amount of \$64,000 for advertising efforts, programming, and exhibit enhancements. We are allocating \$17,000 towards online/print advertising, crucial for attracting visitors. Growing demand for summer camps and programs underlines our request for \$25,000 for events and programming. Maintaining our facilities/exhibits is essential to provide a safe, captivating environment for visitors. With increased wear and tear on our exhibits, we are facing higher maintenance costs. Rising HVAC/electrical costs have impacted operational expenses. We are allocating \$22,000 to facility improvements to ensure seamless and enjoyable experiences for our guests.

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

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

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

A. Total Number of Physical Tourists Served: 16432

*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: 4459

*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: 2800

*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): 23691

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

We collect zip code information through multiple channels: upon check-in, when tickets are purchased online, and through a QR code form for visitors at various events where we are present. This data provides valuable insights into the geographical distribution of The Sandbox audience. By categorizing attendees based on their zip codes, we are able to segment our audience, which is useful for tailoring our marketing efforts. If we see a sizable number of attendees coming from a specific area, we work to consider gathering feedback to understand what additional programs and exhibits might offer a draw to return to The Sandbox. 70% of our guests YTD thus far in 2024 were non-residents. Above is YTD July 31, 2024 which is showing an increase of 4,661 (24%) in total physical patrons compared to same time period in 2023. Projections for the remainder of 2024 will put the total number of tourists served at an estimated 80%.

## B. DESCRIPTION OF OPERATIONS:

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

The museum features interactive exhibits and programs thoughtfully designed to cater to the developmental needs of children, to encourage play through learning, and to promote interaction between children up to age twelve. The inclusion of interactive exhibits such as the 3D sandbox that which tutors kids about biomes and the Makers Space for hands-on stem activities such as building electric circuit boards, magnetic tiles, building lego creations, creating crafts, offer experiences that can foster creativity, critical thinking, and problem-solving skills. In 2024, several new exhibits have been installed. Our

new aerospace exhibit is complete with a twin engine airplane, turbine jet, Wright Brothers plane and a Blimp. The Gulfstream 550 was completely refurbished and computers were installed that allow kids to simulate take off, landings, flying with a fighter pilot. We've also added a 10x10 space banner and are waiting for a 6ft. astronaut that will be in flight in middle of banner. The outdoor deck new additions include a climbing dome, large play house, a Mt. Summit mountain to climb and an airplane teeter totter. The additions on the back deck attract visitors that play in Celebration Park. Guests often tell us, "my kids saw the play equipment on the deck and want to play." The Sandbox continues to be a valuable resource for families visiting Hilton Head Island, offering both entertainment and educational value. The location of the new museum building, offers close proximity and access to the hub of tourist activity on the south end of the Island.

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

Destination marketing is paramount to The Sandbox. This year 88% of our guests were tourists. We utilize various marketing efforts throughout the high season and maintain consistent messaging to pique future travelers' interest during the off-season/ holidays.

We plan to allocate the **\$17,000** for: Design/Ads, Digital Media Ads, Print and TV advertising to our target market.

Tourism-related events include programs to attract/encourage the return of tourists throughout the year.

Programs for 2024 include: *The Wonders of Science with Mr. Bob* each week and in each program will focus on science, biology, and will have a fun project designed specifically for each program. We have also added *Lego Builds with Chris* at least twice each month, *Sea Creature Programs* that are educational and fun and live animals are a part of the programs. *Spookalicious day* will take place on Halloween and will be a day filled with fun activities for all ages, *Thanksgiving week* will be filled with imagination hour story times, special programs like making Christmas ornaments encourage a child to pretend, build and create memories that will last a lifetime. Immediately following Thanksgiving we will begin creating our Christmas Wonderland throughout the museum. Our December programs will include Christmas scavenger hunts, Christmas crafts, 2 cookie making and decorating programs, and NOON New Years Eve. We will allocate **\$25,000** to these programs.

The existing exhibits require ongoing repair costs due to increased wear and tear. Multiple exhibits have consumables which need replenished regularly to keep them operational. This request is **\$22,000**.

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

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

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

Consistent tracking of significant tourist traffic by entering zip codes on each transaction indicates a willingness to revisit is a strong testament to the positive impact The Sandbox has on tourism. A new software system was installed early March, and the report that I attached is by zip code and does not list number of attendees for January and February which was in the old system(I do not have access) however, estimate for January-February is 3,000+ attendees.

Having the majority of our guests live more than 50 miles away indicates that we are drawing visitors from a wide geographical area.

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

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

7 - Operation of Visitor Information Centers  
*Operating visitor information centers.*

0 %

**Total:** 100 %

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

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

7. Additional comments. (250 words or less)

Several wall murals have been installed in 2024. One depicts the life and history of the Gullah culture. Working with the Heritage Library and local artist, Amos Hummell the Gullah history is beautiful and parents with children learn while they are in the museum. We also have several other murals that were painted by Amos. Bringing the walls of the museum to life has made a significant impact on our guests experiences. We receive compliments continuously as our guests are leaving telling us that they compare The Sandbox to large museums in major metropolitan cities. One specific comment that resonated with me is "we are members at the children's museum in Chicago and The Sandbox while much smaller, it has so much to offer the kids, very clean and beautiful facility". Those comments always make me and my staff very proud. I now have a guest book where guests are free to write comments. I will submit those results in 2025.

**C. FUNDING:**

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

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

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

<u>13</u>	Government Sources	<u>4</u>	Private Contributions, Donations and Grants
2	Corporate Support, Sponsors	<u>5</u>	Membership, Dues, Subscriptions
<u>76</u>	Ticket Sales, or Sales and Services	<u>    </u>	Other

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

Yes      No **X**

If so, please list top 3 sources and amounts.

**D. FINANCIAL INFORMATION:**

Fiscal Year Disclosure: Start Month: **January 2024** End Month: **December 2024**

**Financial Statement Requirements:**

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

Budget Provided: **Yes**

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

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

Previous fiscal year Profit Loss Reports Provided:

2022- Previous FY 1

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

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

Previous fiscal year Balance Sheets Provided:

2023 - Previous FY 1

2023 - Previous FY 2

2022 - Previous FY 1

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

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

Previous IRS Form 990 or 990T Years Provided:

2022 - Previous FY 1

2021 - Previous FY 2

2022 - Previous FY 1

**E. FINANCIAL GUARANTEES AND PROCEDURES:**

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

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

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

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

**F. MEASURING EFFECTIVENESS:**

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If you received 2023 or 2024 HHI ATAX funds

1. List any ATAX award amounts received in 2023 and/or 2024.

2021	\$17,875.00	Enhancing the Tourist Experience
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2021	\$135,000.00	Enhancing the Tourist Experience-Out of Cycle
2022	\$44,400.00	Enhancing the Tourist Experience
2023	\$59,895.00	Enhancing the Tourist Experience
2024	\$60,765.00	
2024	\$60,765.00	Enhancing The Tourist Experience

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

2024: \$60765 Requested and Awarded

\$14389 for advertising

\$26076 for tourism-related events

\$20300 for tourism-related facilities

By using multisensory marketing efforts and our location by the new playground we have been able to capitalize on and drive market tourists to the new location. We historically have offered two 3-hour play sessions each day and continue to find ourselves at capacity.

Our summer camp was full for 4 out of the 4 weeks. The demographics of our campers was a mix of local children and tourist children. Our special events throughout the summer and tourist months frequently sell out as well.

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

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

The funding from the Hilton Head Island Accommodations Tax (ATAX) plays a pivotal role in supporting The Sandbox's continued mission and success. These funds enable us to implement consistent messaging across various channels like rack cards, promotional

coupons, flyers, newspapers, magazines and other tourist-focused publications. This marketing effort has proven effective in attracting new visitors and returning visitors to the museum.

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

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

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

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

The primary tool that The Sandbox currently uses to measure effectiveness for our programming comes from general attendance numbers of events and activities. We also utilize feedback from our visitors and guests to determine interest in programs and/or recommendations for increasing their interest in return visits to the museum. During peak tourist season, we attempt to survey visitors for specific special events to gauge their interest and enthusiasm for the program. Our website has been redesigned and now visitors are able to make reservations for special programs and this will allow a more defined process for measuring program attendance for all of our programs. This data will be valuable to utilize in assessing our current offerings and help us in planning new exhibits and additional programs.

## G. EXECUTIVE SUMMARY

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

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Signature: Alicia Powell

Title/Position: Executive Director

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

Email Address: [apowell@thesandbox.org](mailto:apowell@thesandbox.org)

Office Phone Number: 843-842-7645

Home Phone Number: 912-417-1222

**ATAX EFFECTIVENESS MEASUREMENT**

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

TOPIC	THE PLAN	BUDGET	ACTUAL SPENT	RESULTS <i>When possible, provide planned results vs. actual results, and/or current year vs. prior year results .</i>
Advertising	Bryan County News, Pink Magazine, Veterans Resource Guide Rack Cards, Discovery Map, Sun Saver Digest, HH/Bluffton Chamber, HH 360 Map, Mail Chimp 12 months, Peach Jar, Adobe Creative Cloud, Facebook Ads, Hazel Digital Media, Suited Website, Holy Family Catholic Church	\$17,545	\$ 25,980.00	
Total		\$ 17,545.00	\$ 25,980.00	

Tourism related events (Programs)	Face Painting for 4th of July and National Children's Museum Day, Mundingto Spanish Program 2 weeks for July 4th week and the following week, 30 days of Christmas (Christmas Wonderland), Spookalicious, Noon Years Eve, Lego Build for 7-10 year olds, weekly special programs for 12 months, Summer Camp, Quarterly Family Fun Nights	\$ 26,076.00	\$ 25,000.00	For purposes of this grant application, we have opted, as offered, to utilize as a guideline the executive summary text areas.
Total		\$ 26,076.00	\$ 25,000.00	



# Attendance by Region/Patron

Versai by Explorer Systems, Inc.

## by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>_No Zip (_No State)</b>																				
0	0	0.00	107	399	0.00	0	0	0.00	0	0	0.00	4	160	852.00	2	10	650.00	113	569	5995.00
<i>Subtotal Number in Group: 562</i>												<i>Free Attendees: 42</i>			<i>Paid Attendees: 527</i>					
<b>00966 (PR)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	60.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					
<b>01002 (MA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>01450 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	44.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>01475 (MA)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	48.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>01519 (MA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>01564 (MA)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>01702 (_No State)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>01719 (MA)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>01730 (MA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>01740 (MA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>01746 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>01754 (MA)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>01772 (MA)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	56.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>01776 (MA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>01778 (MA)</b>																				
0	0	0.00	3	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	11	132.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 11</i>					
<b>01810 (MA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>01864 (MA)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>01867 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>01890 (_No State)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>01915 (MS)</b>																				
0	0	0.00	3	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	10	120.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					
<b>01921 (MA)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	94.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>01940 (MA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>01945 (MA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>01969 (MA)</b>																				
0	0	0.00	1	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	9	106.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>01985 (_No State)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>02025 (MA)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>02035 (MA)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	50.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>02038 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>02050 (MA)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>02062 (MA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>02067 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>02072 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>02081 (MA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>02090 (MA)</b>																				
0	0	0.00	2	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	108.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 9</i>					
<b>02121 (MA)</b>																				
0	0	0.00	1	1	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	1	12.00
<i>Subtotal Number in Group: 1</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 1</i>					
<b>02127 (MA)</b>																				
0	0	0.00	4	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	11	118.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 10</i>					
<b>02128 (MA)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>02129 (MA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>02132 (MA)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>02135 (MA)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	56.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>02141 (MA)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>02324 (MA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>02332 (MA)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	80.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>02338 (MA)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	48.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>02351 (MA)</b>																				
0	0	0.00	3	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>02356 (MA)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>02360 (MA)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>02364 (MA)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	60.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					
<b>02420 (_No State)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>02446 (MA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>02451 (MA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>02472 (MA)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	56.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					
<b>02476 (MA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>02478 (MA)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>02492 (MA)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>02493 (MA)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	58.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>02536 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	22.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>02631 (MA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>02703 (_No State)</b>																				
0	0	0.00	3	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	12	128.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 11</i>					
<b>02723 (MA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>02748 (MA)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	58.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>02806 (RI)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	46.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>02816 (RI)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>02818 (RI)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>02828 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>02857 (_No State)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	82.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 7</i>					
<b>02903 (RI)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>02905 (RI)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>03042 (NH)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>03087 (NH)</b>																				
0	0	0.00	3	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>03220 (NH)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	68.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>03246 (NH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	44.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>03301 (NH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>03303 (_No State)</b>																				
0	0	0.00	2	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	11	114.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 10</i>					
<b>03748 (NH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>03794 (NH)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>03820 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>03830 (NH)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>03833 (NH)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	48.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>03844 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>03885 (_No State)</b>																				
0	0	0.00	1	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	10	120.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					
<b>03909 (ME)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>04043 (ME)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	12.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 1</i>					
<b>04055 (ME)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>04097 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>04105 (ME)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>04401 (ME)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>04694 (ME)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>05037 (_No State)</b>																				
0	0	0.00	2	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>05456 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>05464 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>05743 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>05851 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	44.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>06013 (CT)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>06029 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>06033 (CT)</b>																				
0	0	0.00	4	16	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	16	164.00
<i>Subtotal Number in Group: 16</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 14</i>					
<b>06037 (CT)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	68.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>06067 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	70.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>06441 (CT)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>06443 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>06450 (CT)</b>																				
0	0	0.00	1	1	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	1	12.00
<i>Subtotal Number in Group: 1</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 1</i>					
<b>06460 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>06470 (CT)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	84.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>06473 (CT)</b>																				
0	0	0.00	2	16	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	16	190.00
<i>Subtotal Number in Group: 16</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 16</i>					
<b>06475 (CT)</b>																				
0	0	0.00	3	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	12	132.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 11</i>					
<b>06478 (CT)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>06479 (CT)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>06498 (CT)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>06505 (CT)</b>																				
0	0	0.00	0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	0.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 4</i>			<i>Paid Attendees: 0</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	68.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	22.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	106.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	34.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>06901 (Connecticut)</b>																				
0	0	0.00	0	0	0.00	3	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	6	0.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 6</i>			<i>Paid Attendees: 0</i>					
<b>06902 (CT)</b>																				
0	0	0.00	1	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	10	104.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 9</i>					
<b>06903 (CT)</b>																				
0	0	0.00	0	0	0.00	3	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	8	0.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 8</i>			<i>Paid Attendees: 0</i>					
<b>07003 (NJ)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>07016 (_No State)</b>																				
0	0	0.00	4	25	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	25	288.00
<i>Subtotal Number in Group: 25</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 25</i>					
<b>07028 (NJ)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>07030 (NJ)</b>																				
0	0	0.00	5	19	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	5	19	216.00
<i>Subtotal Number in Group: 19</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 18</i>					
<b>07039 (NJ)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>07040 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>07043 (NJ)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>07044 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>07054 (NY)</b>																				
0	0	0.00	4	16	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	5	18	0.00
<i>Subtotal Number in Group: 18</i>												<i>Free Attendees: 18</i>			<i>Paid Attendees: 0</i>					
<b>07076 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>07079 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	24.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 2</i>					
<b>07081 (NJ)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>07083 (NJ)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>07090 (NJ)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	106.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>07092 (NJ)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>07110 (NJ)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	46.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>07205 (NJ)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>07302 (NJ)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>07405 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>07417 (NJ)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>07430 (NJ)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	76.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 7</i>					
<b>07446 (NJ)</b>																				
0	0	0.00	1	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>07450 (NJ)</b>																				
0	0	0.00	2	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	106.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 9</i>					
<b>07452 (NJ)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>07470 (NJ)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>07481 (NJ)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>07626 (NJ)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>07631 (NJ)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	48.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>07649 (NJ)</b>																				
0	0	0.00	1	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	11	110.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 10</i>					
<b>07668 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>07675 (NJ)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>07701 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>07712 (NJ)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>07716 (NJ)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	48.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>07719 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	48.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>07726 (NJ)</b>																				
0	0	0.00	3	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	1	0.00	4	11	116.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 10</i>					
<b>07728 (_No State)</b>																				
0	0	0.00	4	13	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	13	156.00
<i>Subtotal Number in Group: 13</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 13</i>					
<b>07730 (_No State)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>07746 (NJ)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>07747 (NJ)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>07748 (_No State)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>07760 (NJ)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>07836 (NJ)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>07838 (NJ)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	72.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 6</i>					
<b>07866 (_No State)</b>																				
0	0	0.00	3	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	12	142.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 12</i>					
<b>07869 (NJ)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	22.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>07869-3 (NJ)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	30.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>07920 (NJ)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>07921 (NJ)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>07924 (NJ)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>07928 (NJ)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>07936 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>07940 (NJ)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>07943 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>07976 (NJ)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>08002 (NJ)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	30.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>08003 (NJ)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>08009 (NJ)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>08043 (NJ)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>08051 (NJ)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>08053 (NJ)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>08054 (NJ)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	22.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>08055 (NJ)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	58.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>08059 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>08060 (_No State)</b>																				
0	0	0.00	1	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>08069 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>08075 (NJ)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>08078 (NJ)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>08080 (NJ)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	58.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					
<b>08083 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>08086 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>08091 (NJ)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	22.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>08094 (NJ)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	20.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>08234 (NJ)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>08501 (NJ)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>08514 (NJ)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>08534 (NJ)</b>																				
0	0	0.00	2	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>08540 (NJ)</b>																				
0	0	0.00	3	13	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	13	152.00
<i>Subtotal Number in Group: 13</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 13</i>					
<b>08558 (NJ)</b>																				
0	0	0.00	3	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	7	84.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>08648 (NJ)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>08721 (NJ)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>08723 (NJ)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>08753 (NJ)</b>																				
0	0	0.00	3	24	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	24	262.00
<i>Subtotal Number in Group: 24</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 22</i>					
<b>08755 (NJ)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>08807 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>08822 (NJ)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>08827 (NJ)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>08830 (NJ)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>088648 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>08876 (NJ)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	34.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>10010 (NY)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	58.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>10011 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>10014 (_No State)</b>																				
0	0	0.00	3	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	11	132.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 11</i>					
<b>10016 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>10021 (NY)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	68.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>10022 (NY)</b>																				
0	0	0.00	2	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	96.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 8</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>10023 (_No State)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>10024 (NY)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>10025 (NY)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>10028 (_No State)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	104.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>10031 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>10065 (NY)</b>																				
0	0	0.00	3	16	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	16	192.00
<i>Subtotal Number in Group: 16</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 16</i>					
<b>10075 (NY)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>10128 (NY)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>10282 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>10304 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>10305 (_No State)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>10306 (NY)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	60.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>10310 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>10504 (_No State)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>10506 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>10536 (NY)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>10538 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>10547 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>10549 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>10566 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>10570 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>10580 (_No State)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>10583 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>10598 (NY)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	46.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>10604 (NY)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	56.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>10605 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>10705 (_No State)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	60.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					
<b>10708 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>10803 (_No State)</b>																				
0	0	0.00	2	14	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	14	156.00
<i>Subtotal Number in Group: 14</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 13</i>					
<b>10965 (NY)</b>																				
0	0	0.00	2	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	120.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					
<b>10973 (NY)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>10989 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>11021 (NY)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	68.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>11024 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>11050 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>11101 (NY)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>11201 (NY)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>11210 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>11231 (NY)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>11238 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>11357 (NY)</b>																				
0	0	0.00	1	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	10	27.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 9</i>					
<b>11375 (NY)</b>																				
0	0	0.00	3	7	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	10	80.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 3</i>			<i>Paid Attendees: 7</i>					
<b>11377 (NY)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>11518 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>11530 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>11554 (NY)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	46.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>11569 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	34.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>11570 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>11572 (NY)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>11576 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>11590 (NY)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>11697 (NY)</b>																				
0	0	0.00	1	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	11	124.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 11</i>					
<b>11702 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>11705 (NY)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>11710 (NY)</b>																				
0	0	0.00	2	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	11	132.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 11</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>11724 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>11725 (NY)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	106.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>11733 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>11740 (NY)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	68.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>11743 (NY)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	70.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 6</i>					
<b>11747 (NY)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	60.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					
<b>11754 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	24.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 2</i>					
<b>11757 (NY)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>11758 (_No State)</b>																				
0	0	0.00	2	13	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	13	156.00
<i>Subtotal Number in Group: 13</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 13</i>					
<b>11769 (_No State)</b>																				
0	0	0.00	2	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	108.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 9</i>					
<b>11777 (NY)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>11778 (NY)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>11779 (NY)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	42.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>11780 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>11783 (_No State)</b>																				
0	0	0.00	3	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	12	144.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 12</i>					
<b>11787 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>11788 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>11792 (NY)</b>																				
0	0	0.00	1	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	8	94.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>11795 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>11934 (NY)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	94.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>11967 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>12020 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>12077 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>12130 (NY)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>12132 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>12208 (NY)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	80.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>12345 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>12518 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>12540 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>12575 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>12603 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>12901 (SC)</b>																				
0	0	0.00	2	5	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	11	60.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 6</i>			<i>Paid Attendees: 5</i>					
<b>13021 (NY)</b>																				
0	0	0.00	1	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>13041 (NY)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>13159 (NY)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	106.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>13215 (NY)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	58.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>13413 (_No State)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>13440 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>13492 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>13501 (NY)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>13901 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	48.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>14032 (NY)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	86.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>14043 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>14051 (NY)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>14052 (NY)</b>																				
0	0	0.00	2	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	104.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 9</i>					
<b>14072 (NY)</b>																				
0	0	0.00	3	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	12	128.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 11</i>					
<b>14075 (_No State)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>14086 (NY)</b>																				
0	0	0.00	3	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>14120 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>14132 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>14216 (NY)</b>																				
0	0	0.00	3	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	8	51.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>14220 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>14221 (NY)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>14224 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>14226 (NY)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>14414 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>14450 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>14551 (NY)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>14564 (NY)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>14580 (NY)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>14612 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>14618 (NY)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>14628 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>14647 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>14733 (NY)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>14882 (NY)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>14891 (NY)</b>																				
0	0	0.00	3	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>14903 (NY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>15001 (PA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>15009 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>15015 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>15042 (PA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>15044 (PA)</b>																				
0	0	0.00	2	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	116.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					
<b>15046 (PA)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>15057 (PA)</b>																				
0	0	0.00	4	21	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	21	204.00
<i>Subtotal Number in Group: 17</i>												<i>Free Attendees: 4</i>			<i>Paid Attendees: 17</i>					
<b>15101 (PA)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	84.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 7</i>					
<b>15102 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	9.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>15106 (PA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>15108 (PA)</b>																				
0	0	0.00	3	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	10	81.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 9</i>					
<b>15116 (PA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>15129 (PA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>15142 (PA)</b>																				
0	0	0.00	1	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	10	108.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 9</i>					
<b>15143 (PA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>15145 (PA)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	80.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>15146 (_No State)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>15201 (PA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 2</i>					
<b>15206 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>15207 (PA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>15212 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>15215 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>15216 (_No State)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	92.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>15221 (PA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	32.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>15228 (PA)</b>																				
0	0	0.00	3	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	9	92.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 8</i>					
<b>15228-1 (PA)</b>																				
0	0	0.00	2	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	11	128.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 11</i>					
<b>15229 (PA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>15234 (PA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>15238 (PA)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>15239 (PA)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	58.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>15241 (PA)</b>																				
0	0	0.00	3	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	12	120.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 10</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>15317 (PA)</b>																				
0	0	0.00	5	18	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	7	23	214.00
<i>Subtotal Number in Group: 23</i>												<i>Free Attendees: 5</i>			<i>Paid Attendees: 18</i>					
<b>15333 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>15377 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>15522 (PA)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	56.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>15601 (_No State)</b>																				
0	0	0.00	3	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>15632 (PA)</b>																				
0	0	0.00	1	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	8	84.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 7</i>					
<b>15637 (_No State)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>15668 (PA)</b>																				
0	0	0.00	2	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	11	118.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 10</i>					
<b>15853 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	34.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>15865 (PA)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>15944 (PA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	24.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 2</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>15963 (_No State)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	60.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>16046 (_No State)</b>																				
0	0	0.00	2	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	12	97.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 12</i>					
<b>16059 (PA)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>16066 (PA)</b>																				
0	0	0.00	5	14	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	5	14	148.00
<i>Subtotal Number in Group: 14</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 13</i>					
<b>16117 (PA)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	68.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>16201 (PA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>16345 (PA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	24.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 2</i>					
<b>16415 (PA)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>16602 (PA)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	18.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>16648 (PA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>16858 (PA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>17011 (PA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>17042 (PA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>17050 (PA)</b>																				
0	0	0.00	1	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	9	96.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 8</i>					
<b>17055 (PA)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	68.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 6</i>					
<b>17202 (PA)</b>																				
0	0	0.00	2	14	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	14	168.00
<i>Subtotal Number in Group: 14</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 14</i>					
<b>17225 (_No State)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>17313 (PA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	18.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>17402 (PA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>17403 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>17543 (PA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>17547 (PA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>17601 (PA)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>17754 (SC)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>17815 (PA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>18017 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>18049 (PA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>18062 (PA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>18091 (PA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>18249 (PA)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>18337 (PA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>18602 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	12.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>18702 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>18801 (PA)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>18840 (PA)</b>																				
0	0	0.00	1	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	8	60.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>18914 (PA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>18938 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>18940 (PA)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>18942 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>18954 (_No State)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	60.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					
<b>18966 (PA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>18974 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>19001 (PA)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	54.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>19002 (_No State)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	78.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>19003-3 (PA)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	22.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>19008 (PA)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>19010 (PA)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>19025 (PA)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	68.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>19034 (PA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>19046 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	44.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>19047 (PA)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>19064 (PA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	44.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>19066 (PA)</b>																				
0	0	0.00	0	0	0.00	1	1	25.00	0	0	0.00	0	0	0.00	0	0	0.00	1	1	25.00
<i>Subtotal Number in Group: 1</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 1</i>					
<b>19083 (PA)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	48.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>19087 (PA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total			
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	
<b>19123 (_No State)</b>																					
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	56.00	
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>						
<b>19125 (PA)</b>																					
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	34.00	
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>						
<b>19130 (_No State)</b>																					
0	0	0.00	2	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	4	12.00	
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>						
<b>19130-1 (PA)</b>																					
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00	
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>						
<b>19141 (PA)</b>																					
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00	
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>						
<b>19152 (PA)</b>																					
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00	
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>						
<b>19312 (PA)</b>																					
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	68.00	
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>						
<b>19320 (_No State)</b>																					
0	0	0.00	3	18	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	18	216.00	
<i>Subtotal Number in Group: 18</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 18</i>						
<b>19335 (PA)</b>																					
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00	
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>						
<b>19335-3 (PA)</b>																					
0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0.00	1	5	9.00	1	5	9.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 3</i>						
<b>19341 (PA)</b>																					
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00	
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>						

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>19350 (PA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>19380 (PA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	34.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>19382 (PA)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	104.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>19422 (PA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>19428 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>19446-6 (PA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>19465 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	34.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>19608 (PA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>19609-1 (PA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>19709 (DE)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	88.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>19805 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>19809 (DE)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>19930 (_No State)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	42.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>19958 (DE)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	32.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>19968 (DE)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>20001 (_No State)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	68.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>20002 (DC)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	104.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>20003 (DC)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	82.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>20009 (DC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>20010 (DC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>20011 (_No State)</b>																				
0	0	0.00	3	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	9	104.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>20015 (DC)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>20016 (DC)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>20018 (DC)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>20019 (_No State)</b>																				
0	0	0.00	1	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>20106 (VA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>20111 (VA)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	82.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 7</i>					
<b>20120 (VA)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	78.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>20121 (VA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>20124 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	44.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>20136 (VA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>20164 (VA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>20165 (VA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>20169 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>20171 (VA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>20180 (VA)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>20198 (VA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	34.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>20623 (MD)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>20625 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	12.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>20650 (MD)</b>																				
0	0	0.00	1	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	11	130.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 11</i>					
<b>206749 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>20676 (SC)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	32.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>20678 (MD)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>20695 (MD)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>20715 (MD)</b>																				
0	0	0.00	2	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	3	34.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>20720 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>20724 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>20735 (MD)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	48.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>20737 (MD)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	98.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>20772 (MD)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>20774 (MD)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>20807 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	22.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>20814 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>20815 (_No State)</b>																				
0	0	0.00	3	17	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	17	192.00
<i>Subtotal Number in Group: 15</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 16</i>					
<b>20817 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>20832 (MD)</b>																				
0	0	0.00	3	17	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	17	192.00
<i>Subtotal Number in Group: 17</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 16</i>					
<b>20854 (MD)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	82.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>20855 (MD)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	34.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>20882 (MD)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	56.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>20904 (MD)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	68.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>20905 (MD)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	70.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>20906 (MD)</b>																				
0	0	0.00	4	16	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	16	186.00
<i>Subtotal Number in Group: 16</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 16</i>					
<b>21005 (MD)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	50.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>21012 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>21015 (MD)</b>																				
0	0	0.00	2	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>21035 (MD)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>21043 (MD)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>21046 (_No State)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>21075 (MD)</b>																				
0	0	0.00	4	14	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	14	168.00
<i>Subtotal Number in Group: 14</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 14</i>					
<b>21093 (_No State)</b>																				
0	0	0.00	2	6	0.00	2	11	12.00	0	0	0.00	0	0	0.00	0	0	0.00	4	17	72.00
<i>Subtotal Number in Group: 13</i>												<i>Free Attendees: 11</i>			<i>Paid Attendees: 6</i>					
<b>21108 (MD)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>21113 (MD)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	82.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>21146 (MD)</b>																				
0	0	0.00	4	14	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	14	132.00
<i>Subtotal Number in Group: 14</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 12</i>					
<b>21204 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>21204-6 (MD)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>21208 (MD)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>21209 (MD)</b>																				
0	0	0.00	6	30	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	6	30	358.00
<i>Subtotal Number in Group: 26</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 30</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>21212 (MD)</b>																				
0	0	0.00	2	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	12	144.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 12</i>					
<b>21214 (_No State)</b>																				
0	0	0.00	2	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>21220 (MD)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>21224 (MD)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>21231 (MD)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	56.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>21403 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>21409 (MD)</b>																				
0	0	0.00	2	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	116.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					
<b>21601 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>21638 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>21640 (MD)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>21647 (MD)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	34.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>21701 (MD)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>21774 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>21851 (MD)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>21904 (MD)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>22003 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>22015 (VA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>22026 (VA)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	72.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 6</i>					
<b>22027 (VA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>22032 (VA)</b>																				
0	0	0.00	3	14	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	14	168.00
<i>Subtotal Number in Group: 14</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 14</i>					
<b>22039 (_No State)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>22042 (VA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>22046 (VA)</b>																				
0	0	0.00	3	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	10	120.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					
<b>22066 (_No State)</b>																				
0	0	0.00	2	14	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	14	168.00
<i>Subtotal Number in Group: 14</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 14</i>					
<b>22101 (VA)</b>																				
0	0	0.00	4	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	10	108.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 9</i>					
<b>22151 (VA)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	48.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>22180 (VA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>22182 (VA)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	68.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 6</i>					
<b>22191 (VA)</b>																				
0	0	0.00	1	14	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	14	168.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 14</i>					
<b>22192 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	48.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>22193-3 (Choose State/Pr)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>22201 (VA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>22203 (VA)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>22204 (VA)</b>																				
0	0	0.00	5	24	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	5	24	284.00
<i>Subtotal Number in Group: 24</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 24</i>					
<b>22205 (VA)</b>																				
0	0	0.00	4	21	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	21	234.00
<i>Subtotal Number in Group: 21</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 20</i>					
<b>22206 (VA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>22207 (VA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	40.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>22253 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>222926 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>22305 (VA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>22307 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>22308 (VA)</b>																				
0	0	0.00	3	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	12	140.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 12</i>					
<b>22406 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>22407 (VA)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	106.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>22408 (VA)</b>																				
0	0	0.00	2	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	114.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					
<b>22427 (VA)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>22454 (VA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>22485 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>22551 (VA)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>22553 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>22567 (VA)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>22611 (VA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>22630 (VA)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>22701 (VA)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>22712 (VA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>22724 (VA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>22801 (VI)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>22801-8 (VA)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>22901 (22901)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>22903 (VA)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>22911 (VA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>22926 (SC)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	6.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>22973 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>23005 (VA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>23059 (VA)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>23072 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>23112 (VA)</b>																				
0	0	0.00	3	13	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	13	140.00
<i>Subtotal Number in Group: 13</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 12</i>					
<b>23113 (VA)</b>																				
0	0	0.00	3	14	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	14	144.00
<i>Subtotal Number in Group: 14</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 12</i>					
<b>23120 (VA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>23139 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>23188 (VA)</b>																				
0	0	0.00	2	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	12	142.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 12</i>					
<b>23204 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>23221 (VA)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>23227 (VA)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	72.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 6</i>					
<b>23228 (VA)</b>																				
0	0	0.00	3	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	7	84.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>23229 (VA)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>23234 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>23238 (VA)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	92.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 8</i>					
<b>23322 (VA)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>23325 (VA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	40.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>23430 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>23437 (VA)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	40.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>23453 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>23454 (VA)</b>																				
0	0	0.00	3	17	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	17	178.00
<i>Subtotal Number in Group: 17</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 16</i>					
<b>23510 (VA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>23607 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>23696 (VA)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>23838 (VA)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>23851 (VA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	12.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>24015 (VA)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>24017 (VA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>24018 (VA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	44.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>24073 (VA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>24141 (VA)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>24153 (VA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	34.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>24162 (VA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>24175 (VA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>24202 (_No State)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	82.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 7</i>					
<b>24210-2 (VA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>24251 (VA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>24271 (VA)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>24290 (VA)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	60.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					
<b>24501 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>24556 (VA)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>24740 (WV)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>24901 (WV)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>24983 (WV)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>25156 (WV)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>25303 (WV)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>25314 (WV)</b>																				
0	0	0.00	4	20	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	20	240.00
<i>Subtotal Number in Group: 20</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 20</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>25403 (_No State)</b>																				
0	0	0.00	2	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	120.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					
<b>25414 (WV)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>25419 (WV)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	34.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>25504 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>25508 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>25635 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	22.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>25701 (WV)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	106.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>25705 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>25801 (WV)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>25873 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>25918 (WV)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	68.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>26003 (WV)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>26005 (_No State)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	18.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>26062 (_No State)</b>																				
0	0	0.00	3	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	10	120.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					
<b>260910 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>26146 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	6.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>26170 (WV)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>26241 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>26301 (WV)</b>																				
0	0	0.00	4	20	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	20	232.00
<i>Subtotal Number in Group: 20</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 20</i>					
<b>26505 (WV)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>26508 (WV)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>26554 (WV)</b>																				
0	0	0.00	6	25	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	6	25	264.00
<i>Subtotal Number in Group: 25</i>												<i>Free Attendees: 3</i>			<i>Paid Attendees: 22</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>27006 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>27012 (NC)</b>																				
0	0	0.00	4	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	11	124.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 11</i>					
<b>27017 (NC)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>27023 (_No State)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	58.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>27028 (NC)</b>																				
0	0	0.00	3	15	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	15	81.00
<i>Subtotal Number in Group: 15</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 15</i>					
<b>27030 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>27052 (_No State)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>27104 (_No State)</b>																				
0	0	0.00	2	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	12	132.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 11</i>					
<b>27127 (NC)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	96.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 8</i>					
<b>272278 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>27243 (NC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>27284 (NC)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>27302 (_No State)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>27312 (NC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>27320 (NC)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>27330 (NC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>27355 (NC)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	58.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>27358 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>27405 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>27406 (NC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>27407 (NC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>27410 (_No State)</b>																				
0	0	0.00	1	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	10	120.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>27455 (NC)</b>																				
0	0	0.00	4	14	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	14	57.00
<i>Subtotal Number in Group: 13</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 13</i>					
<b>27505 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>27513 (NC)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	72.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 6</i>					
<b>27516 (NC)</b>																				
0	0	0.00	1	6	0.00	3	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	18	70.00
<i>Subtotal Number in Group: 18</i>												<i>Free Attendees: 12</i>			<i>Paid Attendees: 6</i>					
<b>27517 (NC)</b>																				
0	0	0.00	2	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	120.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					
<b>27518 (NC)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	94.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>27519 (NC)</b>																				
0	0	0.00	3	14	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	14	144.00
<i>Subtotal Number in Group: 14</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 12</i>					
<b>27524 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	40.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>27526 (NC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>27527 (NC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>27529 (NC)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>27534 (NC)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	36.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 3</i>					
<b>27539 (NC)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>27540 (NC)</b>																				
0	0	0.00	2	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	11	96.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 3</i>			<i>Paid Attendees: 8</i>					
<b>27545 (NC)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>27562 (NC)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	84.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 7</i>					
<b>27587 (NC)</b>																				
0	0	0.00	4	18	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	18	200.00
<i>Subtotal Number in Group: 18</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 17</i>					
<b>27591 (_No State)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>27609 (NC)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	60.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					
<b>27610 (NC)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>27613 (NC)</b>																				
0	0	0.00	4	13	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	13	156.00
<i>Subtotal Number in Group: 13</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 13</i>					
<b>27614 (NC)</b>																				
0	0	0.00	3	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	12	138.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 12</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>27615 (NC)</b>																				
0	0	0.00	3	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	11	132.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 11</i>					
<b>27616 (NC)</b>																				
0	0	0.00	3	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	11	114.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 11</i>					
<b>27703 (NC)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 4</i>					
<b>27705 (NC)</b>																				
0	0	0.00	3	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	11	120.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 10</i>					
<b>27707 (_No State)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>27712 (NC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	44.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>27713 (_No State)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>27949 (NC)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>28012 (NC)</b>																				
0	0	0.00	7	34	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	7	34	378.00
<i>Subtotal Number in Group: 34</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 32</i>					
<b>28025 (NC)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	30.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>28027 (NC)</b>																				
0	0	0.00	2	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	120.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>28031 (_No State)</b>																				
0	0	0.00	2	9	0.00	3	14	0.00	0	0	0.00	0	0	0.00	0	0	0.00	5	23	108.00
<i>Subtotal Number in Group: 23</i>												<i>Free Attendees: 14</i>			<i>Paid Attendees: 9</i>					
<b>28036 (NC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>28037 (_No State)</b>																				
0	0	0.00	1	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	12	144.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 12</i>					
<b>28056 (NC)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 4</i>					
<b>28075 (NC)</b>																				
0	0	0.00	2	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	11	104.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 9</i>					
<b>28078 (NC)</b>																				
0	0	0.00	9	33	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	9	33	368.00
<i>Subtotal Number in Group: 33</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 31</i>					
<b>28079 (NC)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>28092 (_No State)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	58.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					
<b>28104 (_No State)</b>																				
0	0	0.00	8	35	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	8	35	412.00
<i>Subtotal Number in Group: 35</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 35</i>					
<b>28105 (NC)</b>																				
0	0	0.00	7	25	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	7	25	300.00
<i>Subtotal Number in Group: 25</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 25</i>					
<b>28110 (NC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>28112 (NC)</b>																				
0	0	0.00	2	16	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	16	103.00
<i>Subtotal Number in Group: 16</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 14</i>					
<b>28115 (NC)</b>																				
0	0	0.00	2	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	66.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					
<b>28117 (_No State)</b>																				
0	0	0.00	3	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	11	122.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 11</i>					
<b>28120 (NC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>28134 (NC)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>28139 (NC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>28144 (NC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	44.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>28150 (NC)</b>																				
0	0	0.00	3	19	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	19	112.00
<i>Subtotal Number in Group: 19</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 17</i>					
<b>28152 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>28155 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>28163 (NC)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	34.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>28164 (NC)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	72.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 6</i>					
<b>28167 (NC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	30.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>28173 (NC)</b>																				
0	0	0.00	7	24	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	7	24	276.00
<i>Subtotal Number in Group: 24</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 23</i>					
<b>28203 (NC)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>28204 (NC)</b>																				
0	0	0.00	3	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>28205 (NC)</b>																				
0	0	0.00	3	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	11	132.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 11</i>					
<b>28208 (NC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>28209 (NC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>28210 (NC)</b>																				
0	0	0.00	8	28	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	8	28	310.00
<i>Subtotal Number in Group: 28</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 26</i>					
<b>28211 (NC)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>28212 (NC)</b>																				
0	0	0.00	3	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>28213 (_No State)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>28214 (NC)</b>																				
0	0	0.00	4	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	12	140.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 12</i>					
<b>28215 (NC)</b>																				
0	0	0.00	4	18	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	18	210.00
<i>Subtotal Number in Group: 18</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 18</i>					
<b>28217 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	40.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>28226 (NC)</b>																				
0	0	0.00	13	51	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	13	51	602.00
<i>Subtotal Number in Group: 51</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 51</i>					
<b>28227 (NC)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	66.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>2826 (NC)</b>																				
0	0	0.00	0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	0.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 9</i>			<i>Paid Attendees: 0</i>					
<b>28269 (NC)</b>																				
0	0	0.00	5	18	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	5	18	216.00
<i>Subtotal Number in Group: 18</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 18</i>					
<b>28270 (NC)</b>																				
0	0	0.00	6	35	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	6	35	378.00
<i>Subtotal Number in Group: 35</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 34</i>					
<b>28273 (_No State)</b>																				
0	0	0.00	3	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	10	116.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					
<b>28277 (NC)</b>																				
0	0	0.00	13	56	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	13	56	644.00
<i>Subtotal Number in Group: 56</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 54</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>28278 (NC)</b>																				
0	0	0.00	3	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	12	132.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 11</i>					
<b>28286 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	15.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>28305 (NC)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	34.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>28307 (NC)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	60.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>28314 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	44.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>28320 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>28337 (NC)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	30.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>28348 (NC)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>28366 (NC)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>28387 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>28395 (NC)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>28403 (NC)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	34.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>28409 (_No State)</b>																				
0	0	0.00	3	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>28411 (NC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>28412 (NC)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>28451 (NC)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	54.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>28468 (NC)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	56.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					
<b>28479 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>28532 (NC)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>28539 (NC)</b>																				
0	0	0.00	2	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	12	142.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 12</i>					
<b>28546 (NC)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>28557 (NC)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	24.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 2</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>28562 (NC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>28601 (_No State)</b>																				
0	0	0.00	4	20	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	20	228.00
<i>Subtotal Number in Group: 20</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 19</i>					
<b>28602 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>28605 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>28613 (NC)</b>																				
0	0	0.00	1	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>28625 (NC)</b>																				
0	0	0.00	3	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	11	132.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 11</i>					
<b>28636 (NC)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	30.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>28645 (NC)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	106.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>28650 (NC)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>28655 (NC)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	92.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>28659 (NC)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	99.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>28663 (NC)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>28673 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>28677 (NC)</b>																				
0	0	0.00	2	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 8</i>					
<b>28704 (_No State)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	60.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					
<b>28712 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	6.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 2</i>					
<b>28714 (NC)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>28715 (_No State)</b>																				
0	0	0.00	3	13	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	13	144.00
<i>Subtotal Number in Group: 13</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 12</i>					
<b>28716 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>28732 (_No State)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>28734 (NC)</b>																				
0	0	0.00	3	17	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	17	188.00
<i>Subtotal Number in Group: 17</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 16</i>					
<b>28739 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	34.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>28741 (NC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>28753 (NC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>28771 (NC)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>28777 (NC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>28785 (NC)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>28786 (NC)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	46.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>28787 (NC)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	57.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>28789 (NC)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	18.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>28792 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>28801 (_No State)</b>																				
0	0	0.00	1	1	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	1	12.00
<i>Subtotal Number in Group: 1</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 1</i>					
<b>28803 (NC)</b>																				
0	0	0.00	4	17	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	17	110.00
<i>Subtotal Number in Group: 17</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 17</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total			
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	
<b>28805 (_No State)</b>																					
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00	
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>						
<b>28806 (_No State)</b>																					
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00	
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>						
<b>29016 (_No State)</b>																					
0	0	0.00	4	14	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	14	158.00	
<i>Subtotal Number in Group: 14</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 14</i>						
<b>29033 (SC)</b>																					
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00	
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>						
<b>29036 (_No State)</b>																					
0	0	0.00	7	26	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	7	26	298.00	
<i>Subtotal Number in Group: 26</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 26</i>						
<b>29045 (SC)</b>																					
0	0	0.00	2	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	108.00	
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>						
<b>29048 (SC)</b>																					
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00	
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>						
<b>29063 (SC)</b>																					
0	0	0.00	5	20	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	5	20	204.00	
<i>Subtotal Number in Group: 20</i>												<i>Free Attendees: 3</i>			<i>Paid Attendees: 17</i>						
<b>29072 (SC)</b>																					
0	0	0.00	9	29	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0.00	1	5	325.00	10	34	671.00
<i>Subtotal Number in Group: 30</i>												<i>Free Attendees: 4</i>			<i>Paid Attendees: 30</i>						
<b>29073 (SC)</b>																					
0	0	0.00	3	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0.00	1	5	325.00	4	16	457.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 4</i>			<i>Paid Attendees: 12</i>						
<b>29082 (SC)</b>																					
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00	
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>						

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>29110 (_No State)</b>																				
0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	23	132.00	0	0	0.00	1	23	132.00
												<i>Subtotal Number in Group: 23</i>			<i>Free Attendees: 1</i>			<i>Paid Attendees: 22</i>		
<b>29127 (_No State)</b>																				
0	0	0.00	1	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	11	130.00
												<i>Subtotal Number in Group: 11</i>			<i>Free Attendees: 0</i>			<i>Paid Attendees: 11</i>		
<b>29129 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
												<i>Subtotal Number in Group: 3</i>			<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>		
<b>29142 (SC)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	15.00
												<i>Subtotal Number in Group: 5</i>			<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>		
<b>29148 (SC)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
												<i>Subtotal Number in Group: 3</i>			<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>		
<b>29153 (_No State)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	60.00
												<i>Subtotal Number in Group: 6</i>			<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>		
<b>29154 (SC)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	21.00
												<i>Subtotal Number in Group: 7</i>			<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>		
<b>29160 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	20.00
												<i>Subtotal Number in Group: 2</i>			<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>		
<b>29170 (_No State)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	46.00
												<i>Subtotal Number in Group: 7</i>			<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>		
<b>29172 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
												<i>Subtotal Number in Group: 3</i>			<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>		
<b>29180 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
												<i>Subtotal Number in Group: 3</i>			<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>		

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>29204 (SC)</b>																				
0	0	0.00	2	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	12	112.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 11</i>					
<b>29205 (SC)</b>																				
0	0	0.00	3	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	11	108.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 9</i>					
<b>29206 (OH)</b>																				
0	0	0.00	4	13	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	5	18	156.00
<i>Subtotal Number in Group: 18</i>												<i>Free Attendees: 5</i>			<i>Paid Attendees: 13</i>					
<b>29212 (SC)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	58.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>29217 (SC)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	20.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>292229 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>29223 (SC)</b>																				
0	0	0.00	1	4	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	9.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 3</i>			<i>Paid Attendees: 3</i>					
<b>29229 (SC)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>29302 (SC)</b>																				
0	0	0.00	3	15	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	15	148.00
<i>Subtotal Number in Group: 15</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 13</i>					
<b>29303 (SC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	12.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>29307 (SC)</b>																				
0	0	0.00	1	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>29316 (SC)</b>																				
0	0	0.00	5	25	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	5	25	257.00
<i>Subtotal Number in Group: 25</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 24</i>					
<b>29323 (SC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>29334 (SC)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	45.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 6</i>					
<b>29349 (SC)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	92.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>29360 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>29369 (_No State)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	60.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 5</i>					
<b>29385 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>29388 (SC)</b>																				
0	0	0.00	2	16	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	16	178.00
<i>Subtotal Number in Group: 16</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 15</i>					
<b>29403 (SC)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>29405 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	12.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 1</i>					
<b>29407 (SC)</b>																				
0	0	0.00	4	14	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	14	120.00
<i>Subtotal Number in Group: 14</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 13</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>29412 (SC)</b>																				
0	0	0.00	2	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	11	130.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 11</i>					
<b>29413 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>29414 (SC)</b>																				
0	0	0.00	7	31	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	7	31	358.00
<i>Subtotal Number in Group: 31</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 31</i>					
<b>29445 (SC)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	15.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>29449 (SC)</b>																				
0	0	0.00	5	31	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	5	31	354.00
<i>Subtotal Number in Group: 31</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 31</i>					
<b>29455 (SC)</b>																				
0	0	0.00	6	25	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	6	25	258.00
<i>Subtotal Number in Group: 25</i>												<i>Free Attendees: 3</i>			<i>Paid Attendees: 22</i>					
<b>29456 (_No State)</b>																				
0	0	0.00	2	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>29461 (SC)</b>																				
0	0	0.00	4	16	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	16	173.00
<i>Subtotal Number in Group: 16</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 16</i>					
<b>29464 (SC)</b>																				
0	0	0.00	8	34	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	8	34	406.00
<i>Subtotal Number in Group: 34</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 34</i>					
<b>29464-5 (SC)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>29466 (SC)</b>																				
0	0	0.00	5	20	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	5	20	216.00
<i>Subtotal Number in Group: 20</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 18</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>29477 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>29483 (_No State)</b>																				
0	0	0.00	4	14	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	14	164.00
<i>Subtotal Number in Group: 14</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 14</i>					
<b>29485 (SC)</b>																				
0	0	0.00	4	16	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	16	192.00
<i>Subtotal Number in Group: 16</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 16</i>					
<b>29485-7 (SC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	40.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>29486 (SC)</b>																				
0	0	0.00	3	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	11	130.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 11</i>					
<b>29488 (SC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>29492 (_No State)</b>																				
0	0	0.00	6	20	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	6	20	240.00
<i>Subtotal Number in Group: 20</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 20</i>					
<b>29501 (SC)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>29505 (_No State)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	49.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>29506 (SC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>29511 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>29540 (SC)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	60.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					
<b>29544 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>29550 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>29555 (SC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	12.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>29560 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	40.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>29565 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>29577 (SC)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	22.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 2</i>					
<b>29579 (SC)</b>																				
0	0	0.00	4	13	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	13	129.00
<i>Subtotal Number in Group: 13</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 13</i>					
<b>29582 (SC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>29588 (SC)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>29605 (SC)</b>																				
0	0	0.00	10	49	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	10	49	552.00
<i>Subtotal Number in Group: 49</i>												<i>Free Attendees: 3</i>			<i>Paid Attendees: 46</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>29607 (_No State)</b>																				
0	0	0.00	7	26	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	7	26	310.00
<i>Subtotal Number in Group: 26</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 26</i>					
<b>29609 (SC)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>29615 (_No State)</b>																				
0	0	0.00	4	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	12	142.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 12</i>					
<b>29617 (SC)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>29620 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>29621 (SC)</b>																				
0	0	0.00	4	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	12	144.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 12</i>					
<b>29627 (_No State)</b>																				
0	0	0.00	1	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>29630 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>29630-9 (SC)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	58.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>29631 (SC)</b>																				
0	0	0.00	1	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	9	104.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>29640 (SC)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>29642 (SC)</b>																				
0	0	0.00	3	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	10	81.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 9</i>					
<b>29644 (_No State)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	60.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>29649 (SC)</b>																				
0	0	0.00	4	13	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	13	132.00
<i>Subtotal Number in Group: 13</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 13</i>					
<b>29650 (SC)</b>																				
0	0	0.00	7	26	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	7	26	251.00
<i>Subtotal Number in Group: 26</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 25</i>					
<b>29651 (SC)</b>																				
0	0	0.00	7	28	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	7	28	276.00
<i>Subtotal Number in Group: 28</i>												<i>Free Attendees: 5</i>			<i>Paid Attendees: 23</i>					
<b>29657 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>29666 (SC)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	34.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>29670 (SC)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>29671 (SC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	42.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>29673 (SC)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>29678 (_No State)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	58.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>29680 (SC)</b>																				
0	0	0.00	4	17	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	17	180.00
<i>Subtotal Number in Group: 17</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 15</i>					
<b>29681 (SC)</b>																				
0	0	0.00	7	32	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	7	32	380.00
<i>Subtotal Number in Group: 32</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 32</i>					
<b>29687 (SC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>29690 (SC)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	94.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>29697 (SC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>29704 (SC)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>29707 (SC)</b>																				
0	0	0.00	6	22	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	6	22	250.00
<i>Subtotal Number in Group: 22</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 21</i>					
<b>29708 (SC)</b>																				
0	0	0.00	9	36	0.00	2	12	0.00	0	0	0.00	0	0	0.00	1	10	650.00	12	58	1058.00
<i>Subtotal Number in Group: 46</i>												<i>Free Attendees: 21</i>			<i>Paid Attendees: 37</i>					
<b>29710 (SC)</b>																				
0	0	0.00	2	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	11	120.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 10</i>					
<b>29715 (SC)</b>																				
0	0	0.00	7	26	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	7	26	283.00
<i>Subtotal Number in Group: 26</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 26</i>					
<b>29720 (SC)</b>																				
0	0	0.00	6	24	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	6	24	286.00
<i>Subtotal Number in Group: 24</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 24</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>29730 (SC)</b>																				
0	0	0.00	7	26	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	7	26	286.00
<i>Subtotal Number in Group: 26</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 24</i>					
<b>29732 (SC)</b>																				
0	0	0.00	8	32	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	8	32	358.00
<i>Subtotal Number in Group: 32</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 30</i>					
<b>29745 (SC)</b>																				
0	0	0.00	1	4	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	48.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 4</i>			<i>Paid Attendees: 4</i>					
<b>29801 (SC)</b>																				
0	0	0.00	7	28	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	7	28	298.00
<i>Subtotal Number in Group: 28</i>												<i>Free Attendees: 3</i>			<i>Paid Attendees: 25</i>					
<b>29803 (SC)</b>																				
0	0	0.00	7	25	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	7	25	298.00
<i>Subtotal Number in Group: 24</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 25</i>					
<b>29805 (SC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>29812 (SC)</b>																				
0	0	0.00	3	13	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	13	93.00
<i>Subtotal Number in Group: 13</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 13</i>					
<b>29826 (SC)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	58.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 5</i>					
<b>29829 (SC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>29841 (SC)</b>																				
0	0	0.00	8	28	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	8	28	322.00
<i>Subtotal Number in Group: 28</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 28</i>					
<b>29842 (SC)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>29847 (SC)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>29849 (SC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	12.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>29860 (SC)</b>																				
0	0	0.00	6	20	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	6	20	240.00
<i>Subtotal Number in Group: 20</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 20</i>					
<b>29900 (SC)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>29902 (SC)</b>																				
0	0	0.00	39	121	0.00	7	29	0.00	0	0	0.00	0	0	0.00	0	0	0.00	46	150	1255.00
<i>Subtotal Number in Group: 150</i>												<i>Free Attendees: 36</i>			<i>Paid Attendees: 114</i>					
<b>29906 (SC)</b>																				
0	0	0.00	31	103	0.00	13	41	24.00	0	0	0.00	0	0	0.00	0	0	0.00	44	144	1070.00
<i>Subtotal Number in Group: 144</i>												<i>Free Attendees: 47</i>			<i>Paid Attendees: 97</i>					
<b>29907 (SC)</b>																				
0	0	0.00	13	47	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	15	54	474.00
<i>Subtotal Number in Group: 54</i>												<i>Free Attendees: 12</i>			<i>Paid Attendees: 42</i>					
<b>29909 (SC)</b>																				
0	0	0.00	52	190	0.00	8	30	22.00	0	0	0.00	0	0	0.00	3	27	371.00	63	247	2394.00
<i>Subtotal Number in Group: 224</i>												<i>Free Attendees: 62</i>			<i>Paid Attendees: 185</i>					
<b>29910 (SC)</b>																				
0	0	0.00	163	546	0.00	90	351	184.00	0	0	0.00	1	10	60.00	6	50	1300.00	260	957	7063.00
<i>Subtotal Number in Group: 882</i>												<i>Free Attendees: 433</i>			<i>Paid Attendees: 524</i>					
<b>29910-4 (SC)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>29910-6 (SC)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	22.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>29915 (SC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>29916 (_No State)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>29920 (SC)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	72.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 6</i>					
<b>29925 (SC)</b>																				
0	0	0.00	2	6	0.00	4	13	0.00	0	0	0.00	0	0	0.00	0	0	0.00	6	19	36.00
<i>Subtotal Number in Group: 19</i>												<i>Free Attendees: 16</i>			<i>Paid Attendees: 3</i>					
<b>29926 (SC)</b>																				
0	0	0.00	148	487	0.00	189	614	223.00	0	0	0.00	2	27	156.00	19	153	2275.00	358	1281	7413.00
<i>Subtotal Number in Group: 1134</i>												<i>Free Attendees: 791</i>			<i>Paid Attendees: 490</i>					
<b>29926-2 (SC)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>29927 (SC)</b>																				
0	0	0.00	18	80	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	18	80	918.00
<i>Subtotal Number in Group: 80</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 80</i>					
<b>29928 (SC)</b>																				
0	0	0.00	153	496	0.00	198	591	275.00	1	2	0.00	0	0	0.00	14	76	4225.00	366	1165	9257.00
<i>Subtotal Number in Group: 1063</i>												<i>Free Attendees: 717</i>			<i>Paid Attendees: 448</i>					
<b>29928-3 (SC)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>29928-5 (SC)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	34.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>29929 (SC)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>29930 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>29934 (SC)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	6.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>29935 (SC)</b>																				
0	0	0.00	6	16	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	6	16	162.00
<i>Subtotal Number in Group: 16</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 15</i>					
<b>29936 (SC)</b>																				
0	0	0.00	16	42	0.00	0	0	0.00	0	0	0.00	1	15	90.00	0	0	0.00	17	57	554.00
<i>Subtotal Number in Group: 57</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 55</i>					
<b>29938 (SC)</b>																				
0	0	0.00	0	0	0.00	4	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	9	0.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 9</i>			<i>Paid Attendees: 0</i>					
<b>29940 (SC)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>29944 (SC)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	15.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>29945 (SC)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	9.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>29990 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	40.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>30004 (GA)</b>																				
0	0	0.00	2	7	0.00	5	51	0.00	0	0	0.00	0	0	0.00	0	0	0.00	7	58	72.00
<i>Subtotal Number in Group: 24</i>												<i>Free Attendees: 52</i>			<i>Paid Attendees: 6</i>					
<b>30004-4 (GA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>30005 (GA)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>30009 (GA)</b>																				
0	0	0.00	3	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	11	130.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 11</i>					
<b>30011 (GA)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>30016 (_No State)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>30019 (_No State)</b>																				
0	0	0.00	4	17	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	17	204.00
<i>Subtotal Number in Group: 17</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 17</i>					
<b>30021 (GA)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	6.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>30022 (GA)</b>																				
0	0	0.00	5	18	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	5	18	202.00
<i>Subtotal Number in Group: 18</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 17</i>					
<b>30024 (_No State)</b>																				
0	0	0.00	5	24	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	5	24	288.00
<i>Subtotal Number in Group: 24</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 24</i>					
<b>30028 (GA)</b>																				
0	0	0.00	3	18	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	18	200.00
<i>Subtotal Number in Group: 18</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 17</i>					
<b>30030 (GA)</b>																				
0	0	0.00	3	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	8	84.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 7</i>					
<b>30033 (GA)</b>																				
0	0	0.00	3	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	10	118.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>30034 (GA)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	29.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>30040 (GA)</b>																				
0	0	0.00	10	37	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	10	37	428.00
<i>Subtotal Number in Group: 37</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 36</i>					
<b>30041 (GA)</b>																				
0	0	0.00	9	35	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	9	35	402.00
<i>Subtotal Number in Group: 35</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 34</i>					
<b>30043 (_No State)</b>																				
0	0	0.00	3	14	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	14	166.00
<i>Subtotal Number in Group: 14</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 14</i>					
<b>30044 (GA)</b>																				
0	0	0.00	5	18	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	5	18	180.00
<i>Subtotal Number in Group: 18</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 18</i>					
<b>30052 (_No State)</b>																				
0	0	0.00	7	31	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	7	31	372.00
<i>Subtotal Number in Group: 31</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 31</i>					
<b>30055 (GA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>30062 (GA)</b>																				
0	0	0.00	3	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	12	142.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 12</i>					
<b>30063 (_No State)</b>																				
0	0	0.00	1	1	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	1	12.00
<i>Subtotal Number in Group: 1</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 1</i>					
<b>30064 (GA)</b>																				
0	0	0.00	9	39	0.00	1	3	36.00	0	0	0.00	0	0	0.00	0	0	0.00	10	42	472.00
<i>Subtotal Number in Group: 42</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 40</i>					
<b>30066 (GA)</b>																				
0	0	0.00	7	21	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	7	21	248.00
<i>Subtotal Number in Group: 21</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 21</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>30067 (GA)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>30068 (_No State)</b>																				
0	0	0.00	4	18	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	18	216.00
<i>Subtotal Number in Group: 17</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 18</i>					
<b>30071 (GA)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	94.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 8</i>					
<b>30075 (GA)</b>																				
0	0	0.00	6	21	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	6	21	252.00
<i>Subtotal Number in Group: 21</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 21</i>					
<b>30076 (GA)</b>																				
0	0	0.00	8	44	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	8	44	518.00
<i>Subtotal Number in Group: 44</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 44</i>					
<b>30078 (SC)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	70.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>30080 (GA)</b>																				
0	0	0.00	3	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	11	130.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 11</i>					
<b>30082 (GA)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	82.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>30083 (GA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>30084 (_No State)</b>																				
0	0	0.00	5	27	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	5	27	306.00
<i>Subtotal Number in Group: 27</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 26</i>					
<b>30087-2 (GA)</b>																				
0	0	0.00	1	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	10	116.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>30088 (GA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	34.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>30092 (GA)</b>																				
0	0	0.00	5	20	0.00	3	10	12.00	0	0	0.00	0	0	0.00	0	0	0.00	8	30	252.00
<i>Subtotal Number in Group: 30</i>												<i>Free Attendees: 9</i>			<i>Paid Attendees: 21</i>					
<b>30096 (GA)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>30101 (GA)</b>																				
0	0	0.00	4	14	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	14	168.00
<i>Subtotal Number in Group: 14</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 14</i>					
<b>30102 (_No State)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>30103 (GA)</b>																				
0	0	0.00	1	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>30107 (GA)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>30114 (_No State)</b>																				
0	0	0.00	6	21	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	6	21	248.00
<i>Subtotal Number in Group: 21</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 21</i>					
<b>30115 (GA)</b>																				
0	0	0.00	9	44	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	9	44	494.00
<i>Subtotal Number in Group: 44</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 42</i>					
<b>30117 (GA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>30121 (GA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>30122 (GA)</b>																				
0	0	0.00	1	1	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	1	10.00
<i>Subtotal Number in Group: 1</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 1</i>					
<b>30125 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>30126 (GA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>30127 (GA)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>30132 (GA)</b>																				
0	0	0.00	1	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>30141 (GA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>30143 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	48.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>30144 (_No State)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	80.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>30152 (_No State)</b>																				
0	0	0.00	4	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	11	132.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 11</i>					
<b>30161 (_No State)</b>																				
0	0	0.00	3	13	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	13	100.00
<i>Subtotal Number in Group: 13</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 13</i>					
<b>30165 (_No State)</b>																				
0	0	0.00	1	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>30175 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>30180 (GA)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>30180-6 (GA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	30.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>30185 (GA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>30188 (GA)</b>																				
0	0	0.00	7	27	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	7	27	272.00
<i>Subtotal Number in Group: 28</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 26</i>					
<b>30213 (GA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>30214 (GA)</b>																				
0	0	0.00	3	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	11	120.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 10</i>					
<b>30215 (GA)</b>																				
0	0	0.00	3	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>30223 (GA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>30224 (GA)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	54.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 5</i>					
<b>30228 (GA)</b>																				
0	0	0.00	1	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	9	60.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 4</i>			<i>Paid Attendees: 5</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>30233 (GA)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>30236 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>30240 (_No State)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>30248 (_No State)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>30252 (GA)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	48.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>30253 (GA)</b>																				
0	0	0.00	5	21	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	5	21	252.00
<i>Subtotal Number in Group: 21</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 21</i>					
<b>30259 (GA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>30263 (GA)</b>																				
0	0	0.00	6	22	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	6	22	235.00
<i>Subtotal Number in Group: 22</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 22</i>					
<b>30265 (GA)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	60.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					
<b>30268 (GA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>30269 (_No State)</b>																				
0	0	0.00	4	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>30276 (GA)</b>																				
0	0	0.00	2	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	104.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 9</i>					
<b>30277 (GA)</b>																				
0	0	0.00	2	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	12	144.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 12</i>					
<b>30281 (_No State)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>30286 (GA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>30292 (GA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>30299 (GA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>30305 (GA)</b>																				
0	0	0.00	2	7	0.00	1	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	15	72.00
<i>Subtotal Number in Group: 15</i>												<i>Free Attendees: 9</i>			<i>Paid Attendees: 6</i>					
<b>30306 (GA)</b>																				
0	0	0.00	3	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	11	132.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 11</i>					
<b>30309 (GA)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>30310 (GA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>30312 (GA)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	58.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>30315 (GA)</b>																				
0	0	0.00	2	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	12	140.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 12</i>					
<b>30316 (GA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>30317 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>30318 (GA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>30319 (GA)</b>																				
0	0	0.00	6	31	0.00	2	14	0.00	0	0	0.00	0	0	0.00	0	0	0.00	8	45	346.00
<i>Subtotal Number in Group: 45</i>												<i>Free Attendees: 16</i>			<i>Paid Attendees: 29</i>					
<b>30324 (GA)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>30327 (GA)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>30328 (GA)</b>																				
0	0	0.00	5	21	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	5	21	234.00
<i>Subtotal Number in Group: 20</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 20</i>					
<b>30329 (GA)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>30331 (_No State)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	84.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 7</i>					
<b>30338 (GA)</b>																				
0	0	0.00	10	32	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	10	32	372.00
<i>Subtotal Number in Group: 32</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 31</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>30339 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>30340 (GA)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>30341 (GA)</b>																				
0	0	0.00	4	19	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	19	222.00
<i>Subtotal Number in Group: 18</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 19</i>					
<b>30342 (GA)</b>																				
0	0	0.00	1	3	0.00	2	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	7	24.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 5</i>			<i>Paid Attendees: 2</i>					
<b>30344 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>30345 (GA)</b>																				
0	0	0.00	2	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>30349 (GA)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>30350 (GA)</b>																				
0	0	0.00	3	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	12	126.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 11</i>					
<b>30360 (GA)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	48.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>30413 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	40.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>30415 (GA)</b>																				
0	0	0.00	3	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	10	116.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>30427 (GA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>30436 (GA)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>30439 (GA)</b>																				
0	0	0.00	2	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	4	12.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>30442 (_No State)</b>																				
0	0	0.00	3	13	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	13	81.00
<i>Subtotal Number in Group: 13</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 12</i>					
<b>30446 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>30457 (GA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	9.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>30458 (GA)</b>																				
0	0	0.00	9	33	0.00	4	20	0.00	0	0	0.00	0	0	0.00	0	0	0.00	13	53	267.00
<i>Subtotal Number in Group: 53</i>												<i>Free Attendees: 21</i>			<i>Paid Attendees: 32</i>					
<b>30461 (_No State)</b>																				
0	0	0.00	3	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	12	144.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 12</i>					
<b>30467 (_No State)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	68.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>30471 (GA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>30474 (_No State)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	39.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>30504 (GA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	12.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>30506 (GA)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	68.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>30507 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>30512 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>30518 (_No State)</b>																				
0	0	0.00	5	17	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	5	17	188.00
<i>Subtotal Number in Group: 17</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 16</i>					
<b>30519 (GA)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>30528 (GA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>30533 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>30540 (GA)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	78.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>30542 (GA)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>30549 (_No State)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>30554 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>30577 (_No State)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>30601-3 (GA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	12.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>30605 (GA)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	60.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					
<b>30606 (GA)</b>																				
0	0	0.00	8	41	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	8	41	480.00
<i>Subtotal Number in Group: 41</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 40</i>					
<b>30620 (_No State)</b>																				
0	0	0.00	3	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	10	120.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					
<b>30622 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>30642 (GA)</b>																				
0	0	0.00	3	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	12	142.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 12</i>					
<b>30650 (GA)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>30655 (GA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>30666 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>30673 (_No State)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	42.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 5</i>					
<b>30677 (GA)</b>																				
0	0	0.00	7	33	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	7	33	388.00
<i>Subtotal Number in Group: 33</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 33</i>					
<b>30680 (GA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>30683 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>30701 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>30720 (GA)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	70.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>30736 (GA)</b>																				
0	0	0.00	1	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>30755 (GA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>30802 (GA)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>30809 (GA)</b>																				
0	0	0.00	14	54	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	14	54	573.00
<i>Subtotal Number in Group: 54</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 52</i>					
<b>30813 (_No State)</b>																				
0	0	0.00	23	91	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	23	91	991.00
<i>Subtotal Number in Group: 91</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 89</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>30815 (_No State)</b>																				
0	0	0.00	4	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	12	117.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 12</i>					
<b>30816 (GA)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>30824 (GA)</b>																				
0	0	0.00	3	14	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	14	156.00
<i>Subtotal Number in Group: 14</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 13</i>					
<b>30830 (GA)</b>																				
0	0	0.00	3	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	12	144.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 12</i>					
<b>30833 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>30904 (GA)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	18.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>30906 (GA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>30907 (GA)</b>																				
0	0	0.00	18	71	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	18	71	822.00
<i>Subtotal Number in Group: 71</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 69</i>					
<b>30908 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>30909 (GA)</b>																				
0	0	0.00	5	21	0.00	1	6	36.00	0	0	0.00	0	0	0.00	0	0	0.00	6	27	263.00
<i>Subtotal Number in Group: 27</i>												<i>Free Attendees: 4</i>			<i>Paid Attendees: 23</i>					
<b>31005 (_No State)</b>																				
0	0	0.00	2	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	12	72.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 12</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>31021 (GA)</b>																				
0	0	0.00	8	33	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	8	33	280.00
<i>Subtotal Number in Group: 33</i>												<i>Free Attendees: 5</i>			<i>Paid Attendees: 28</i>					
<b>31024 (GA)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	72.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 6</i>					
<b>31025 (GA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>31027 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>31029 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>31036 (GA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>31047 (GA)</b>																				
0	0	0.00	2	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	11	132.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 11</i>					
<b>31061 (GA)</b>																				
0	0	0.00	4	14	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	14	132.00
<i>Subtotal Number in Group: 14</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 14</i>					
<b>31065 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>31082 (GA)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>31088 (GA)</b>																				
0	0	0.00	3	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	12	144.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 12</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>31210 (GA)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	56.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>31220 (GA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	24.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 2</i>					
<b>31302 (GA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>31307 (GA)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>31312 (GA)</b>																				
0	0	0.00	11	39	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	11	39	398.00
<i>Subtotal Number in Group: 39</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 37</i>					
<b>31313 (GA)</b>																				
0	0	0.00	3	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	9	96.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>31315 (GA)</b>																				
0	0	0.00	6	23	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	6	23	234.00
<i>Subtotal Number in Group: 23</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 22</i>					
<b>31316 (_No State)</b>																				
0	0	0.00	4	15	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	15	123.00
<i>Subtotal Number in Group: 15</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 14</i>					
<b>31320 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>31321 (GA)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>31322 (GA)</b>																				
0	0	0.00	9	31	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	9	31	308.00
<i>Subtotal Number in Group: 31</i>												<i>Free Attendees: 3</i>			<i>Paid Attendees: 28</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>31324 (GA)</b>																				
0	0	0.00	15	56	0.00	1	3	0.00	0	0	0.00	1	56	336.00	0	0	0.00	17	115	900.00
<i>Subtotal Number in Group: 115</i>															<i>Free Attendees: 7</i>			<i>Paid Attendees: 108</i>		
<b>31326 (GA)</b>																				
0	0	0.00	14	39	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	14	39	389.00
<i>Subtotal Number in Group: 39</i>															<i>Free Attendees: 1</i>			<i>Paid Attendees: 38</i>		
<b>31328 (GA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	34.00
<i>Subtotal Number in Group: 3</i>															<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>		
<b>31329 (GA)</b>																				
0	0	0.00	3	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	9	96.00
<i>Subtotal Number in Group: 9</i>															<i>Free Attendees: 1</i>			<i>Paid Attendees: 8</i>		
<b>31401 (GA)</b>																				
0	0	0.00	3	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	11	91.00
<i>Subtotal Number in Group: 11</i>															<i>Free Attendees: 1</i>			<i>Paid Attendees: 10</i>		
<b>31404 (GA)</b>																				
0	0	0.00	5	19	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	5	19	121.00
<i>Subtotal Number in Group: 19</i>															<i>Free Attendees: 2</i>			<i>Paid Attendees: 17</i>		
<b>31405 (GA)</b>																				
0	0	0.00	9	30	0.00	3	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	12	40	326.00
<i>Subtotal Number in Group: 40</i>															<i>Free Attendees: 11</i>			<i>Paid Attendees: 29</i>		
<b>31406 (GA)</b>																				
0	0	0.00	3	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	10	85.00
<i>Subtotal Number in Group: 10</i>															<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>		
<b>31407 (GA)</b>																				
0	0	0.00	6	17	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	6	17	147.00
<i>Subtotal Number in Group: 17</i>															<i>Free Attendees: 0</i>			<i>Paid Attendees: 17</i>		
<b>31408 (GA)</b>																				
0	0	0.00	2	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	4	44.00
<i>Subtotal Number in Group: 4</i>															<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>		
<b>31410 (GA)</b>																				
0	0	0.00	6	22	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	6	22	256.00
<i>Subtotal Number in Group: 22</i>															<i>Free Attendees: 0</i>			<i>Paid Attendees: 22</i>		

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>31411 (GA)</b>																				
0	0	0.00	5	16	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	5	16	160.00
<i>Subtotal Number in Group: 16</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 14</i>					
<b>31419 (GA)</b>																				
0	0	0.00	16	60	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	17	63	624.00
<i>Subtotal Number in Group: 62</i>												<i>Free Attendees: 6</i>			<i>Paid Attendees: 57</i>					
<b>31467 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>31501 (GA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>31522 (GA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>31523 (GA)</b>																				
0	0	0.00	2	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	11	120.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 10</i>					
<b>31545 (GA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>31548 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>31564 (GA)</b>																				
0	0	0.00	0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	0.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 8</i>			<i>Paid Attendees: 0</i>					
<b>31602 (GA)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	40.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>31605 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>31749 (_No State)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>31750 (_No State)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>31808 (_No State)</b>																				
0	0	0.00	2	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	120.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					
<b>31820 (GA)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>31824 (_No State)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	60.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					
<b>31904 (GA)</b>																				
0	0	0.00	2	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	12	142.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 12</i>					
<b>31906 (_No State)</b>																				
0	0	0.00	2	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	12	144.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 12</i>					
<b>31909 (GA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>32003 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	44.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>32043 (FL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>32063 (_No State)</b>																				
0	0	0.00	1	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>32065 (FL)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>32068 (_No State)</b>																				
0	0	0.00	2	16	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	16	180.00
<i>Subtotal Number in Group: 16</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 15</i>					
<b>32081 (FL)</b>																				
0	0	0.00	4	13	0.00	3	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	7	23	124.00
<i>Subtotal Number in Group: 23</i>												<i>Free Attendees: 12</i>			<i>Paid Attendees: 11</i>					
<b>32082 (FL)</b>																				
0	0	0.00	3	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	10	118.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					
<b>32092 (FL)</b>																				
0	0	0.00	2	15	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	15	180.00
<i>Subtotal Number in Group: 15</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 15</i>					
<b>32095 (_No State)</b>																				
0	0	0.00	1	1	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	1	10.00
<i>Subtotal Number in Group: 1</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 1</i>					
<b>32096 (_No State)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>32097 (FL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>32128 (FL)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>32136 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>32137 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>32164 (FL)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	58.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>32168 (FL)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	70.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>32169-3 (FL)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>32207 (FL)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 7</i>					
<b>32210 (_No State)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>32218 (FL)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>32224 (FL)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	80.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>32225 (FL)</b>																				
0	0	0.00	3	17	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	17	192.00
<i>Subtotal Number in Group: 17</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 16</i>					
<b>32233 (FL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>32246 (FL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>32250 (_No State)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	84.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 7</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>32256 (FL)</b>																				
0	0	0.00	5	29	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	5	29	250.00
<i>Subtotal Number in Group: 29</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 27</i>					
<b>32258 (FL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>32259 (FL)</b>																				
0	0	0.00	5	23	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	5	23	242.00
<i>Subtotal Number in Group: 23</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 21</i>					
<b>32277 (FL)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	48.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>32309 (FL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>32311 (FL)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>32459 (FL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>32563 (FL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>32566 (FL)</b>																				
0	0	0.00	2	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>32608 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>32708 (FL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>32712 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>32744 (_No State)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	68.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>32746 (FL)</b>																				
0	0	0.00	4	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	11	130.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 11</i>					
<b>32754 (FL)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	48.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>32763 (FL)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>32765 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>32771 (_No State)</b>																				
0	0	0.00	3	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>32779 (FL)</b>																				
0	0	0.00	4	22	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	22	240.00
<i>Subtotal Number in Group: 22</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 20</i>					
<b>32780 (FL)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	58.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>32796 (FL)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	48.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>32803 (FL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

## Attendance by Region/Patron by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>32804 (FL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>32814 (FL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>32820 (FL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>32829 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	12.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>32837 (FL)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>32904 (FL)</b>																				
0	0	0.00	2	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	12	87.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 11</i>					
<b>32940 (FL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>32940-6 (FL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>32955 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	50.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>32962 (FL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>32963 (FL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	32.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>32967 (FL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	24.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 2</i>					
<b>33026 (FL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>33037 (FL)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>33042 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>33062 (_No State)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>33138 (FL)</b>																				
0	0	0.00	2	17	0.00	4	22	12.00	0	0	0.00	0	0	0.00	0	0	0.00	6	39	182.00
<i>Subtotal Number in Group: 39</i>												<i>Free Attendees: 22</i>			<i>Paid Attendees: 17</i>					
<b>33189 (FL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>33312 (FL)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	104.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>33321 (_No State)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>33405 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>33414 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	50.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>33418 (FL)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	78.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>33435 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>33437 (_No State)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	68.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>33458 (FL)</b>																				
0	0	0.00	1	1	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	1	12.00
<i>Subtotal Number in Group: 1</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 1</i>					
<b>33469 (FL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>33478 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>33496 (FL)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>33498 (FL)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>33548 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	22.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>33556 (_No State)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	72.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 6</i>					
<b>33573 (FL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	34.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>33579 (FL)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	20.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>33606 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>33624 (FL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>33625 (FL)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	33.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>33647 (FL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>33756 (FL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>33759 (FL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>33813 (FL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>33823 (FL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>33837 (FL)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>33884 (FL)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	21.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>33896 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>33905 (FL)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>33909 (FL)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	48.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>33928 (FL)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	58.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>34078 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	40.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>34104 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>34109 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>34113 (FL)</b>																				
0	0	0.00	1	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	10	104.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 9</i>					
<b>34119 (FL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>34143 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>34203 (FL)</b>																				
0	0	0.00	1	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	9	92.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 8</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>34211 (FL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>34219 (FL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>34240 (FL)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>34465 (FL)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>34473 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	22.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>34474 (_No State)</b>																				
0	0	0.00	1	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	10	58.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 8</i>					
<b>34610 (FL)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	46.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>34637 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	20.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>34655 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>34684 (FL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>34689 (FL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>34711 (FL)</b>																				
0	0	0.00	2	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>34715 (FL)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	80.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>34747 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>34761 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>34771 (FL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	32.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>34773 (FL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	18.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>34787 (_No State)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>34990 (_No State)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>35016 (AL)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	57.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 7</i>					
<b>35044 (AL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>35121 (AL)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>35216 (AL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>35226 (AL)</b>																				
0	0	0.00	2	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	120.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					
<b>35243 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	44.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>35406 (AL)</b>																				
0	0	0.00	3	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>35541 (AL)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>35758 (_No State)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>35763 (AL)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>35903 (_No State)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	82.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 7</i>					
<b>35957 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	12.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>36022 (AL)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>36024 (AL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>36330 (AL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>36526 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	30.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>36532 (AL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>36756 (AL)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>36801 (AL)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	56.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>36856 (AL)</b>																				
0	0	0.00	0	0	0.00	10	27	0.00	0	0	0.00	0	0	0.00	0	0	0.00	10	27	0.00
<i>Subtotal Number in Group: 27</i>												<i>Free Attendees: 27</i>			<i>Paid Attendees: 0</i>					
<b>37010 (TN)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>37013 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>37023 (_No State)</b>																				
0	0	0.00	2	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	4	44.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>37027 (TN)</b>																				
0	0	0.00	2	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	11	116.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 10</i>					
<b>37043 (TN)</b>																				
0	0	0.00	2	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	108.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 9</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>37064 (_No State)</b>																				
0	0	0.00	2	13	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	13	154.00
<i>Subtotal Number in Group: 13</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 13</i>					
<b>37066 (TN)</b>																				
0	0	0.00	3	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	10	116.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					
<b>37067 (_No State)</b>																				
0	0	0.00	3	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	12	144.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 12</i>					
<b>37075 (TN)</b>																				
0	0	0.00	4	15	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	15	168.00
<i>Subtotal Number in Group: 15</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 14</i>					
<b>37076 (_No State)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>37086 (TN)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>37087 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>37122 (_No State)</b>																				
0	0	0.00	5	15	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	5	15	180.00
<i>Subtotal Number in Group: 15</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 15</i>					
<b>37127 (TN)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>37128 (_No State)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	36.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>37138 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>37167 (_No State)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	82.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>37205 (TN)</b>																				
0	0	0.00	3	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	12	144.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 12</i>					
<b>37206 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>37215 (TN)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>37216 (TN)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	94.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>37218 (TN)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>37221 (TN)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>37302 (TN)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>37312 (TN)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	48.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>37324 (TN)</b>																				
0	0	0.00	1	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	8	94.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>37332 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>37343 (TN)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>37363 (TN)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	48.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>37377 (TN)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	18.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>37388 (TN)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	60.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					
<b>37421 (TN)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	45.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>37601 (_No State)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>37604 (TN)</b>																				
0	0	0.00	5	19	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	5	19	228.00
<i>Subtotal Number in Group: 19</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 19</i>					
<b>37615 (_No State)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	98.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>37616 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>37620 (TN)</b>																				
0	0	0.00	4	15	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	15	140.00
<i>Subtotal Number in Group: 15</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 15</i>					
<b>37642 (TN)</b>																				
0	0	0.00	3	13	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	13	144.00
<i>Subtotal Number in Group: 13</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 12</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>37643 (TN)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>37645 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>37650 (TN)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>37659 (_No State)</b>																				
0	0	0.00	4	17	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	17	148.00
<i>Subtotal Number in Group: 17</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 17</i>					
<b>37660 (TN)</b>																				
0	0	0.00	6	24	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	6	24	229.00
<i>Subtotal Number in Group: 24</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 23</i>					
<b>37663 (TN)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>37664 (TN)</b>																				
0	0	0.00	6	17	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	6	17	198.00
<i>Subtotal Number in Group: 17</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 17</i>					
<b>37664-2 (TN)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>37686 (TN)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	60.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					
<b>37694 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>37709 (TN)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>37716 (TN)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>37722 (TN)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>37737 (TN)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>37745 (TN)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>37757 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>37760 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>37763 (TN)</b>																				
0	0	0.00	2	13	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	13	154.00
<i>Subtotal Number in Group: 13</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 13</i>					
<b>37771 (TN)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>37772 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>37777 (TN)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	106.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>37803 (TN)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>37813 (TN)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	60.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					
<b>37814 (_No State)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	72.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>37825 (_No State)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	48.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>37828 (TN)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>37830 (TN)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>37849 (TN)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>37853 (TN)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	12.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>37862 (TN)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>37865 (TN)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>37874 (_No State)</b>																				
0	0	0.00	1	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	10	27.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 9</i>					
<b>37877 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>37890 (TN)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>37914 (TN)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>37917 (TN)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>37918 (TN)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>37921 (TN)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>37922 (_No State)</b>																				
0	0	0.00	7	29	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	7	29	246.00
<i>Subtotal Number in Group: 29</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 28</i>					
<b>37923 (TN)</b>																				
0	0	0.00	4	13	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	13	154.00
<i>Subtotal Number in Group: 13</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 13</i>					
<b>37924 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>37932 (TN)</b>																				
0	0	0.00	5	24	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	5	24	274.00
<i>Subtotal Number in Group: 24</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 23</i>					
<b>37934 (_No State)</b>																				
0	0	0.00	4	16	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	16	184.00
<i>Subtotal Number in Group: 16</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 16</i>					
<b>38103 (TN)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>38119 (TN)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	82.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>38138 (_No State)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	68.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>38401 (TN)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>38463 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>38464 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>38474 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>38506 (_No State)</b>																				
0	0	0.00	2	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	12	144.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 12</i>					
<b>38571 (TN)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	48.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>38583 (TN)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>38805 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>39301 (MS)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	68.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>39809 (GA)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>39860 (SC)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>40004 (KY)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>40014 (_No State)</b>																				
0	0	0.00	4	17	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	17	180.00
<i>Subtotal Number in Group: 17</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 15</i>					
<b>40031 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>40033 (KY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>40047 (KY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>40059 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>40060 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	12.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>40065 (KY)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>40069 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>40205 (KY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>40207 (KY)</b>																				
0	0	0.00	2	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	120.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					
<b>40218 (KY)</b>																				
0	0	0.00	3	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	10	116.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					
<b>40220 (_No State)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>40222 (KY)</b>																				
0	0	0.00	1	15	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	15	164.00
<i>Subtotal Number in Group: 15</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 14</i>					
<b>40223 (KY)</b>																				
0	0	0.00	4	19	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	6	27	228.00
<i>Subtotal Number in Group: 27</i>												<i>Free Attendees: 8</i>			<i>Paid Attendees: 19</i>					
<b>40233 (KY)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>40241 (KY)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	68.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>40243 (KY)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	34.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>40245 (KY)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>40291 (KY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>40299 (KY)</b>																				
0	0	0.00	4	15	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	15	180.00
<i>Subtotal Number in Group: 15</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 15</i>					
<b>40323 (KY)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>40324 (KY)</b>																				
0	0	0.00	2	14	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	14	166.00
<i>Subtotal Number in Group: 14</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 14</i>					
<b>40351 (KY)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>40356 (KY)</b>																				
0	0	0.00	3	17	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	17	192.00
<i>Subtotal Number in Group: 17</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 16</i>					
<b>40361 (KY)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>40383 (KY)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>40385 (KY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>40391 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	24.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 2</i>					
<b>40422 (KY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>40444 (KY)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					

## Attendance by Region/Patron by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>40475 (KY)</b>																				
0	0	0.00	3	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	12	126.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 12</i>					
<b>40502 (KY)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>40503 (_No State)</b>																				
0	0	0.00	4	12	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	5	14	138.00
<i>Subtotal Number in Group: 14</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 12</i>					
<b>40509 (KY)</b>																				
0	0	0.00	4	15	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	15	168.00
<i>Subtotal Number in Group: 15</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 14</i>					
<b>40513 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>40514 (KY)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	83.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>40515 (KY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>40517 (KY)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	49.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>40601 (KY)</b>																				
0	0	0.00	3	13	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	13	108.00
<i>Subtotal Number in Group: 13</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 12</i>					
<b>40741 (KY)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>40769-2 (KY)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>40906 (_No State)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>41001 (KY)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>41015 (_No State)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>41016 (KY)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	34.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>41017 (KY)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>41018 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>41031 (KY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>4107 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>41086 (KY)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>41091 (KY)</b>																				
0	0	0.00	2	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	108.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 9</i>					
<b>41097 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>41101 (KY)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	70.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>41143 (KY)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	24.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 2</i>					
<b>41189 (_No State)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	96.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 8</i>					
<b>41214 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>41465 (KY)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>41501 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>41858 (KY)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>42001 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>42071 (KY)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>42103 (KY)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	106.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>42104 (KY)</b>																				
0	0	0.00	1	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	8	94.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total			
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	
<b>42141 (_No State)</b>																					
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00	
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>						
<b>42261 (KY)</b>																					
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00	
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>						
<b>42303 (_No State)</b>																					
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00	
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>						
<b>42503 (KY)</b>																					
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00	
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>						
<b>42701 (_No State)</b>																					
0	0	0.00	1	1	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	1	12.00	
<i>Subtotal Number in Group: 1</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 1</i>						
<b>43004 (OH)</b>																					
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	60.00	
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>						
<b>43011 (OH)</b>																					
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00	
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>						
<b>43015 (_No State)</b>																					
0	0	0.00	4	15	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	15	166.00	
<i>Subtotal Number in Group: 15</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 14</i>						
<b>43016 (OH)</b>																					
0	0	0.00	3	18	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	18	216.00	
<i>Subtotal Number in Group: 18</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 18</i>						
<b>43017 (OH)</b>																					
0	0	0.00	7	29	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0.00	1	5	325.00	8	34	665.00
<i>Subtotal Number in Group: 30</i>												<i>Free Attendees: 4</i>			<i>Paid Attendees: 30</i>						
<b>43023 (OH)</b>																					
0	0	0.00	2	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	4	36.00	
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>						

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>43026 (OH)</b>																				
0	0	0.00	3	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	12	142.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 12</i>					
<b>43031 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>43040 (OH)</b>																				
0	0	0.00	3	13	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	13	140.00
<i>Subtotal Number in Group: 13</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 12</i>					
<b>43047 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>43054 (OH)</b>																				
0	0	0.00	2	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	92.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 8</i>					
<b>43055 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>43064 (OH)</b>																				
0	0	0.00	6	21	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	6	21	228.00
<i>Subtotal Number in Group: 21</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 19</i>					
<b>43065 (OH)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	18.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>43072 (OH)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>43074 (_No State)</b>																				
0	0	0.00	3	13	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	13	156.00
<i>Subtotal Number in Group: 13</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 13</i>					
<b>43078 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	21.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>43081 (OH)</b>																				
0	0	0.00	6	25	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	6	25	280.00
<i>Subtotal Number in Group: 25</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 24</i>					
<b>43082 (OH)</b>																				
0	0	0.00	2	22	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	22	252.00
<i>Subtotal Number in Group: 22</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 21</i>					
<b>43103 (OH)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	60.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					
<b>43110 (OH)</b>																				
0	0	0.00	2	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	120.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					
<b>43113 (OH)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	52.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>43123 (OH)</b>																				
0	0	0.00	6	24	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	6	24	288.00
<i>Subtotal Number in Group: 24</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 24</i>					
<b>43130 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>43138 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>43147 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>43160 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>43203 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>43209 (OH)</b>																				
0	0	0.00	3	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	12	140.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 12</i>					
<b>43214 (OH)</b>																				
0	0	0.00	3	13	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	13	138.00
<i>Subtotal Number in Group: 13</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 12</i>					
<b>43215 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	44.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>43221 (_No State)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	72.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 6</i>					
<b>43228 (_No State)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>43229 (OH)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>43230 (OH)</b>																				
0	0	0.00	4	16	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	16	188.00
<i>Subtotal Number in Group: 16</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 16</i>					
<b>43235 (OH)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>43235-5 (OH)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>43302 (OK)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>43334 (OH)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	72.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 6</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>43351 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>43358 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	58.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>43537 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>43542 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	40.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>43551 (OH)</b>																				
0	0	0.00	6	29	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	6	29	326.00
<i>Subtotal Number in Group: 29</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 28</i>					
<b>43560 (OH)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	56.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					
<b>43611 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>43701 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>43725 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>43748 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>43832 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

## Attendance by Region/Patron by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>43950 (OH)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>43952 (OH)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	48.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>43977 (OH)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>44001 (OH)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>44011 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>44012 (OH)</b>																				
0	0	0.00	4	19	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	19	228.00
<i>Subtotal Number in Group: 19</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 19</i>					
<b>44017 (OH)</b>																				
0	0	0.00	1	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	10	108.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 9</i>					
<b>44023 (OH)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	92.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>44028 (_No State)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>44039 (OH)</b>																				
0	0	0.00	5	23	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	5	23	252.00
<i>Subtotal Number in Group: 23</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 21</i>					
<b>44040 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>44052 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>44060 (OH)</b>																				
0	0	0.00	5	16	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	5	16	190.00
<i>Subtotal Number in Group: 16</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 16</i>					
<b>44067 (OH)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>44070 (OH)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>44077 (OH)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	80.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>44094 (OH)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	72.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 6</i>					
<b>44102 (OH)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>44107 (OH)</b>																				
0	0	0.00	3	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	12	128.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 11</i>					
<b>44115 (OH)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	18.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>44116 (OH)</b>																				
0	0	0.00	3	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	10	118.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					
<b>44118 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>44119 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>44120 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	48.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>44122 (OH)</b>																				
0	0	0.00	1	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>44124 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>44126 (OH)</b>																				
0	0	0.00	2	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	102.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 9</i>					
<b>44129 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>44131 (OH)</b>																				
0	0	0.00	4	18	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	18	204.00
<i>Subtotal Number in Group: 18</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 17</i>					
<b>44133 (OH)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	70.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>44134 (OH)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>44136 (OH)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>44139 (OH)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>44140 (OH)</b>																				
0	0	0.00	3	13	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	13	152.00
<i>Subtotal Number in Group: 13</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 13</i>					
<b>44141 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>44143 (OH)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>44145 (OH)</b>																				
0	0	0.00	5	17	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	5	17	200.00
<i>Subtotal Number in Group: 17</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 17</i>					
<b>44146 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>44147 (_No State)</b>																				
0	0	0.00	2	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	104.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 9</i>					
<b>44202 (OH)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>44203 (OH)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	39.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>44212 (_No State)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>44215 (OH)</b>																				
0	0	0.00	2	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>44221 (OH)</b>																				
0	0	0.00	3	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	12	120.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 10</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>44223 (OH)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>44224 (_No State)</b>																				
0	0	0.00	5	19	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	5	19	228.00
<i>Subtotal Number in Group: 19</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 19</i>					
<b>44233 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>44236 (_No State)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>44240 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>44256 (_No State)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>44278 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>44281 (_No State)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>44286 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>44303 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>44312-1 (OH)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	15.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>44313 (OH)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>44314 (OH)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>44321 (OH)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>44333 (OH)</b>																				
0	0	0.00	4	17	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	17	192.00
<i>Subtotal Number in Group: 17</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 16</i>					
<b>44420 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>44436 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>44446 (OH)</b>																				
0	0	0.00	1	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	12	132.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 11</i>					
<b>44509 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	12.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>44512 (OH)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	24.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 2</i>					
<b>44514 (OH)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>44614 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>44632 (OH)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	58.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>44646 (_No State)</b>																				
0	0	0.00	3	16	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	16	180.00
<i>Subtotal Number in Group: 16</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 15</i>					
<b>44647 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>44680 (OH)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>44685 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>44691 (_No State)</b>																				
0	0	0.00	3	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>44705 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>44706 (OH)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	88.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>44708 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>44720 (OH)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>44721 (OH)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	92.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>44839 (OH)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	0.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 0</i>					
<b>44903 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>44904 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>44906 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	34.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>45002 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>45002-8 (OH)</b>																				
0	0	0.00	1	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	9	84.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 7</i>					
<b>45005 (OH)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	72.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 6</i>					
<b>45011 (OH)</b>																				
0	0	0.00	3	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	11	116.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 10</i>					
<b>45013 (OH)</b>																				
0	0	0.00	3	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>45030 (OH)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>45039 (OH)</b>																				
0	0	0.00	3	15	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	15	180.00
<i>Subtotal Number in Group: 15</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 15</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>45040 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>45042 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>45044 (OH)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>45050 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>45065 (OH)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>45066 (OH)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>45069 (OH)</b>																				
0	0	0.00	6	23	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	6	23	262.00
<i>Subtotal Number in Group: 23</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 22</i>					
<b>45070 (OH)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	60.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					
<b>45071 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>45102 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>45120 (OH)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>45140 (_No State)</b>																				
0	0	0.00	6	22	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	6	22	244.00
<i>Subtotal Number in Group: 22</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 21</i>					
<b>45150 (OH)</b>																				
0	0	0.00	2	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	120.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					
<b>45152 (_No State)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>45157 (OH)</b>																				
0	0	0.00	1	1	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	1	12.00
<i>Subtotal Number in Group: 1</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 1</i>					
<b>45167 (OH)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>45204 (OH)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	22.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>45206 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>45208 (OH)</b>																				
0	0	0.00	4	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	10	120.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					
<b>45211 (OH)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>45212 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>45215 (OH)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>45226 (OH)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>45230 (OH)</b>																				
0	0	0.00	4	14	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	14	168.00
<i>Subtotal Number in Group: 14</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 14</i>					
<b>45233 (OH)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>45241 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>45242 (OH)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	70.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 6</i>					
<b>45243 (OH)</b>																				
0	0	0.00	7	32	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	7	32	378.00
<i>Subtotal Number in Group: 32</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 32</i>					
<b>45244 (OH)</b>																				
0	0	0.00	4	14	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	14	164.00
<i>Subtotal Number in Group: 14</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 14</i>					
<b>45245 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>45247 (OH)</b>																				
0	0	0.00	2	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	108.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 9</i>					
<b>45248 (OH)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>45255 (OH)</b>																				
0	0	0.00	3	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	10	118.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>45304 (OK)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	60.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					
<b>45322 (OH)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>45324 (OH)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	24.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 2</i>					
<b>45326 (_No State)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	60.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					
<b>45342 (OH)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>45359 (OH)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>45381 (_No State)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>45385 (_No State)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>45409 (OH)</b>																				
0	0	0.00	2	14	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	14	164.00
<i>Subtotal Number in Group: 14</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 14</i>					
<b>45414 (OH)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>45430 (OH)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	56.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>45431 (OH)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>45458 (OH)</b>																				
0	0	0.00	3	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	12	142.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 12</i>					
<b>45481 (NC)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>45601 (OH)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>45640 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>45663 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>45669 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>45684 (OH)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>45690 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>45701 (OH)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>45714 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>45723 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>45732 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>45805 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>45840 (OH)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	70.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>45869 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>45885 (OH)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	72.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 6</i>					
<b>45889 (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>46013 (IN)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>46032 (IN)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	82.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 7</i>					
<b>46033 (IN)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>46034 (_No State)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					

## Attendance by Region/Patron by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>46037 (IN)</b>																				
0	0	0.00	5	22	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	6	26	264.00
<i>Subtotal Number in Group: 26</i>												<i>Free Attendees: 4</i>			<i>Paid Attendees: 22</i>					
<b>46038 (IN)</b>																				
0	0	0.00	2	13	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	13	140.00
<i>Subtotal Number in Group: 13</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 12</i>					
<b>46040 (IN)</b>																				
0	0	0.00	2	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	12	142.00
<i>Subtotal Number in Group: 12</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 12</i>					
<b>46062 (IN)</b>																				
0	0	0.00	3	19	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	19	216.00
<i>Subtotal Number in Group: 19</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 18</i>					
<b>46065 (IN)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	82.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>46074 (IN)</b>																				
0	0	0.00	3	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	11	130.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 11</i>					
<b>46077 (IN)</b>																				
0	0	0.00	4	15	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	15	178.00
<i>Subtotal Number in Group: 15</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 15</i>					
<b>46142 (IN)</b>																				
0	0	0.00	3	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	11	120.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 10</i>					
<b>46143 (IN)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>46148 (IN)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>46173 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>46181 (IN)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>46202 (IN)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>46205 (IN)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>46208 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>46220 (IN)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>46236 (IN)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>46237 (IN)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	60.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					
<b>46250 (IN)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	44.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>46256 (IN)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>46268 (IN)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>46307 (IN)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	50.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 6</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>46350 (_No State)</b>																				
0	0	0.00	3	13	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	13	140.00
<i>Subtotal Number in Group: 13</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 12</i>					
<b>46375 (IN)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>46737 (IN)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	56.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>46748 (IN)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	68.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>46792 (IN)</b>																				
0	0	0.00	1	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	9	72.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 3</i>			<i>Paid Attendees: 6</i>					
<b>46804 (IN)</b>																				
0	0	0.00	0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	0.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 6</i>			<i>Paid Attendees: 0</i>					
<b>46807 (IN)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>46835 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	56.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>46910 (_No State)</b>																				
0	0	0.00	2	14	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	14	156.00
<i>Subtotal Number in Group: 14</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 14</i>					
<b>46952 (IN)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>47001 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>47037 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>47129 (IN)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>47130 (IN)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>47201 (_No State)</b>																				
0	0	0.00	2	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	108.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 9</i>					
<b>47246 (FL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>47374 (_No State)</b>																				
0	0	0.00	1	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	8	92.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>47501 (IN)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>47630 (IN)</b>																				
0	0	0.00	2	17	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	17	192.00
<i>Subtotal Number in Group: 17</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 16</i>					
<b>47710 (IN)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>47711 (_No State)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	82.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 7</i>					
<b>47714 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>47715 (IN)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>47725 (_No State)</b>																				
0	0	0.00	3	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	11	108.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 9</i>					
<b>47882 (IN)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	60.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					
<b>4790 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>47906 (IN)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>47909 (IN)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	58.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>47978 (IN)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>48009 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>48023 (MI)</b>																				
0	0	0.00	2	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	11	130.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 11</i>					
<b>48025 (MI)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>48025-3 (MI)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>48032 (MI)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	60.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					
<b>48042 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>48069 (MI)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>48070 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>48073 (MI)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	56.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>48092 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>48098 (MI)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>48104 (MI)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>48105 (MI)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>48111 (MI)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>48114 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>48160 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>48162 (MI)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>48167 (MI)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>48168 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>48170 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	48.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>48178 (MI)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>48185 (MI)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>48188 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>48197 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>48198 (MI)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>48220 (MI)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>48236 (MI)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>48301 (MI)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	104.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>48302 (MI)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	44.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>48306 (MI)</b>																				
0	0	0.00	3	16	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	16	176.00
<i>Subtotal Number in Group: 16</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 15</i>					
<b>48374 (MI)</b>																				
0	0	0.00	5	19	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	5	19	222.00
<i>Subtotal Number in Group: 19</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 19</i>					
<b>48382 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>48393 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>48439 (MI)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	34.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>48444 (MI)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	68.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>48471 (MI)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	68.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>48532 (MI)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	80.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>48603 (MI)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	44.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>48609 (MI)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	46.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>48623 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>48642 (MI)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>48708 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>48734 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>48808 (MI)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>48823 (MI)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	58.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>48843 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>48858 (MI)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>48895 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>48917 (MI)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>49004 (MI)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>49006 (MI)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	58.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>49008 (MI)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	34.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>49009 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>49048 (MI)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>49055 (MI)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>49070 (MI)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	33.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>49170 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>49277 (MI)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>49286 (MI)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	18.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>49326 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>49341 (MI)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>49424 (MI)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>49456 (MI)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	56.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>49461 (MI)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>49464 (MI)</b>																				
0	0	0.00	2	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>49504 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	58.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>49505 (_No State)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>49506 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>49512 (MI)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	15.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>49525 (MI)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	96.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>49707 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>49770 (MI)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>49781 (MI)</b>																				
0	0	0.00	1	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	8	94.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>50009 (IA)</b>																				
0	0	0.00	1	1	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	1	12.00
<i>Subtotal Number in Group: 1</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 1</i>					
<b>50023 (_No State)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	72.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 6</i>					
<b>50263 (IA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>50265 (IA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>50312 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>50323 (_No State)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>50453 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>52533 (IA)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>52543 (IA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>52553 (IA)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	60.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 5</i>					
<b>52742 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>53012 (_No State)</b>																				
0	0	0.00	3	15	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	15	180.00
<i>Subtotal Number in Group: 15</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 15</i>					
<b>53022 (WI)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>53029 (WI)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	80.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>53061 (WI)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>53086 (WI)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>53089 (WI)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>53092 (WI)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>53097-3 (WI)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>53098 (WI)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>53110 (WI)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>53120 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>53186 (WI)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>53202 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	44.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>53226 (WI)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>53419 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>53545 (WI)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>53558 (WI)</b>																				
0	0	0.00	1	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	9	108.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>53575 (WI)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>53593 (WI)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>53704 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>53711 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>53719 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>53963 (WI)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>54115 (_No State)</b>																				
0	0	0.00	3	15	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	15	174.00
<i>Subtotal Number in Group: 15</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 15</i>					
<b>54140 (WI)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	6.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>54313 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>54482 (WI)</b>																				
0	0	0.00	3	13	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	13	140.00
<i>Subtotal Number in Group: 13</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 12</i>					
<b>54501 (WI)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>54626 (WI)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	24.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 2</i>					
<b>54636 (WI)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>54701 (WI)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>54913 (_No State)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>54952 (WI)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	12.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>55042 (MN)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>55073 (MN)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	72.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 6</i>					
<b>55104 (MN)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>55126 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	58.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>55317 (MN)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>55344 (MN)</b>																				
0	0	0.00	1	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	9	82.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 7</i>					
<b>55347 (MN)</b>																				
0	0	0.00	1	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	11	126.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 11</i>					
<b>55369 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>55386 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>55419 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>55441 (MN)</b>																				
0	0	0.00	2	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	116.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					
<b>55446 (MN)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>5599163 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>56374 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>56435 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>56514 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	50.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>56572 (MN)</b>																				
0	0	0.00	0	0	0.00	1	1	25.00	0	0	0.00	0	0	0.00	0	0	0.00	1	1	25.00
<i>Subtotal Number in Group: 1</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 1</i>					
<b>57078 (SD)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>57702 (_No State)</b>																				
0	0	0.00	4	14	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	14	154.00
<i>Subtotal Number in Group: 14</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 13</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>57703 (SD)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>58375 (WI)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>58704 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	50.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>59870 (_No State)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>59901 (MT)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>60004 (IL)</b>																				
0	0	0.00	3	15	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	15	176.00
<i>Subtotal Number in Group: 15</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 15</i>					
<b>60012 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>60013 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	24.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 2</i>					
<b>60014 (IL)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	54.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>60025 (IL)</b>																				
0	0	0.00	2	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	106.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 9</i>					
<b>60026 (IL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>60031 (_No State)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	94.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 8</i>					
<b>60035 (_No State)</b>																				
0	0	0.00	3	11	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	11	132.00
<i>Subtotal Number in Group: 11</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 11</i>					
<b>600393 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	30.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>60044 (IL)</b>																				
0	0	0.00	4	14	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	14	158.00
<i>Subtotal Number in Group: 14</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 14</i>					
<b>60046 (IL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>60047 (IL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>60062 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>60062-3 (IL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	34.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>60067 (IL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>60068 (IL)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>60070 (IL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>60071 (IL)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	56.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>60074 (IL)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>60076 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>60091 (_No State)</b>																				
0	0	0.00	3	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	9	96.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 8</i>					
<b>60093 (IL)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	82.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>60110 (_No State)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>60126 (IL)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>60130 (IL)</b>																				
0	0	0.00	1	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>60134 (IL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	34.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>60137 (IL)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>60142 (IL)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>60148 (IL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>60172 (IL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>60175 (IL)</b>																				
0	0	0.00	2	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	120.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					
<b>60187 (_No State)</b>																				
0	0	0.00	3	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>60188 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>60189 (_No State)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>60201 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>60202 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>60302 (IL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	0.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 3</i>			<i>Paid Attendees: 0</i>					
<b>60404 (IL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>60410 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>60423 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>60425 (IL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	12.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>60430 (IL)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	60.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 5</i>					
<b>60439 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>60452 (IL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>60453 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>60462 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>60464 (IL)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	92.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>60467 (IL)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>60504 (IL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>60510 (IL)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	70.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>60513 (IL)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>60514 (IL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>60515 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>60521 (_No State)</b>																				
0	0	0.00	3	15	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	15	176.00
<i>Subtotal Number in Group: 15</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 15</i>					
<b>60540 (IL)</b>																				
0	0	0.00	4	18	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	18	216.00
<i>Subtotal Number in Group: 18</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 18</i>					
<b>60542 (IL)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	48.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>60558 (IL)</b>																				
0	0	0.00	3	13	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	13	152.00
<i>Subtotal Number in Group: 13</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 13</i>					
<b>60563 (IL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>60565 (IL)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>60585 (IL)</b>																				
0	0	0.00	1	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>60605 (IL)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>60613 (IL)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	72.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 6</i>					
<b>60614 (IL)</b>																				
0	0	0.00	6	29	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	6	29	324.00
<i>Subtotal Number in Group: 27</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 27</i>					
<b>60615 (IL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>60618 (IL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>60622 (IL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>60623 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>60625 (IL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>60640 (_No State)</b>																				
0	0	0.00	1	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>60641 (IL)</b>																				
0	0	0.00	3	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	8	60.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 3</i>			<i>Paid Attendees: 5</i>					
<b>60642 (IL)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	84.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 7</i>					
<b>60645 (IL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>60646 (IL)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>60647 (IL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>60657 (IL)</b>																				
0	0	0.00	4	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	9	106.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>60707 (IL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>60805 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>60957 (IL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>61032 (IL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>61107 (IL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>61254 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>61350 (IL)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	82.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>61525 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	30.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>61548 (IL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>61571 (IL)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>61705 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>61832 (IL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	30.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>61866 (_No State)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>61944 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>62025 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>62034 (IL)</b>																				
0	0	0.00	2	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>62035 (IL)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>62216 (IL)</b>																				
0	0	0.00	1	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>62226 (IL)</b>																				
0	0	0.00	1	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					

## Attendance by Region/Patron by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>62269 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>62298-3 (IL)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	58.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>62563 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>62629 (IL)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	72.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 6</i>					
<b>62650 (IL)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>62702 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	44.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>62704 (IL)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>62864 (IL)</b>																				
0	0	0.00	0	0	0.00	3	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	10	0.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 10</i>			<i>Paid Attendees: 0</i>					
<b>62966 (_No State)</b>																				
0	0	0.00	2	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>63005 (MO)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>63016 (MO)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	56.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					

## Attendance by Region/Patron by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>63017 (MO)</b>																				
0	0	0.00	3	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>63021 (MO)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>63025 (MO)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>63049 (MO)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	30.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>63050 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>63052 (MO)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>63105 (MO)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	80.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>63109 (MO)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>63116 (MO)</b>																				
0	0	0.00	3	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	8	94.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>63117 (MO)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>63119 (MO)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>63122 (MO)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	70.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>63123 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>63128 (MO)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>63131 (MO)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>63139 (MO)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>63144 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	32.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>63146 (MO)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>63301 (MO)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>63303 (_No State)</b>																				
0	0	0.00	3	17	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	3	17	192.00
<i>Subtotal Number in Group: 17</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 16</i>					
<b>63304 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>636755 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>64081 (_No State)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	68.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>64086 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>64113 (MO)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>64156 (MO)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>64834 (MO)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>65101 (MO)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	58.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>65203 (MO)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>65262 (MO)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>65301 (MO)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>65473 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	30.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>65738 (MO)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>66006 (KS)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>66027 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	30.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>66043 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>66062 (KS)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>66109 (KS)</b>																				
0	0	0.00	1	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	10	116.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					
<b>66205 (KS)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>66208 (KS)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	68.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>66209 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>66221 (KS)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>66224 (KS)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>66604 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>66801 (KS)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>67235 (KS)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	48.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>68022 (NE)</b>																				
0	0	0.00	1	14	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	14	154.00
<i>Subtotal Number in Group: 14</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 13</i>					
<b>68106 (NE)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>68114 (NE)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	68.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>68123 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>68512 (NE)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	58.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					
<b>69101 (NE)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>70125 (LA)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	56.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>70433 (LA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>70592 (LA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>70611 (LA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>72032 (AR)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>72758 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	32.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>72762 (AR)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>73034 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>73096 (OK)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>73099 (OK)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>73170 (OK)</b>																				
0	0	0.00	1	1	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	1	12.00
<i>Subtotal Number in Group: 1</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 1</i>					
<b>74112 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>74132 (OK)</b>																				
0	0	0.00	1	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	9	94.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 8</i>					
<b>74137 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	58.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>74301 (OK)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>74564 (SC)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>75006 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	12.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 1</i>					
<b>75007 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>75019 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>75034 (TX)</b>																				
0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	325.00	1	5	325.00
<i>Subtotal Number in Group: 1</i>												<i>Free Attendees: 4</i>			<i>Paid Attendees: 1</i>					
<b>75056 (TX)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	44.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>75068 (TX)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>75072 (TX)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>75080 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	34.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>75218 (TX)</b>																				
0	0	0.00	1	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>75225 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>75230 (TX)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>75230-4 (TX)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>75238 (TX)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	34.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>75321 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>75454 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>75701 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>76052 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>76063 (_No State)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>76065 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>76107 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	30.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>76109 (TX)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>77005 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>77018 (TX)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>77035 (TX)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>77045 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	20.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>77304 (_No State)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	56.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					
<b>77381 (TX)</b>																				
0	0	0.00	2	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	120.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					
<b>77423 (TX)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>77433-3 (TX)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>77494 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>78006 (TX)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>78249 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>78260 (TX)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>78620 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>78626 (TX)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>78628 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>78641 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>78666 (TX)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>78701 (TX)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	40.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>78702 (TX)</b>																				
0	0	0.00	1	12	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	12	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 6</i>			<i>Paid Attendees: 6</i>					
<b>78723 (TX)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>78731 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>78735 (TX)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>78746 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	22.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>78757 (TX)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>79606 (TX)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	48.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>79701 (_No State)</b>																				
0	0	0.00	1	9	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	9	108.00
<i>Subtotal Number in Group: 9</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 9</i>					
<b>79720 (TX)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>80021 (CO)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>80023 (CO)</b>																				
0	0	0.00	1	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	10	120.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					
<b>80026 (CO)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	54.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>80109 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>80111 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>80123 (CO)</b>																				
0	0	0.00	1	1	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	1	12.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 1</i>					
<b>80125 (CO)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>80126 (CO)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	6.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>80129 (CO)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>80130 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>80134 (CO)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>80207 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>80210 (CO)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>80212 (CO)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>80227 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	34.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>80241 (CO)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>80401 (CO)</b>																				
0	0	0.00	5	18	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	5	18	202.00
<i>Subtotal Number in Group: 18</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 17</i>					
<b>80424 (CO)</b>																				
0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	10	650.00	2	10	650.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 8</i>			<i>Paid Attendees: 2</i>					
<b>80503 (CO)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	48.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>80504 (CO)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>80516 (CO)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>80524 (CO)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>80528 (CO)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>80550 (_No State)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>80602 (CO)</b>																				
0	0	0.00	2	14	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	14	152.00
<i>Subtotal Number in Group: 14</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 13</i>					
<b>80634 (_No State)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>80906 (CO)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	56.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>80919 (CO)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>82205 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>83002 (WY)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>83642 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	50.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>83832 (ID)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	36.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>84065 (UT)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>84075 (UT)</b>																				
0	0	0.00	1	10	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	10	120.00
<i>Subtotal Number in Group: 10</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 10</i>					
<b>84401 (UT)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>85048 (AZ)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>85208 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>85212 (_No State)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	84.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 7</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>85225 (AZ)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>85255 (AZ)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>85258 (TN)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>85286 (AZ)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	44.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>85288 (AZ)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>85295 (AZ)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>85388 (AZ)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>85755 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>85901 (_No State)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	68.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>87106 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>87108 (_No State)</b>																				
0	0	0.00	2	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>87112 (NM)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	40.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>89703 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>90046 (CA)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>90504 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	40.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>90814 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>91316 (CA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>91321 (CA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>91335 (CA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>91364 (CA)</b>																				
0	0	0.00	2	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	7	82.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>91381 (CA)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	58.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>91390 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>91604 (CA)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>91765 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>91932 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>92009 (CA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>92067 (CA)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	82.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>92116 (CA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>92130 (CA)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	72.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>92630 (CA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>92708 (CA)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	68.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>93014 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>93402 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					

### Attendance by Region/Patron

Versai by Explorer Systems, Inc.

#### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>93619 (_No State)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	60.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					
<b>93912 (CA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>94037 (CA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>94103 (CA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>94118 (_No State)</b>																				
0	0	0.00	2	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	2	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>94123 (CA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>94306 (CA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	32.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>94551-3 (CA)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>94558 (CA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	44.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>94939 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>95123 (CA)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>95132 (_No State)</b>																				
0	0	0.00	1	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>95688 (CA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	32.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>97007 (OR)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>97202 (OR)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>98006 (WA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>98115 (SC)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>98125 (WA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	34.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>98258 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>98270 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	48.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>98273 (WA)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>98332 (WA)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>99203 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>99516 (AK)</b>																				
0	0	0.00	1	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	8	84.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 7</i>					
<b>A1B1A2 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>Greenev (TN)</b>																				
0	0	0.00	1	7	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	7	84.00
<i>Subtotal Number in Group: 7</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 7</i>					
<b>K0k110 (ON)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>K9A 4G2 (ON)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	44.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>K9J0G4 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>K9V1J5 (ON)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>L0b1a0 (ON)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>L0R1C0 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>L1R0M9 (ON)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>L2I3j6 (_No State)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	48.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>L2N7L5 (ON)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>L4A 2J4 (ON)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	48.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>L6H4X1 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>L7G0M4 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>L7P1P7 (ON)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	68.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>L8p4m5 (ON)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>L8s 2c1 (ON)</b>																				
0	0	0.00	1	18	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	18	216.00
<i>Subtotal Number in Group: 18</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 18</i>					
<b>L9C2B4 (ON)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	48.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 2</i>			<i>Paid Attendees: 4</i>					
<b>L9H 7 S (ON)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>L9K 1M8 (ON)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>L9K1M8 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	46.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>L9R 2B2 (ON)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	44.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>L9X2A4 (ON)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	58.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 5</i>					
<b>M1N3J2 (ON)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	34.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>M2H3J9 (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>M4E 2P9 (ON)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 4</i>					
<b>M4L3S5 (ON)</b>																				
0	0	0.00	4	8	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	4	8	96.00
<i>Subtotal Number in Group: 8</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 8</i>					
<b>M9B 4M1 (ON)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	24.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 2</i>					
<b>Mariett (Choose State/Pr)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>Milton (DE)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	34.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 3</i>					
<b>N0B 1T0 (ON)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

## Attendance by Region/Patron

Versai by Explorer Systems, Inc.

### by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>N5w 3m4 (ON)</b>																				
0	0	0.00	1	6	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	6	68.00
<i>Subtotal Number in Group: 6</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 6</i>					
<b>N5X1C5 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	44.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>N6B 3E6 (ON)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>n7s3e6 (_No State)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>N9Y 0C7 (ON)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>Ohio (OH)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	12.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>OL13 9P (Choose State/Pr)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>P0B1M0 (_No State)</b>																				
0	0	0.00	1	2	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	2	24.00
<i>Subtotal Number in Group: 2</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 2</i>					
<b>R3P1M2 (MB)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					
<b>SB03 (Southampton)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					
<b>SW18 5U (Choose State/Pr)</b>																				
0	0	0.00	1	4	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	4	48.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 4</i>					

## Attendance by Region/Patron by Zip Code

Versai by Explorer Systems, Inc.

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value
<b>T1W3L4 (AB)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>T2C2G4 (AB)</b>																				
0	0	0.00	4	15	0.00	8	25	0.00	0	0	0.00	0	0	0.00	0	0	0.00	12	40	180.00
<i>Subtotal Number in Group: 37</i>												<i>Free Attendees: 25</i>			<i>Paid Attendees: 15</i>					
<b>T3Z1B4 (AB)</b>																				
0	0	0.00	1	5	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	5	60.00
<i>Subtotal Number in Group: 5</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 5</i>					
<b>UK (_No State)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	24.00
<i>Subtotal Number in Group: 4</i>												<i>Free Attendees: 1</i>			<i>Paid Attendees: 2</i>					
<b>Wi (WI)</b>																				
0	0	0.00	1	3	0.00	0	0	0.00	0	0	0.00	0	0	0.00	0	0	0.00	1	3	36.00
<i>Subtotal Number in Group: 3</i>												<i>Free Attendees: 0</i>			<i>Paid Attendees: 3</i>					

## Attendance by Region/Patron by Zip Code

Walkup			Advanced			Member			Group			School			Camp/Class			Total		
Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value	Visits	Attendees	Value

**Report Totals**

0	0	0.00	4486	17457	191110.00	604	2044	886.00	1	2	0.00	10	291	1626.00	53	362	11430.00	5154	20156	205052.00
<i>Total Number in Group: 19681</i>												<i>Free Attendees: 3079</i>			<i>Paid Attendees: 17077</i>					

By default, all Attendance based reports include sales lines that are paid or receivable (earned revenue) and printed (closed), for sales not voided, cancelled or refunded, for events and categories marked 'count as attendance'. You may include non-attendance items and/or unpaid and unprinted reservations if you like.

To see a distinct count of people through the door for each sale in this report, use the "Number in Group" subtotals or totals. That's the number in the header segment of each sale. Important: if you filter this report to only include certain events, for instance, number in group will show as if all persons in each transaction attended all events in that transaction.

Note: The Walkup column on the Attendance Report includes Member Walkup sales. In this report, the Walkup column only contains the Walkup sales type, and the Member column includes both Member Walkup and Member Advanced.

**Report Criteria Selected:**

Admission Dates: 1/1/2024 through 8/31/2024

Zips: All

\*\*Custom Query: All

GL Accounts: All

Categories: All

Include Non-Attendance Events and Categories? No

Include Unpaid and Open/Unprinted Sales? No

\*Include Walkup Zip Surveys? No

Events: All

Ticket Packages: All

Discounts: All

\*By definition, Walkup sales lack a patron\_id. Therefore if you request this report by patron, and including Walkup Zip Code Surveys, the total for Walkups will show as patron\_id 0, "\_Walkup Sales".

Reasons why the Attendance report might not match this report when run to include Walkup Zip Codes:

For one or more days in the requested date range:

- a) Daily Setup lacked a Walkup Zip Code survey (you didn't instruct Versai to ask it on those days). Either no survey was chosen at all, or there was no question containing the word 'zip'.
- b) You have multiple survey questions with the word 'zip' in them and you've changed to an older survey in Daily Setup.

To avoid missing zip code survey data on this report moving forward, add new questions to your existing survey or retire questions you no longer want to ask, but don't add a whole new survey. Only use one survey.

\*\*Since custom queries always retrieve patrons who meet conditions, you will exclude Walkup sales if you filter with a custom query.

Date	Zip	Visited Before	How did you hear about The Sandbox
4/1/24	29910	No	Social Media
4/1/24	56572	No	hotel concierge
4/2/24	29926	Yes	The Sandbox website
4/2/24	29910	no	Pink Magazine
4/5/24	19066	no	playing in celebration park & saw museum
4/5/24	55446	no	Google
4/5/24	M1N3J2	no	The Sandbox website
4/10/24	49424	no	Social media
4/12/24	56514	no	hotel concierge
4/15/24	49424	yes	Social Media
4/20/24	29926	yes	members
4/20/24	M9B4M1	no	internet
4/20/24	32097	no	shuttle driver
4/20/24	27587	no	The Sandbox website
4/20/24	19382	no	walking by
4/20/24	29926	no	friend
4/20/24	29926	yes	grandparents
4/25/24	28173	no	Social Media
5/10/24	29928	yes	HH Sun newspaper
5/10/24	31406	no	google
5/11/24	43209	no	discovery map
5/11/24	31602	no	google
5/20/24	63116	no	signage on building
5/20/24	30813	yes	vacation on HH every year
5/21/24	29928	yes	social media
5/21/24	29928	yes	family member
6/10/24	29461	no	hotel staff
6/15/24	23221	no	walking through adventure park
6/20/24	29926	yes	Bluffton Sun
6/20/24	27614	no	The Sandbox website
6/22/24	80129	no	google
6/24/24	43081	no	driving by
6/28/24	54501	no	The Sandbox website
6/29/24	27614	no	magazine
7/4/24	L9H7S	no	hotel
7/4/24	31324	no	visiting Celebration Park
7/4/24	29902	yes	family member
7/4/24	N5W3M4	no	magazine
7/5/24	37205	yes	visited last year
7/10/24	29906	yes	school field trip
7/15/24	67777	no	Sign
7/15/24	29928	yes	every year
7/15/24	29907	no	grandparent

7/15/24	40601	no	concierge
7/16/24	33624	no	shuttle
7/16/24	29414	no	internet
7/16/24	29910	yes	members
7/18/24	32459	yes	came last year
7/18/24	75230	no	google search
7/20/24	30004	no	magazine
7/20/24	75230	no	hotel
7/21/24	34211	no	hotel
7/28/24	75056	no	google
7/28/24	32801	yes	walking through park
8/1/24	30650	yes	come every year
8/5/24	29072	no	social media
8/10/24	30115	no	driving by
8/10/24	19312	no	shuttle driver
8/10/24	54482	no	hotel

This is a new survey system and we hope to build this into the follow-up emails moving forward. It is important

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t to know how they hear

# Sandbox Children's Museum Board Meeting

Monday, 8/19/2024

Meeting Attendees -

Board Members: Lynn, Lindsay, Alex, Jamie, Laurie, Lenore, Jon, Via Phone: Queata

Director: Alicia, Manager: Deb

Meeting began at 12:06pm.

Lindsay introduced new board member. **Welcome Jamie!**

Alicia advised great news about attendance, new members, account info, bathroom updates, staff updates with permanent employees, summer camp details/scholarship possibilities. New program/session add-ons, schedule updates, marketing material details and updates. Shared about special seasonal programs/activities coming up. See her report for more details.

## **Congrats to Deb as the Museum Manager!**

Board members inquired about bill pay and updates and made suggestions about sessions and possible special autism sessions.

Deb shared info about updates with D.I.G. program. Board members discussed and inquired about program details and advertising.

Alicia updated us on gift shop growth/awesome management, Suited videography day, Pink Magazine interview, Town cultural rep coming to view museum. Recommended restricted funds plan from June CPA – ***we'll vote on this next meeting.***

Lynn shared about LocalLife editorial based around Alicia's 1 year anniversary and gave details for Chamber Members' event at the Sandbox on September 19.

Board members discussed Chamber event, shared fundraising idea, and building a year-long celebration for the Sandbox 25<sup>th</sup> Anniversary, suggested E.T. with a bike as a Halloween visual display. Inquired about any new flooding – Alicia advised **NO FLOODING** all is fixed, and inquired about endowment usage - Alicia will get/share details.

Lenore suggested possible revenue building add-ons to the museum.

Alicia shared about review issues. Board discussed and made suggestions. Deb shared a great review (from non-museum guests).

Alex suggested year end donation ask sent to members. Board gave further suggestions.

Board discussed social media activity, and other positive interactions/relationships, and upcoming fall activities.

**Next meeting is on September 16 at the Sandbox. (*Please let Lindsay know if you can't make it.*)**

Alicia shared 2025 budget for approval from executive board and Lindsay motioned for 2025 budget approval for ATAX application. Lynn seconded the motion. Full executive board voted yes to budget approval via proxy vote.

Meeting adjourned at 1:09 pm.



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

## Statement of Activity

January - July, 2024

	TOTAL
Revenue	
40000 Income from Operations	
40100 Admissions	189,267.12
40200 Birthday Parties/ Events	2,839.87
40300 Gift Shop Sales	14,087.43
40400 Membership Income	16,578.24
40600 Gift Card Sales	24.12
<b>Total 40000 Income from Operations</b>	<b>222,796.78</b>
41000 Program Income	
41200 Field Trips	2,010.73
41400 Summer Camp	6,175.00
<b>Total 41000 Program Income</b>	<b>8,185.73</b>
43000 Restricted Income	
43200 Restricted Grants	19,000.00
<b>Total 43000 Restricted Income</b>	<b>19,000.00</b>
44000 Unrestricted Income	
44100 Unrestricted Donations	30,664.54
<b>Total 44000 Unrestricted Income</b>	<b>30,664.54</b>
45000 Interest Income	1.78
46000 ATAX Reimbursement Income	45,446.13
46100 ATAX Reimbursement - Advertising	-44.07
<b>Total 46000 ATAX Reimbursement Income</b>	<b>45,402.06</b>
<b>Total Revenue</b>	<b>\$326,050.89</b>
Cost of Goods Sold	
50000 Cost of Goods Sold - Gift Shop	14,218.46
<b>Total Cost of Goods Sold</b>	<b>\$14,218.46</b>
<b>GROSS PROFIT</b>	<b>\$311,832.43</b>
Expenditures	
60000 Administrative Expenses	
60010 Accounting Services	2,227.00
60015 Advertising	4,624.87
60020 ATAX/Tourist Advertising	19,575.04
60025 Bank Service Charges	38.47
60026 Interest Expense	18.77
60030 Credit Card Fees	4,581.80
60040 Dues/Licenses	487.50
60045 Executive Director Expenses	1,176.14
60050 IT Support	4,143.67
60055 Office Supplies	1,549.10
60060 Printing	303.22
60065 Professional Development	700.00
60070 Software Fees/Subscriptions	8,671.62
60080 Postage	161.55

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

## Statement of Activity

January - July, 2024

	TOTAL
60090 ATAX/Admin & Facility	4,381.14
<b>Total 60000 Administrative Expenses</b>	<b>52,639.89</b>
61000 Building/Property Expense	
61100 Building Maintenance	19,755.95
61200 Building/Custodial Supplies	2,990.22
61300 Insurance	
61310 Commercial Property Insurance	1,685.00
61320 Liability Insurance	3,683.60
61330 Workers Compensation	5,638.00
<b>Total 61300 Insurance</b>	<b>11,006.60</b>
61500 Telephone/Internet	3,413.94
61600 Utilities	7,809.32
61900 Storage	1,715.00
<b>Total 61000 Building/Property Expense</b>	<b>46,691.03</b>
62000 Exhibit Expenses	
62100 ATAX/Exhibit Maintenance	2,259.40
62200 Exhibit Maintenance	2,766.08
62300 Exhibit Supplies	8,524.69
62400 ATAX Exhibit Expense - New Building	11,526.02
62500 ATAX/Exhibit Supplies	8,484.83
<b>Total 62000 Exhibit Expenses</b>	<b>33,561.02</b>
64000 Payroll & Related Expense	
64100 Wages & Salary	128,474.50
64200 Payroll Tax Expense	9,828.31
<b>Total 64000 Payroll &amp; Related Expense</b>	<b>138,302.81</b>
65000 Program Expenses	
65100 ATAX/Program Expense	6,345.84
65200 Program Supplies	2,372.76
<b>Total 65000 Program Expenses</b>	<b>8,718.60</b>
67000 Meals/Entertainment	289.75
68000 Misc Expense	84.67
Payroll Expenses	
Taxes	0.00
Wages	0.00
<b>Total Payroll Expenses</b>	<b>0.00</b>
<b>Total Expenditures</b>	<b>\$280,287.77</b>
NET OPERATING REVENUE	<b>\$31,544.66</b>
NET REVENUE	<b>\$31,544.66</b>

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

## Statement of Activity

January - July, 2024

	TOTAL
Revenue	
40000 Income from Operations	
40100 Admissions	189,267.12
40200 Birthday Parties/ Events	2,839.87
40300 Gift Shop Sales	14,087.43
40400 Membership Income	16,578.24
40600 Gift Card Sales	24.12
<b>Total 40000 Income from Operations</b>	<b>222,796.78</b>
41000 Program Income	
41200 Field Trips	2,010.73
41400 Summer Camp	6,175.00
<b>Total 41000 Program Income</b>	<b>8,185.73</b>
43000 Restricted Income	
43200 Restricted Grants	19,000.00
<b>Total 43000 Restricted Income</b>	<b>19,000.00</b>
44000 Unrestricted Income	
44100 Unrestricted Donations	30,664.54
<b>Total 44000 Unrestricted Income</b>	<b>30,664.54</b>
45000 Interest Income	1.78
46000 ATAX Reimbursement Income	45,446.13
46100 ATAX Reimbursement - Advertising	-44.07
<b>Total 46000 ATAX Reimbursement Income</b>	<b>45,402.06</b>
<b>Total Revenue</b>	<b>\$326,050.89</b>
Cost of Goods Sold	
50000 Cost of Goods Sold - Gift Shop	14,218.46
<b>Total Cost of Goods Sold</b>	<b>\$14,218.46</b>
<b>GROSS PROFIT</b>	<b>\$311,832.43</b>
Expenditures	
60000 Administrative Expenses	
60010 Accounting Services	2,227.00
60015 Advertising	4,624.87
60020 ATAX/Tourist Advertising	19,575.04
60025 Bank Service Charges	38.47
60026 Interest Expense	18.77
60030 Credit Card Fees	4,581.80
60040 Dues/Licenses	487.50
60045 Executive Director Expenses	1,176.14
60050 IT Support	4,143.67
60055 Office Supplies	1,549.10
60060 Printing	303.22
60065 Professional Development	700.00
60070 Software Fees/Subscriptions	8,671.62
60080 Postage	161.55

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

## Statement of Activity

January - July, 2024

	TOTAL
60090 ATAX/Admin & Facility	4,381.14
<b>Total 60000 Administrative Expenses</b>	<b>52,639.89</b>
61000 Building/Property Expense	
61100 Building Maintenance	19,755.95
61200 Building/Custodial Supplies	2,990.22
61300 Insurance	
61310 Commercial Property Insurance	1,685.00
61320 Liability Insurance	3,683.60
61330 Workers Compensation	5,638.00
<b>Total 61300 Insurance</b>	<b>11,006.60</b>
61500 Telephone/Internet	3,413.94
61600 Utilities	7,809.32
61900 Storage	1,715.00
<b>Total 61000 Building/Property Expense</b>	<b>46,691.03</b>
62000 Exhibit Expenses	
62100 ATAX/Exhibit Maintenance	2,259.40
62200 Exhibit Maintenance	2,766.08
62300 Exhibit Supplies	8,524.69
62400 ATAX Exhibit Expense - New Building	11,526.02
62500 ATAX/Exhibit Supplies	8,484.83
<b>Total 62000 Exhibit Expenses</b>	<b>33,561.02</b>
64000 Payroll & Related Expense	
64100 Wages & Salary	128,474.50
64200 Payroll Tax Expense	9,828.31
<b>Total 64000 Payroll &amp; Related Expense</b>	<b>138,302.81</b>
65000 Program Expenses	
65100 ATAX/Program Expense	6,345.84
65200 Program Supplies	2,372.76
<b>Total 65000 Program Expenses</b>	<b>8,718.60</b>
67000 Meals/Entertainment	289.75
68000 Misc Expense	84.67
Payroll Expenses	
Taxes	0.00
Wages	0.00
<b>Total Payroll Expenses</b>	<b>0.00</b>
<b>Total Expenditures</b>	<b>\$280,287.77</b>
NET OPERATING REVENUE	<b>\$31,544.66</b>
NET REVENUE	<b>\$31,544.66</b>

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

## Statement of Financial Position

As of July 31, 2024

	TOTAL
<b>ASSETS</b>	
Current Assets	
Bank Accounts	
10000 Petty Cash/Cash Box	450.00
10100 TD Bank Operating	189,206.57
10200 TD Money Market	6,065.08
<b>Total Bank Accounts</b>	<b>\$195,721.65</b>
Accounts Receivable	
11000 Accounts Receivable	0.00
11050 ERTC Receivable	29,856.99
<b>Total 11000 Accounts Receivable</b>	<b>29,856.99</b>
<b>Total Accounts Receivable</b>	<b>\$29,856.99</b>
Other Current Assets	
12000 Prepaid Expenses	0.00
13000 Undeposited Funds	0.00
CFL Inv Fund Bldg Spendable	0.00
Deposit Receivable	0.00
Due to Sandbox	1,709.00
Endowment Spendable	27,961.00
Endowment - Non Spendable	0.00
Grant Receivable	0.00
Payroll Service Customer Asset	0.00
<b>Total Other Current Assets</b>	<b>\$29,670.00</b>
<b>Total Current Assets</b>	<b>\$255,248.64</b>
Fixed Assets	
14000 Museum Exhibits	0.00
14005 Artist's Alley	0.00
14010 Artwork & Signs	0.00
14015 Bank Exhibit	0.00
14020 Boat	0.00
14025 Climbing Wall	0.00
14030 Construction Zone	0.00
14035 Grocery Store	0.00
14040 International Market/Plane	0.00
14045 Loft	0.00
14050 Multi-Purpose Room	0.00
14055 Racetrack	0.00
14060 Sandcastle	0.00
14065 Toddler Area	0.00
14100 New Coligny Exhibits	147.66
14200 Exhibits - Existing Prior to Coligny	80,515.66
<b>Total 14000 Museum Exhibits</b>	<b>80,663.32</b>
15000 Computer Equipment	4,542.16

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

## Statement of Financial Position

As of July 31, 2024

	TOTAL
16000 Furniture & Fixtures	4,994.01
17000 Leasehold Improvements Buildout	
Leasehold Build. Int, Fix. Etc	2,146.34
Leasehold Building Improvements	86,647.78
<b>Total 17000 Leasehold Improvements Buildout</b>	<b>88,794.12</b>
18000 Fixed Assets Accumulated Depr	0.00
18200 A/D - Exhibits Prior to Coligny	-56,786.50
18500 A/D - Computer Equipment	-7,451.30
18600 A/D - Furniture & Fixtures	-4,269.71
18700 Leasehold Improve Acc. Dep.	-81,208.60
<b>Total 18000 Fixed Assets Accumulated Depr</b>	<b>-149,716.11</b>
Building - WIP	0.00
<b>Total Fixed Assets</b>	<b>\$29,277.50</b>
Other Assets	
19000 Security Deposit	1,500.00
<b>Total Other Assets</b>	<b>\$1,500.00</b>
<b>TOTAL ASSETS</b>	<b>\$286,026.14</b>
<b>LIABILITIES AND EQUITY</b>	
Liabilities	
Current Liabilities	
Accounts Payable	
20000 Accounts Payable	0.00
<b>Total Accounts Payable</b>	<b>\$0.00</b>
Credit Cards	
21200 Sam's Club Business Member Cred	37.26
<b>Total Credit Cards</b>	<b>\$37.26</b>
Other Current Liabilities	
21300 Deferred Grant - Exec Dir	0.50
21400 Direct Deposit Payable	0.00
21500 Due to Building Fund	0.00
22000 Payroll Liabilities	302.91
22100 Federal Taxes (941/944)	0.00
22200 SC Income Tax	-3.28
22300 SC Unemployment Tax	-404.93
<b>Total 22000 Payroll Liabilities</b>	<b>-105.30</b>
24000 PPP Loan	0.00
25000 Due to CFL	-59,829.65
Due to Operational	0.00
Other Current Liabilities	
125 Employee Insurance	0.00
23000 Sales Tax Payable	-2,190.77
Deferred Memberships	0.00
Deferred Renewals	0.00

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

## Statement of Financial Position

As of July 31, 2024

	TOTAL
Direct Deposit Liabilities	0.00
Payroll Liabilities	-302.91
<b>Total Other Current Liabilities</b>	<b>-2,493.68</b>
<b>Total Other Current Liabilities</b>	<b>\$ -62,428.13</b>
<b>Total Current Liabilities</b>	<b>\$ -62,390.87</b>
<b>Total Liabilities</b>	<b>\$ -62,390.87</b>
Equity	
30000 Opening Bal Equity	0.00
31000 Temporarily Restricted Net Assets	-13,421.00
32000 Unrestricted Net Assets	191,899.00
32100 Transfers To/From Unrestricted	0.00
<b>Total 32000 Unrestricted Net Assets</b>	<b>191,899.00</b>
33000 Retained Earnings	65,467.35
Unrestricted Net Assets - NM	72,927.00
Net Revenue	31,544.66
<b>Total Equity</b>	<b>\$348,417.01</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$286,026.14</b>

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

## Statement of Activity

January - December 2023

	TOTAL
Revenue	
40000 Income from Operations	
40100 Admissions	247,785.07
40200 Birthday Parties/ Events	10,611.94
40300 Gift Shop Sales	9,067.90
40400 Membership Income	24,990.71
40600 Gift Card Sales	1,320.91
<b>Total 40000 Income from Operations</b>	<b>293,776.53</b>
41000 Program Income	
41200 Field Trips	1,533.92
41400 Summer Camp	27,155.71
<b>Total 41000 Program Income</b>	<b>28,689.63</b>
42000 Fundraising Income	
42200 Other Event Income	2,103.00
<b>Total 42000 Fundraising Income</b>	<b>2,103.00</b>
43000 Restricted Income	
43100 Restricted Donations	2,020.00
43200 Restricted Grants	13,500.00
43220 Family Fun Nights - Restricted	2,500.00
43270 New Programs - Restricted	2,450.00
<b>Total 43200 Restricted Grants</b>	<b>18,450.00</b>
<b>Total 43000 Restricted Income</b>	<b>20,470.00</b>
44000 Unrestricted Income	
44100 Unrestricted Donations	7,504.82
44200 Unrestricted Grants	19,500.00
<b>Total 44000 Unrestricted Income</b>	<b>27,004.82</b>
45000 Interest Income	3.05
46000 ATAX Reimbursement Income	68,052.63
46100 ATAX Reimbursement - Advertising	0.00
<b>Total 46000 ATAX Reimbursement Income</b>	<b>68,052.63</b>
47000 Other Income	100.00
Markup	-939.73
<b>Total Revenue</b>	<b>\$439,259.93</b>
Cost of Goods Sold	
50000 Cost of Goods Sold - Gift Shop	2,409.62
<b>Total Cost of Goods Sold</b>	<b>\$2,409.62</b>
<b>GROSS PROFIT</b>	<b>\$436,850.31</b>
Expenditures	
60000 Administrative Expenses	3,510.00
60010 Accounting Services	16,536.40
60015 Advertising	2,125.46
60020 ATAX/Tourist Advertising	18,064.74
60025 Bank Service Charges	147.58

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

## Statement of Activity

January - December 2023

	TOTAL
60026 Interest Expense	281.00
60030 Credit Card Fees	3,528.98
60040 Dues/Licenses	1,698.75
60045 Executive Director Expenses	336.60
60050 IT Support	6,732.83
60055 Office Supplies	6,189.39
60065 Professional Development	2,247.71
60070 Software Fees/Subscriptions	3,175.53
60080 Postage	179.40
<b>Total 60000 Administrative Expenses</b>	<b>64,754.37</b>
61000 Building/Property Expense	
61100 Building Maintenance	6,947.68
61200 Building/Custodial Supplies	3,440.15
61300 Insurance	
61310 Commercial Property Insurance	6,493.18
61320 Liability Insurance	6,983.40
61330 Workers Compensation	13,068.50
Flood	170.25
<b>Total 61300 Insurance</b>	<b>26,715.33</b>
61400 Rent	3,010.00
61500 Telephone/Internet	7,340.12
61600 Utilities	15,363.52
61900 Storage	2,715.16
<b>Total 61000 Building/Property Expense</b>	<b>65,531.96</b>
62000 Exhibit Expenses	50.00
62100 ATAX/Exhibit Maintenance	13,627.48
62200 Exhibit Maintenance	1,538.97
62300 Exhibit Supplies	2,064.13
62400 ATAX Exhibit Expense - New Building	19,387.00
<b>Total 62000 Exhibit Expenses</b>	<b>36,667.58</b>
63000 Fundraising Expenses	587.59
64000 Payroll & Related Expense	
64100 Wages & Salary	185,244.64
64200 Payroll Tax Expense	14,465.51
64300 Payroll Service Fee	127.20
<b>Total 64000 Payroll &amp; Related Expense</b>	<b>199,837.35</b>
65000 Program Expenses	4.56
65100 ATAX/Program Expense	7,655.71
65200 Program Supplies	3,033.55
65300 Birthday Supplies	381.20
<b>Total 65000 Program Expenses</b>	<b>11,075.02</b>
66000 Grant Programs Expense	866.53
67000 Meals/Entertainment	59.06

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

## Statement of Activity

January - December 2023

	TOTAL
67500 Membership/Special Events	214.00
68000 Misc Expense	445.53
8010 Misc. Expenses	639.30
Payroll Expenses	
Taxes	0.00
Wages	0.00
<b>Total Payroll Expenses</b>	<b>0.00</b>
Unapplied Cash Bill Payment Expense	1,155.00
<b>Total Expenditures</b>	<b>\$381,833.29</b>
NET OPERATING REVENUE	<b>\$55,017.02</b>
NET REVENUE	<b>\$55,017.02</b>

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

## Statement of Financial Position

As of December 31, 2023

	TOTAL
<b>ASSETS</b>	
Current Assets	
Bank Accounts	
10000 Petty Cash/Cash Box	450.00
10100 TD Bank Operating	161,751.49
10200 TD Money Market	6,063.30
<b>Total Bank Accounts</b>	<b>\$168,264.79</b>
Accounts Receivable	
11000 Accounts Receivable	0.00
11050 ERTC Receivable	29,856.99
<b>Total 11000 Accounts Receivable</b>	<b>29,856.99</b>
<b>Total Accounts Receivable</b>	<b>\$29,856.99</b>
Other Current Assets	
12000 Prepaid Expenses	0.00
13000 Undeposited Funds	0.00
CFL Inv Fund Bldg Spendable	0.00
Deposit Receivable	0.00
Due to Sandbox	1,709.00
Endowment Spendable	27,961.00
Endowment - Non Spendable	0.00
Grant Receivable	0.00
Payroll Service Customer Asset	0.00
<b>Total Other Current Assets</b>	<b>\$29,670.00</b>
<b>Total Current Assets</b>	<b>\$227,791.78</b>
Fixed Assets	
14000 Museum Exhibits	0.00
14005 Artist's Alley	0.00
14010 Artwork & Signs	0.00
14015 Bank Exhibit	0.00
14020 Boat	0.00
14025 Climbing Wall	0.00
14030 Construction Zone	0.00
14035 Grocery Store	0.00
14040 International Market/Plane	0.00
14045 Loft	0.00
14050 Multi-Purpose Room	0.00
14055 Racetrack	0.00
14060 Sandcastle	0.00
14065 Toddler Area	0.00
14100 New Coligny Exhibits	147.66
14200 Exhibits - Existing Prior to Coligny	80,515.66
<b>Total 14000 Museum Exhibits</b>	<b>80,663.32</b>
15000 Computer Equipment	4,542.16

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

## Statement of Financial Position

As of December 31, 2023

	TOTAL
16000 Furniture & Fixtures	4,994.01
17000 Leasehold Improvements Buildout	
Leasehold Build. Int, Fix. Etc	2,146.34
Leasehold Building Improvements	86,647.78
<b>Total 17000 Leasehold Improvements Buildout</b>	<b>88,794.12</b>
18000 Fixed Assets Accumulated Depr	0.00
18200 A/D - Exhibits Prior to Coligny	-56,786.50
18500 A/D - Computer Equipment	-7,451.30
18600 A/D - Furniture & Fixtures	-4,269.71
18700 Leasehold Improve Acc. Dep.	-81,208.60
<b>Total 18000 Fixed Assets Accumulated Depr</b>	<b>-149,716.11</b>
Building - WIP	0.00
<b>Total Fixed Assets</b>	<b>\$29,277.50</b>
Other Assets	
19000 Security Deposit	1,500.00
<b>Total Other Assets</b>	<b>\$1,500.00</b>
<b>TOTAL ASSETS</b>	<b>\$258,569.28</b>
<b>LIABILITIES AND EQUITY</b>	
Liabilities	
Current Liabilities	
Accounts Payable	
20000 Accounts Payable	0.00
<b>Total Accounts Payable</b>	<b>\$0.00</b>
Credit Cards	
21200 Sam's Club Business Member Cred	0.00
<b>Total Credit Cards</b>	<b>\$0.00</b>
Other Current Liabilities	
21300 Deferred Grant - Exec Dir	0.50
21400 Direct Deposit Payable	0.00
21500 Due to Building Fund	0.00
22000 Payroll Liabilities	302.91
22100 Federal Taxes (941/944)	1,925.10
22200 SC Income Tax	309.39
22300 SC Unemployment Tax	-265.17
<b>Total 22000 Payroll Liabilities</b>	<b>2,272.23</b>
24000 PPP Loan	0.00
25000 Due to CFL	-59,829.65
Due to Operational	0.00
Other Current Liabilities	
125 Employee Insurance	0.00
23000 Sales Tax Payable	-443.24
Deferred Memberships	0.00
Deferred Renewals	0.00

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

## Statement of Financial Position

As of December 31, 2023

	TOTAL
Direct Deposit Liabilities	0.00
Payroll Liabilities	-302.91
<b>Total Other Current Liabilities</b>	<b>-746.15</b>
<b>Total Other Current Liabilities</b>	<b>\$ -58,303.07</b>
<b>Total Current Liabilities</b>	<b>\$ -58,303.07</b>
<b>Total Liabilities</b>	<b>\$ -58,303.07</b>
Equity	
30000 Opening Bal Equity	0.00
31000 Temporarily Restricted Net Assets	-13,421.00
32000 Unrestricted Net Assets	191,899.00
32100 Transfers To/From Unrestricted	0.00
<b>Total 32000 Unrestricted Net Assets</b>	<b>191,899.00</b>
33000 Retained Earnings	10,450.33
Unrestricted Net Assets - NM	72,927.00
Net Revenue	55,017.02
<b>Total Equity</b>	<b>\$316,872.35</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$258,569.28</b>

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

## Statement of Financial Position

As of December 31, 2022

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

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

## Statement of Financial Position

As of December 31, 2022

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

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

## Statement of Financial Position

As of December 31, 2022

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

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

## Statement of Activity

January - July, 2024

	TOTAL
Revenue	
40000 Income from Operations	
40100 Admissions	189,267.12
40200 Birthday Parties/ Events	2,839.87
40300 Gift Shop Sales	14,087.43
40400 Membership Income	16,578.24
40600 Gift Card Sales	24.12
<b>Total 40000 Income from Operations</b>	<b>222,796.78</b>
41000 Program Income	
41200 Field Trips	2,010.73
41400 Summer Camp	6,175.00
<b>Total 41000 Program Income</b>	<b>8,185.73</b>
43000 Restricted Income	
43200 Restricted Grants	19,000.00
<b>Total 43000 Restricted Income</b>	<b>19,000.00</b>
44000 Unrestricted Income	
44100 Unrestricted Donations	30,664.54
<b>Total 44000 Unrestricted Income</b>	<b>30,664.54</b>
45000 Interest Income	1.78
46000 ATAX Reimbursement Income	45,446.13
46100 ATAX Reimbursement - Advertising	-44.07
<b>Total 46000 ATAX Reimbursement Income</b>	<b>45,402.06</b>
<b>Total Revenue</b>	<b>\$326,050.89</b>
Cost of Goods Sold	
50000 Cost of Goods Sold - Gift Shop	14,218.46
<b>Total Cost of Goods Sold</b>	<b>\$14,218.46</b>
<b>GROSS PROFIT</b>	<b>\$311,832.43</b>
Expenditures	
60000 Administrative Expenses	
60010 Accounting Services	2,227.00
60015 Advertising	4,624.87
60020 ATAX/Tourist Advertising	19,575.04
60025 Bank Service Charges	38.47
60026 Interest Expense	18.77
60030 Credit Card Fees	4,581.80
60040 Dues/Licenses	487.50
60045 Executive Director Expenses	1,176.14
60050 IT Support	4,143.67
60055 Office Supplies	1,549.10
60060 Printing	303.22
60065 Professional Development	700.00
60070 Software Fees/Subscriptions	8,671.62
60080 Postage	161.55

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

## Statement of Activity

January - July, 2024

	TOTAL
60090 ATAX/Admin & Facility	4,381.14
<b>Total 60000 Administrative Expenses</b>	<b>52,639.89</b>
61000 Building/Property Expense	
61100 Building Maintenance	19,755.95
61200 Building/Custodial Supplies	2,990.22
61300 Insurance	
61310 Commercial Property Insurance	1,685.00
61320 Liability Insurance	3,683.60
61330 Workers Compensation	5,638.00
<b>Total 61300 Insurance</b>	<b>11,006.60</b>
61500 Telephone/Internet	3,413.94
61600 Utilities	7,809.32
61900 Storage	1,715.00
<b>Total 61000 Building/Property Expense</b>	<b>46,691.03</b>
62000 Exhibit Expenses	
62100 ATAX/Exhibit Maintenance	2,259.40
62200 Exhibit Maintenance	2,766.08
62300 Exhibit Supplies	8,524.69
62400 ATAX Exhibit Expense - New Building	11,526.02
62500 ATAX/Exhibit Supplies	8,484.83
<b>Total 62000 Exhibit Expenses</b>	<b>33,561.02</b>
64000 Payroll & Related Expense	
64100 Wages & Salary	128,474.50
64200 Payroll Tax Expense	9,828.31
<b>Total 64000 Payroll &amp; Related Expense</b>	<b>138,302.81</b>
65000 Program Expenses	
65100 ATAX/Program Expense	6,345.84
65200 Program Supplies	2,372.76
<b>Total 65000 Program Expenses</b>	<b>8,718.60</b>
67000 Meals/Entertainment	289.75
68000 Misc Expense	84.67
Payroll Expenses	
Taxes	0.00
Wages	0.00
<b>Total Payroll Expenses</b>	<b>0.00</b>
<b>Total Expenditures</b>	<b>\$280,287.77</b>
NET OPERATING REVENUE	<b>\$31,544.66</b>
NET REVENUE	<b>\$31,544.66</b>

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

## Profit and Loss by Tag Group

January - December 2022

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

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

## Profit and Loss by Tag Group

January - December 2022

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

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

## Profit and Loss by Tag Group

January - December 2022

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

## Critical Messages

None

## Electronic Filing

None

## Informational Messages

- Historical Report (990 Return) does not display 2023 column if Tax Projection has not been selected.
- Data accepted via Datasharing review and verify
- Books in Care of is using officer marked in the officer window; Organization phone number is used for contact
- Exclude Schedule B from income option marked in Contributor Information window (View > Contributor/Officer > Contributor Information)
- Form 990, Part X, line 27 end of year net assets without donor restrictions is calculated
- Preparer 'Pamela June, CPA', Reviewer 'Amy'

## Missing Data

	Prior Year Data
<b>Functional Expenses</b>	
<input type="checkbox"/> Tot / PS, travel	456
<b>Income, Analysis of Activities, Additional Information</b>	
<input type="checkbox"/> Other revenue	39
<b>Income with Direct Expenses and Cost of Goods Sold (Gift shop)</b>	
<input type="checkbox"/> Gross receipts	1,128
<input type="checkbox"/> Purchases	1,128
<b>Electronic Filing</b>	
<input type="checkbox"/> Signature doc return 990	X
<b>Balance Sheet - Assets</b>	
<input type="checkbox"/> Grants receivable - EOY	9,402
<input type="checkbox"/> Accounts receivable - EOY	3,880
<b>Balance Sheet - Liabilities and Equity</b>	
<input type="checkbox"/> Deferred revenue - EOY	120,171
<input type="checkbox"/> Increases to net assets	4
<input type="checkbox"/> Other liabilities - EOY	40,175

## Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning

, and ending

20-0301794

### THE SANDBOX A HILTON HEAD

**Net Asset / Fund Balance at Beginning of Year** 161,642

#### Revenue

Contributions	<u>209,800</u>	
Program service revenue	<u>351,101</u>	
Investment income	<u>3</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>490</u>	
Direct expenses	<u>857</u>	
Net income	<u>-367</u>	
Other income	<u>0</u>	
<b>Total revenue</b>		<u><b>560,537</b></u>

#### Expenses

Program services	<u>367,114</u>	
Management and general	<u>57,099</u>	
Fundraising	<u>40,946</u>	
<b>Total expenses</b>		<u><b>465,159</b></u>
<b>Excess / (deficit)</b>		<u><b>95,378</b></u>

Changes -27,961

**Net Asset / Fund Balance at End of Year** **229,059**

#### Reconciliation of Revenue

Total revenue per financial statements	<u>560,537</u>
Less:	
Unrealized gains	<u>          </u>
Donated services	<u>          </u>
Recoveries	<u>          </u>
Other	<u>          </u>
Plus:	
Investment expenses	<u>          </u>
Other	<u>          </u>
<b>Total revenue per return</b>	<u><u><b>560,537</b></u></u>

#### Reconciliation of Expenses

Total expenses per financial statements	<u>465,159</u>
Less:	
Donated services	<u>          </u>
Prior year adjustments	<u>          </u>
Losses	<u>          </u>
Other	<u>          </u>
Plus:	
Investment expenses	<u>          </u>
Other	<u>          </u>
<b>Total expenses per return</b>	<u><u><b>465,159</b></u></u>

#### Balance Sheet

	Beginning	Ending	Differences
Assets	<u>341,498</u>	<u>238,519</u>	
Liabilities	<u>179,856</u>	<u>9,460</u>	
Net assets	<u><u>161,642</u></u>	<u><u>229,059</u></u>	<u><u>67,417</u></u>

#### Miscellaneous Information

Amended return	
Return / extended due date	<u>11/15/23</u>
Failure to file penalty	<u>          </u>

**JuneCPA  
99 Main Street  
Hilton Head Island, SC 29926  
843-842-6500**

November 15, 2023

**CONFIDENTIAL**

The Sandbox a Hilton Head  
80 Nassau Street  
Hilton Head Island, SC 29928

Dear Alicia & Board of Directors:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)  
South Carolina Registration Statement for a Charitable Organization

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

**Federal Filing Instructions**

Your Form 990 for the year ended 12/31/22 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

JuneCPA  
99 Main Street  
Hilton Head Island, SC 29926

***Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.***

**South Carolina Filing Instructions**

The filing fee for your South Carolina Annual Charitable Registration for the tax year ended 12/31/22 is \$50. The Annual Registration must be signed and dated by two officers of the organization. Include a check payable to the South Carolina Charity Bureau Fund and write "E.I.N. 20-0301794, for the tax year ended 12/31/22" on the check. Mail the return by May 15, 2023 to:

South Carolina Secretary of State  
Attn: Division of Public Charities

1205 Pendleton St., Suite 525  
Columbia, SC 29201

### **South Carolina Filing Instructions**

In order to complete your annual South Carolina Secretary of State financial reporting requirement, a signed copy of the Form 990 or Form 990-EZ must be submitted.

Please sign and date the Form 990 or Form 990-EZ and mail it to:

South Carolina Secretary of State  
Attn: Division of Public Charities  
1205 Pendleton St., Suite 525  
Columbia, SC 29201

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

JuneCPA

Form **8879-TE**

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

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20 \_\_\_\_\_

# 2022

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer **THE SANDBOX A HILTON HEAD** EIN or SSN **20-0301794**

Name and title of officer or person subject to tax **ALICIA POWELL  
EXECUTIVE DIRECTOR**

### Part I Type of Return and Return Information

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

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>560,537</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

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

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

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

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date **11/15/23**

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.  
**57175462291**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **PAMELA JUNE, CPA** Date **11/15/23**

**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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2022 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE SANDBOX A HILTON HEAD</b>		<b>D</b> Employer identification number <b>20-0301794</b>
	Doing business as		<b>E</b> Telephone number <b>843-842-7645</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>80 NASSAU STREET</b>		
	City or town, state or province, country, and ZIP or foreign postal code <b>HILTON HEAD ISLAND SC 29928</b>		<b>G</b> Gross receipts \$ <b>561,394</b>
<b>F</b> Name and address of principal officer: <b>ALICIA POWELL</b> <b>80 NASSAU STREET</b> <b>HILTON HEAD ISLAND SC 29928</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number	
<b>J</b> Website: <b>WWW.THESANDBOX.ORG</b>		<b>L</b> Year of formation: <b>2003</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>M</b> State of legal domicile: <b>SC</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE SANDBOX IS DEDICATED TO THE POSITIVE DEVELOPMENT OF YOUNG CHILDREN THROUGH EDUCATIONAL PLAY IN AN ATMOSPHERE THAT FOSTERS BOTH FAMILY AND COMMUNITY.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>29</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>15</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>154,970</b>	<b>209,800</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>218,481</b>	<b>351,101</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>4</b>	<b>3</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>3,751</b>	<b>-367</b>
		<b>377,206</b>	<b>560,537</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>146,337</b>	<b>255,909</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>40,946</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>121,687</b>	<b>209,250</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>268,024</b>	<b>465,159</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>109,182</b>	<b>95,378</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>341,498</b>	<b>238,519</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>179,856</b>	<b>9,460</b>
	<b>161,642</b>	<b>229,059</b>	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>ALICIA POWELL</b>		Date	
	Type or print name and title <b>EXECUTIVE DIRECTOR</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>PAMELA JUNE, CPA</b>	Preparer's signature <b>PAMELA JUNE, CPA</b>	Date <b>11/15/23</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00636703</b>
	Firm's name <b>JUNECPA</b>	Firm's EIN <b>20-4046229</b>		
	Firm's address <b>99 MAIN STREET HILTON HEAD ISLAND, SC 29926</b>	Phone no. <b>843-842-6500</b>		

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

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

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

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

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

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

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

**4a** (Code: ) (Expenses \$ **367,114** including grants of \$ ) (Revenue \$ **351,101** )

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

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

**N/A**

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

**N/A**

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

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

**4e** Total program service expenses **367,114**

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No			
<b>2a</b>	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>2a</b>	<b>29</b>			
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		<b>X</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>				<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>				
<b>4a</b>	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)?	<b>4a</b>				<b>X</b>
<b>b</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).					
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>				<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>				<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>				
<b>6a</b>	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?	<b>6a</b>				<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>				
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>				
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>				
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>				
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>				
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>				
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>				
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>				
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>				
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>				
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>					
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>				
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>				
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:					
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>				
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>				
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:					
<b>a</b>	Gross income from members or shareholders	<b>11a</b>				
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>				
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>				
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>				
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>				
<b>b</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	<b>13b</b>				
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>				
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>				<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>				
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>				<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>				<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>				

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> <b>15</b>		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> <b>15</b>		
<b>2</b>	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?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>7b</b>			
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>8a</b>			
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>8b</b>			
<b>9</b>	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		<b>X</b>
<b>9</b>			

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>10a</b>			
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<b>X</b>
<b>11a</b>			
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13		<b>X</b>
<b>12a</b>			
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
<b>12b</b>			
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?		<b>X</b>
<b>13</b>			
<b>14</b>	Did the organization have a written document retention and destruction policy?		<b>X</b>
<b>14</b>			
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official		<b>X</b>
<b>15a</b>			
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		<b>X</b>
<b>15b</b>			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16a</b>			
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed <b>SC</b>
<b>18</b>	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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)
<b>19</b>	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.
<b>20</b>	State the name, address, and telephone number of the person who possesses the organization's books and records

**ALICIA POWELL**  
**HILTON HEAD ISLAND**

**80 NASSAU STREET**

**SC 29928**

**843-842-7645**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>NANCY FOWLER</b> ..... <b>EXEC DIRECTOR (2022)</b>	<b>40.00</b> ..... <b>0.00</b>			<b>X</b>				<b>78,000</b>	<b>0</b>	<b>0</b>
(2) <b>TARA ANDERSON</b> ..... <b>DIRECTOR</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
(3) <b>DENNIS CULLEN</b> ..... <b>DIRECTOR</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
(4) <b>SUSIE DOLAN</b> ..... <b>DIRECTOR</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
(5) <b>LINDA DREISBACH</b> ..... <b>DIRECTOR</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
(6) <b>LENORE GLEASON</b> ..... <b>DIRECTOR</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
(7) <b>JON HAMMOCK</b> ..... <b>DIRECTOR</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
(8) <b>LINDSEY HARTMAN</b> ..... <b>VICE PRESIDENT</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>		<b>X</b>				<b>0</b>	<b>0</b>	<b>0</b>
(9) <b>QUEATA JACKSON</b> ..... <b>SECRETARY</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>		<b>X</b>				<b>0</b>	<b>0</b>	<b>0</b>
(10) <b>ALEXANDER KANARR</b> ..... <b>DIRECTOR</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
(11) <b>LYNN KING</b> ..... <b>DIRECTOR</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>KERI OLIVETTI</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) <b>LAURIE SAVIDGE</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) <b>CHUCK SCHWARTZ</b>	1.00									
PRESIDENT	0.00	X		X			0	0	0	
(15) <b>SETH TILTON</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(16) <b>JOEY VARIN</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(17) <b>ALICIA POWELL</b>	40.00									
EXECUTIVE DIRECTOR	0.00			X			0	0	0	
<b>1b Subtotal</b>							<b>78,000</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>78,000</b>			

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	132,829				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	76,971				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$					
	<b>h Total.</b> Add lines 1a-1f			209,800			
<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> MUSEUM ADMISSIONS/PROGRAMS		611710	351,101	351,101		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			351,101				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			3		3	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents		(i) Real				
		<b>6a</b>	(ii) Personal				
		<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities				
		<b>7a</b>	(ii) Other				
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>				
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)						
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
		<b>8a</b>		490			
<b>b</b> Less: direct expenses		<b>8b</b>	857				
<b>c</b> Net income or (loss) from fundraising events			-367				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19							
	<b>9a</b>						
	<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances							
	<b>10a</b>						
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			Business Code				
	<b>11a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions			560,537	351,101	0	3	

**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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	78,000	56,940	8,580	12,480
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	160,391	117,085	17,643	25,663
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	17,518	12,788	1,927	2,803
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	6,393	3,196	3,197	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	21,984	21,984		
13	Office expenses	273	246	27	
14	Information technology				
15	Royalties				
16	Occupancy	72,592	67,532	5,060	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	421		421	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,125	3,125		
23	Insurance	13,051	11,746	1,305	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	DESIGN EXPENSE	30,014	30,014		
b	EXHIBIT UPKEEP	23,886	23,886		
c	PROGRAM COSTS	11,524	11,524		
d	TECHNOLOGY	9,745		9,745	
e	All other expenses	16,242	7,048	9,194	
25	<b>Total functional expenses.</b> Add lines 1 through 24e	<b>465,159</b>	<b>367,114</b>	<b>57,099</b>	<b>40,946</b>
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	140,880	1	117,926
	<b>2</b> Savings and temporary cash investments	34,017	2	6,059
	<b>3</b> Pledges and grants receivable, net	9,402	3	
	<b>4</b> Accounts receivable, net	3,880	4	
	<b>5</b> 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	
	<b>6</b> 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	
	<b>7</b> Notes and loans receivable, net	88,954	7	88,954
	<b>8</b> Inventories for sale or use		8	
	<b>9</b> Prepaid expenses and deferred charges	7,146	9	1,500
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 179,467		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 155,387	27,205	<b>10c</b> 24,080
	<b>11</b> Investments—publicly traded securities		11	
	<b>12</b> Investments—other securities. See Part IV, line 11		12	
	<b>13</b> Investments—program-related. See Part IV, line 11		13	
	<b>14</b> Intangible assets		14	
	<b>15</b> Other assets. See Part IV, line 11	30,014	15	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	341,498	16	238,519	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	19,510	17	9,460
	<b>18</b> Grants payable		18	
	<b>19</b> Deferred revenue	120,171	19	
	<b>20</b> Tax-exempt bond liabilities		20	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		23	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		24	
<b>25</b> 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	40,175	25		
<b>26 Total liabilities.</b> Add lines 17 through 25	179,856	26	9,460	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	-157,016	27	229,059
	<b>28</b> Net assets with donor restrictions	318,658	28	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		29	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		30	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		31	
<b>32</b> Total net assets or fund balances	161,642	32	229,059	
<b>33</b> Total liabilities and net assets/fund balances	341,498	33	238,519	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>560,537</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>465,159</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>95,378</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>161,642</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	<b>-27,961</b>
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>229,059</b>

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 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 of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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

	Yes	No
<b>2a</b>	<b>X</b>	
<b>2b</b>		<b>X</b>
<b>2c</b>	<b>X</b>	
<b>3a</b>		<b>X</b>
<b>3b</b>		

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**THE SANDBOX A HILTON HEAD**

Employer identification number

**20-0301794**

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

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

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

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

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

Schedule A (Form 990) 2022

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10.

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

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Row 14: Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 %; Row 15: Public support percentage from 2021 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	136,334	148,835	88,584	154,970	209,800	738,523
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	138,511	218,977	88,959	223,696	351,591	1,021,734
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	274,845	367,812	177,543	378,666	561,391	1,760,257
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						1,760,257

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6	274,845	367,812	177,543	378,666	561,391	1,760,257
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	-3,505	5,824	16	4	3	2,342
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	-3,505	5,824	16	4	3	2,342
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	3,485	820				4,305
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	274,825	374,456	177,559	378,670	561,394	1,766,904

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	99.62%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	99.11%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	<b>18</b>	1%

**19a 33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

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

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

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

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		



**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization <b>THE SANDBOX A HILTON HEAD</b>	Employer identification number <b>20-0301794</b>
--	---

Organization type (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

- 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 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <b>THE SANDBOX A HILTON HEAD</b>	Employer identification number <b>20-0301794</b>
--	---

**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	HERITAGE CLASSIC FOUNDATION 71 LIGHTHOUSE ROAD, STE 4200  HILTON HEAD ISLAND SC 29928	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BREEDLOVE FOUNDATION 528 PATTERSON ROAD  HENDERSONVILLE NC 28739	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	GLEASON FAMILY FOUNDATION 67 MARK DRIVE  SAN RAFAEL CA 94903	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	LONG COVE CLUB 399 LONG COVE  HILTON HEAD ISLAND SC 29928	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BURR & FORMAN 23-B SHELTER COVE LANE  HILTON HEAD SC 29928	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**THE SANDBOX A HILTON HEAD**

Employer identification number

**20-0301794**

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements .....	<b>2a</b>
b Total acreage restricted by conservation easements .....	<b>2b</b>
c Number of conservation easements on a certified historic structure included in (a) .....	<b>2c</b>
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	<b>2d</b>
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....	
4 Number of states where property subject to conservation easement is located .....	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

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 .....	\$ .....
b Assets included in Form 990, Part X .....	\$ .....

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ..... %
- b** Permanent endowment ..... %
- c** Term endowment ..... %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		<b>88,794</b>	<b>88,794</b>	
<b>d</b> Equipment .....		<b>5,015</b>	<b>5,015</b>	
<b>e</b> Other .....		<b>85,658</b>	<b>61,578</b>	<b>24,080</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				<b>24,080</b>

**Part VII Investments – Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) .....		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) .....	

**Part X Other Liabilities.**

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

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

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





**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**THE SANDBOX A HILTON HEAD**

Employer identification number

**20-0301794**

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

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

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

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

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

**ROUNDING** **\$** **0**

Form **4562**

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](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2022**

Attachment Sequence No. **179**

Name(s) shown on return

**THE SANDBOX A HILTON HEAD**

Identifying number

**20-0301794**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

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

<b>1</b>	Maximum amount (see instructions)	<b>1</b>	<b>1,080,000</b>
<b>2</b>	Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
<b>3</b>	Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	<b>2,700,000</b>
<b>4</b>	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
<b>5</b>	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	
<b>6</b>	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b>	Listed property. Enter the amount from line 29	<b>7</b>	
<b>8</b>	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	
<b>9</b>	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	<b>9</b>	
<b>10</b>	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	<b>10</b>	
<b>11</b>	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	<b>11</b>	
<b>12</b>	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	<b>12</b>	
<b>13</b>	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	<b>13</b>	

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

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

<b>14</b>	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	<b>14</b>	
<b>15</b>	Property subject to section 168(f)(1) election	<b>15</b>	
<b>16</b>	Other depreciation (including ACRS)	<b>16</b>	<b>3,125</b>

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

**Section A**

<b>17</b>	MACRS deductions for assets placed in service in tax years beginning before 2022	<b>17</b>	<b>0</b>
<b>18</b>	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 2022 Tax Year Using the General Depreciation System**

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

**Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

<b>21</b>	Listed property. Enter amount from line 28	<b>21</b>	
<b>22</b>	<b>Total.</b> 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	<b>22</b>	<b>3,125</b>
<b>23</b>	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2022)

**Federal Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>										
21	flooring	12/15/11	4,200		X	X	0	5 HY 200DB	4,200	0
22	network camera	11/15/11	2,230		X	X	0	5 HY 200DB	2,230	0
			<u>6,430</u>				<u>0</u>		<u>6,430</u>	<u>0</u>
<b>Other Depreciation:</b>										
12	COMPUTERS	11/15/05	4,119				4,119	4 MO S/L	4,119	0
13	EXHIBITS - 2005	12/31/05	26,070				26,070	5 MO S/L	26,070	0
14	EXHIBITS - 2006	4/01/06	1,568				1,568	5 MO S/L	1,568	0
15	FURNITURE	12/15/05	3,923				3,923	5 MO S/L	3,923	0
16	FURNITURE	4/08/06	168				168	5 MO S/L	168	0
17	FURNITURE	4/26/06	378				378	5 MO S/L	378	0
18	LEASEHOLD IMPROVEMENTS	11/15/05	88,794				88,794	15 MO S/L	88,794	0
19	FURNITURE	3/30/06	525				525	5 MO S/L	525	0
20	COMPUTERS	6/15/08	896				896	5 MO S/L	896	0
23	Racetrack Exhibit	7/15/15	23,448				23,448	15 MO S/L	10,161	1,563
24	Grocery Store Exhibit	1/15/16	23,000				23,000	15 MO S/L	9,200	1,533
25	NEW COLIGNY EXHIBITS	1/01/21	148				148	5 MO S/L	30	29
	<b>Total Other Depreciation</b>		<u>173,037</u>				<u>173,037</u>		<u>145,832</u>	<u>3,125</u>
	<b>Total ACRS and Other Depreciation</b>		<u>173,037</u>				<u>173,037</u>		<u>145,832</u>	<u>3,125</u>
	<b>Grand Totals</b>		179,467				173,037		152,262	3,125
	<b>Less: Dispositions and Transfers</b>		0				0		0	0
	<b>Less: Start-up/Org Expense</b>		0				0		0	0
	<b>Net Grand Totals</b>		<u>179,467</u>				<u>173,037</u>		<u>152,262</u>	<u>3,125</u>

# Bonus Depreciation Report

## Form 990, Page 1

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

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
21	flooring	12/15/11	4,200	0	0
22	network camera	11/15/11	2,230	0	0
			<u>6,430</u>	<u>0</u>	<u>0</u>
<b>Other Depreciation:</b>					
12	COMPUTERS	11/15/05	4,119	0	0
13	EXHIBITS - 2005	12/31/05	26,070	0	0
14	EXHIBITS - 2006	4/01/06	1,568	0	0
15	FURNITURE	12/15/05	3,923	0	0
16	FURNITURE	4/08/06	168	0	0
17	FURNITURE	4/26/06	378	0	0
18	LEASEHOLD IMPROVEMENTS	11/15/05	88,794	0	0
19	FURNITURE	3/30/06	525	0	0
20	COMPUTERS	6/15/08	896	0	0
23	Racetrack Exhibit	7/15/15	23,448	1,563	0
24	Grocery Store Exhibit	1/15/16	23,000	1,534	0
25	NEW COLIGNY EXHIBITS	1/01/21	148	30	0
	<b>Total Other Depreciation</b>		<u>173,037</u>	<u>3,127</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>173,037</u>	<u>3,127</u>	<u>0</u>
	<b>Grand Totals</b>		<u>179,467</u>	<u>3,127</u>	<u>0</u>

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2022</b>
Description <b>OTHER</b>		

Name <b>THE SANDBOX A HILTON HEAD</b>	Taxpayer Identification Number <b>20-0301794</b>
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1. <u>490</u>
2. Advertising income	2. _____
3. Circulation income	3. _____
4. Other income	4. _____
5. Returns and allowances	5. _____
6. Contributions received	6. _____
7. <b>Total revenue.</b> Add lines 1 through 6	7. <u>490</u>
8. Cost of Goods Sold	8. <u>857</u>
9. Employment Expense	9. _____
10. Fees for services	10. _____
11. Indirect Expense	11. _____
12. Depreciation Expense	12. _____
13. Exempt Activity Expense	13. _____
14. Fundraising Expense	14. _____
15. <b>Total expenses.</b> Add lines 8 through 14	15. <u>857</u>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16. <u>-367</u>

**Expense Details - Indirect Expense:**

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
<b>Total Indirect Expense</b>	_____

**Expense Details - Depreciation Expense:**

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
<b>Total Depreciation Expense</b>	_____

**Expense Details - Cost of Goods Sold:**

Beginning inventory	_____
Purchases	857
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
<b>Total Cost of Goods Sold</b>	857

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
<b>Total Exempt Activity Expense</b>	_____

**Expense Details - Employment Expense:**

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
<b>Total Employment Expense</b>	_____

**Expense Details - Fundraising Expense:**

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
<b>Total Fundraising Expense</b>	_____

**Expense Details - Fees for Services:**

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
<b>Total Fees for Services</b>	_____

**Information is indicated for use on Form 990-T, Schedule A:**

Schedule A, UBIT Activity Code \_\_\_\_\_ Seq # \_\_\_\_\_

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

**Allocation of Expense to Program Service Accomplishments:**

First	_____
Second	_____
Third	_____
All other	_____

Form **990****Two Year Comparison Report****2021 & 2022**

For calendar year 2022, or tax year beginning , ending

Name

Taxpayer Identification Number

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

		2021	2022	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1. 112,575	76,971	-35,604
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 42,395	132,829	90,434
	4. Program service revenue	4. 218,481	351,101	132,620
	5. Investment income	5. 4	3	-1
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8. 3,712	-367	-4,079
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 39		-39
	12. <b>Total revenue.</b> Add lines 1 through 11	12. 377,206	560,537	183,331
<b>Expenses</b>	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 78,000	78,000	
	16. Salaries, other compensation, and employee benefits	16. 68,337	177,909	109,572
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 4,478	6,393	1,915
	19. Occupancy, rent, utilities, and maintenance	19. 28,801	72,592	43,791
	20. Depreciation and Depletion	20. 3,126	3,125	-1
	21. Other expenses	21. 85,282	127,140	41,858
	22. <b>Total expenses.</b> Add lines 13 through 21	22. 268,024	465,159	197,135
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	23. 109,182	95,378	-13,804
<b>Other Information</b>	24. Total exempt revenue	24. 377,206	560,537	183,331
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 218,524	351,104	132,580
	27. Total assets	27. 341,498	238,519	-102,979
	28. Total liabilities	28. 179,856	9,460	-170,396
	29. Retained earnings	29. 161,642	229,059	67,417
	30. Number of voting members of governing body	30. 16	15	
	31. Number of independent voting members of governing body	31. 16	15	
	32. Number of employees	32. 18	29	
	33. Number of volunteers	33. 16	15	

Form **990****Tax Return History****2022**

Name

**THE SANDBOX A HILTON HEAD**

Employer Identification Number

**20-0301794**

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	136,334	148,835	88,584	154,970	209,800	
Membership dues						
Program service revenue	122,811	202,314	81,065	218,481	351,101	
Capital gain or loss						
Investment income	-3,505	5,824	16	4	3	
Fundraising revenue (income/loss)	7,942	9,559	6,794	3,712	-367	
Gaming revenue (income/loss)						
Other revenue	7,762	1,820	123	39		
<b>Total revenue</b>	<b>271,344</b>	<b>368,352</b>	<b>176,582</b>	<b>377,206</b>	<b>560,537</b>	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	69,796	64,383	81,000	78,000	78,000	
Other compensation	69,792	147,073	105,063	68,337	177,909	
Professional fees	5,234	4,376	5,629	4,478	6,393	
Occupancy costs	38,210	49,624	29,918	28,801	72,592	
Depreciation and depletion	9,015	9,016	8,523	3,126	3,125	
Other expenses	76,910	94,053	41,992	85,282	127,140	
<b>Total expenses</b>	<b>268,957</b>	<b>368,525</b>	<b>272,125</b>	<b>268,024</b>	<b>465,159</b>	
<b>Excess or (Deficit)</b>	<b>2,387</b>	<b>-173</b>	<b>-95,543</b>	<b>109,182</b>	<b>95,378</b>	
<b>Total exempt revenue</b>	<b>271,344</b>	<b>368,352</b>	<b>176,582</b>	<b>377,206</b>	<b>560,537</b>	
Total unrelated revenue						
Total excludable revenue	127,068	209,958	81,204	218,524	351,104	
Total Assets	292,502	285,937	116,020	341,498	238,519	
Total Liabilities	24,976	18,584	94,210	179,856	9,460	
Net Fund Balances	267,526	267,353	21,810	161,642	229,059	

**Federal Statements**

**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INVESTMENT INCOME - INTEREST	\$ 3					14
INVESTMENT INCOME - GAIN LOSS						14
TOTAL	<u>\$ 3</u>					

### Federal Statements

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
ADMINISTRATION	\$ 7,966	\$	\$ 7,966	\$
BANK & CREDIT CARD EXPENS	4,735	4,735		
EXECUTIVE DIRECTOR EXPENS	2,313	2,313		
ASSOCIATION DUES & LICENS	1,228		1,228	
TOTAL	<u>\$ 16,242</u>	<u>\$ 7,048</u>	<u>\$ 9,194</u>	<u>\$ 0</u>

## Federal Statements

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

<u>Description</u>	<u>Amount</u>
ATAX REIMBURSEMENT	\$ 77,591
PPP LOAN FORGIVENESS	55,238
ALL OTHER CONTRIBUTIONS/GRANTS	76,971
TOTAL	<u>\$ 209,800</u>

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

<u>Description</u>	<u>Amount</u>
MUSEUM ADMISSIONS/PROGRAMS	\$ 351,101
OTHER	490
GIFT SHOP	
TOTAL	<u>\$ 351,591</u>

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

<u>Description</u>	<u>Amount</u>
INVESTMENT INCOME - INTEREST	\$ 3
INVESTMENT INCOME - GAIN LOSS	
TOTAL	<u>\$ 3</u>

## South Carolina Return Summary

For calendar year 2022, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

### THE SANDBOX A HILTON HEAD

#### General Information

Federal employer identification number 20-0301794  
 Exempt Charitable Entity \_\_\_\_\_  
 Annual Reporting, Federal 990/990PF/990EZ   
 Annual Reporting, Federal 990N with Financial Report \_\_\_\_\_  
 SC990-T, Unrelated Business Income \_\_\_\_\_  
 Amended (SC990-T) \_\_\_\_\_  
 Return due date/ Extended due date \_\_\_\_\_

#### Charitable Registration Information

South Carolina registration number \_\_\_\_\_  
 Initial Application \_\_\_\_\_  
 Initial Fee \_\_\_\_\_  
 Renewal   
 Return due date/ Extended due date 05/15/23

#### UNRELATED BUSINESS INCOME

**Income**

South Carolina taxable income (unrelated business income) \_\_\_\_\_

**Tax**

Tax on taxable income \_\_\_\_\_

**Credits and Payments**

Payments and Credits \_\_\_\_\_  
 Withholding Credits \_\_\_\_\_  
**Total payments** \_\_\_\_\_

**Net tax due /-overpayment**

\_\_\_\_\_

**Penalties and Interest**

Underpayment tax penalty \_\_\_\_\_  
 Interest and Other Penalties \_\_\_\_\_

**Net amount due/-refund**

\_\_\_\_\_

**Overpayment to be credited to next year's estimated tax**

\_\_\_\_\_

**Balance due/-refund**

\_\_\_\_\_

**Next Year's Estimates (SC990-T)**

1st quarter \_\_\_\_\_  
 2nd quarter \_\_\_\_\_  
 3rd quarter \_\_\_\_\_  
 4th quarter \_\_\_\_\_  
**Total** \_\_\_\_\_



4. Enter the state and country in which the organization was legally established, as well as the date of establishment:

State \_\_\_\_\_ Country \_\_\_\_\_ Date \_\_\_\_\_  
(mo/day/year)

5. Form of organization. Check one:  \*\* Corporation (includes all nonprofit [i.e. 501(c)3] and for profit corporations)

Association  Other \_\_\_\_\_

(Please Specify)

**\*\* All corporations must provide a name and street address for a registered agent.**

\_\_\_\_\_  
Name (This cannot be the name of the organization)

\_\_\_\_\_  
Street Address (PO Box cannot be accepted) City State Zip Code

6. Complete A or B, whichever applies: **(6A or 6B must be a street address, not a PO Box)**

A. Principal address of the organization:

**80 NASSAU STREET HILTON HEAD ISLAND SC 29928**

\_\_\_\_\_  
Street Address, City, State, Zip Code

B. If the organization does not maintain an office, please provide the name and address of the person having custody of the organization's financial records:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address, City, State, Zip Code

7. Addresses of any of your organization's offices in South Carolina. Attach a list if necessary.

\_\_\_\_\_  
Name Address, City, State, Zip Code

8. Names and addresses of any chapters, branches or affiliates of your organization in South Carolina. Attach a list if necessary.

\_\_\_\_\_  
Name Address, City, State, Zip Code

9. **For the current fiscal year**, please provide the names and addresses of your organization's officers, directors, trustees, and board members. Attach a list if necessary.

**SEE STATEMENT 1**

\_\_\_\_\_  
Name Address, City, State, Zip Code Title

10. Check all states in which your organization is authorized to solicit contributions.

AL		AK		AR		AZ		CA		CO		CT		DC		DE	
FL		GA		HI		IA		ID		IL		IN		KS		KY	
LA		MA		MD		ME		MI		MN		MO		MS		MT	
NC		ND		NE		NH		NJ		NM		NV		NY		OH	
OK		OR		PA		PR		RI		SC		SD		TN		TX	
UT		VA		VT		WA		WI		WV		WY					

If any other governmental authority that is not listed above has authorized your organization to solicit contributions, enter the name of the governmental authority. Attach a list if necessary.

11. Check up to three boxes below that best describe the general purpose for which solicited contributions are to be used.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> A. <b>Arts, Culture, Humanities</b><br>(inc. historical)   | <input type="checkbox"/> L. <b>Housing, Shelter</b><br>(inc. senior citizen housing)   | <input type="checkbox"/> T. <b>Philanthropy, Volunteerism, Grant-making</b> (inc. foundations)   |
| <input type="checkbox"/> B. <b>Educational Institutions</b><br>(inc. literacy)  | <input type="checkbox"/> M. <b>Public Safety, Disaster Preparedness and Relief</b><br>(inc. rescue squads, auto safety)                          | <input type="checkbox"/> U. <b>Science and Technology Research Institutes</b><br>(inc. computer science, engineering)  |
| <input type="checkbox"/> C. <b>Environment, Beautification</b><br>(inc. gardening, outdoor education)                           | <input type="checkbox"/> N. <b>Recreation, Sports, Leisure, Athletics</b><br>(inc. social clubs, Special Olympics)                               | <input type="checkbox"/> V. <b>Social Sciences Institutes</b><br>(inc. institutes for studies on population, minorities and economics)                           |
| <input type="checkbox"/> D. <b>Animal-Related</b><br>(inc. wildlife sanctuaries)  | <input type="checkbox"/> O. <b>Youth Development</b>   | <input type="checkbox"/> W. <b>Public Affairs, Society Benefit</b><br>(inc. citizen participation, consumer protection, veterans' orgs., leadership development) |
| <input type="checkbox"/> E. <b>Health-General, Rehabilitative</b><br>(inc. nursing, family planning)                            | <input type="checkbox"/> P. <b>Human Services</b><br>(inc. thrift stores, YMCAs and YWCAs, hearing- or sight-impaired orgs.)                     | <input type="checkbox"/> X. <b>Religion, Spiritual Development</b><br>(inc. religious broadcasters and interfaith coalitions)                                    |
| <input type="checkbox"/> F. <b>Mental Health, Crisis Intervention</b><br>(inc. alcoholism, services for rape and abuse victims) | <input type="checkbox"/> Q. <b>International, Foreign Affairs, National Security</b> (inc. cultural exchange)                                    | <input type="checkbox"/> Y. <b>Mutual / Membership Benefit</b><br>(inc. fraternal organizations, cemeteries)   |
| <input type="checkbox"/> G. <b>Disease, Disorders, Medical Disciplines</b>  | <input type="checkbox"/> R. <b>Civil Rights, Social Action, Advocacy</b> (inc. right to life and right to die, reproductive rights)              | <input type="checkbox"/> Z. <b>Unknown, Other</b><br>Please Specify: _____   |
| <input type="checkbox"/> H. <b>Medical Research</b>   | <input type="checkbox"/> S. <b>Community Improvement, Capacity Building</b><br>(inc. neighborhood associations, service clubs, bus. development) |  |
| <input type="checkbox"/> I. <b>Crime, Legal-Related</b><br>(inc. prevention of abuse, delinquency)                              |  |  |
| <input type="checkbox"/> J. <b>Employment, Job-Related</b><br>(inc. voc. rehabilitation, unions)                                |  |  |
| <input type="checkbox"/> K. <b>Agriculture, Food, Nutrition</b><br>(inc. livestock breeding)                                    |  |  |

12. Is your organization currently, or has it in the past, been the subject of a legal or administrative action concerning a charitable solicitation, fundraising campaign, or campaign with a commercial co-venturer by another local, state or federal governmental authority including, but not limited to, registration or license revocation or denial, fines, injunctions or suspensions? [ ] YES [ **X** ] NO If "Yes," please attach an explanation of all actions.

13. Have any of the organization's officers, directors, trustees or board members been the subject of a criminal conviction, including guilty or nolo contendere pleas, involving any charitable solicitations act, fraud, dishonesty, or false statement in a jurisdiction within the United States? [ ] YES [ **X** ] NO If "Yes," please attach a description and date of any such conviction.

14. If any of the charitable organization's officers, directors, trustees or board members are related to one another by blood, marriage or adoption, please provide a statement as to the relationship(s).

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15. If any of the charitable organization's officers, directors, trustees or board members are related by blood, marriage or adoption to a director or officer of a professional fundraising counsel or professional solicitor under contract with the charitable organization, please provide a statement as to the relationship(s).

---

16. If your organization intends to use a professional solicitor, professional fundraising counsel, or commercial co-venturer, or hire individuals to solicit, please list their names and contact information. Attach a list if necessary.

---

 Name

---

 Phone

---

 Address, City, State, Zip Code

---

I certify that the information furnished in this application and all attached supplementary information is true and correct to the best of my knowledge, information and belief. I understand that the giving of false or incorrect information may constitute a misdemeanor carrying a penalty upon conviction of a fine of not more than two thousand dollars or imprisonment for not more than one year, or both, for a first offense. A second or subsequent offense may constitute a felony carrying a penalty upon conviction of a fine of not more than five thousand dollars or imprisonment of not more than five years, or both.

**CHIEF FINANCIAL OFFICER / TREASURER**


---

 Print Name

---

 Signature

---

 Date

---

 Mailing Address

---

 City, State, Zip

---

 Phone Number
**CHIEF EXECUTIVE OFFICER / PRESIDENT**


---

**ALICIA POWELL**


---

 Print Name

---

 Signature

---

 Date

---

**80 NASSAU STREET**


---

 Mailing Address

---

**HILTON HEAD ISLAND**


---

**SC 29928**


---

 City, State, Zip

---

**843-842-7645**


---

 Phone Number

**\* The persons signing this form as CEO/President and CFO/Treasurer must be designated as such on the current fiscal year's list of officers, directors, trustees, and board members. If not, the registration will be returned for correction.**

**South Carolina Statements**

**Statement 1 - Registration Statement, Line 9 - Current Officers, Directors, Trustees and Board Members**

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
CHUCK SCHWARTZ	PRESIDENT				
LINDSEY HARTMAN	VICE PRESIDENT				
QUEATA JACKSON	SECRETARY				
TARA ANDERSON	DIRECTOR				
DENNIS CULLEN	DIRECTOR				
LINDA DREISBACH	DIRECTOR				
NANCY FOWLER	EXEC DIRECTOR (2022)				
SUSIE DOLAN	DIRECTOR				
JON HAMMOCK	DIRECTOR				
ALEXANDER KANARR	DIRECTOR				
LYNN KING	DIRECTOR				
KERI OLIVETTI	DIRECTOR				
LAURIE SAVIDGE	DIRECTOR				
SETH TILTON	DIRECTOR				
JOEY VARIN	DIRECTOR				
ALICIA POWELL	EXECUTIVE DIRECTOR	80 NASSAU STREET	HILTON HEAD ISLAND	SC	29928

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

**A For the 2022 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE SANDBOX A HILTON HEAD</b>		<b>D</b> Employer identification number <b>20-0301794</b>
	Doing business as		<b>E</b> Telephone number <b>843-842-7645</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>80 NASSAU STREET</b>		
	City or town, state or province, country, and ZIP or foreign postal code <b>HILTON HEAD ISLAND SC 29928</b>		<b>G</b> Gross receipts \$ <b>561,394</b>
<b>F</b> Name and address of principal officer: <b>ALICIA POWELL</b> <b>80 NASSAU STREET</b> <b>HILTON HEAD ISLAND SC 29928</b>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.THESANDBOX.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>2003</b>
			<b>M</b> State of legal domicile: <b>SC</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE SANDBOX IS DEDICATED TO THE POSITIVE DEVELOPMENT OF YOUNG CHILDREN THROUGH EDUCATIONAL PLAY IN AN ATMOSPHERE THAT FOSTERS BOTH FAMILY AND COMMUNITY.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>29</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>15</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>154,970</b>	<b>209,800</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>218,481</b>	<b>351,101</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>4</b>	<b>3</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>3,751</b>	<b>-367</b>
		<b>377,206</b>	<b>560,537</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>146,337</b>	<b>255,909</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>40,946</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>121,687</b>	<b>209,250</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>268,024</b>	<b>465,159</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>109,182</b>	<b>95,378</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>341,498</b>	<b>238,519</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>179,856</b>	<b>9,460</b>
	<b>161,642</b>	<b>229,059</b>	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>ALICIA POWELL</b>		Date		
	Type or print name and title <b>EXECUTIVE DIRECTOR</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>PAMELA JUNE, CPA</b>	Preparer's signature <b>PAMELA JUNE, CPA</b>	Date <b>11/15/23</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00636703</b>
	Firm's name <b>JUNECPA</b>	Firm's EIN <b>20-4046229</b>			
	Firm's address <b>99 MAIN STREET HILTON HEAD ISLAND, SC 29926</b>	Phone no. <b>843-842-6500</b>			

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

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

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

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

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

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

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

**4a** (Code: ) (Expenses \$ **367,114** including grants of \$ ) (Revenue \$ **351,101** )

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

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

**N/A**

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

**N/A**

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

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

**4e** Total program service expenses **367,114**

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

<b>Part V</b>		<b>Statements Regarding Other IRS Filings and Tax Compliance (continued)</b>		<b>Yes</b>	<b>No</b>
<b>2a</b>	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>2a</b>	<b>29</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>			
<b>4a</b>	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)?	<b>4a</b>			<b>X</b>
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	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?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<b>X</b>
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13		<b>X</b>
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		
<b>13</b>	Did the organization have a written whistleblower policy?		<b>X</b>
<b>14</b>	Did the organization have a written document retention and destruction policy?		<b>X</b>
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official		<b>X</b>
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		<b>X</b>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</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**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed <b>SC</b>
<b>18</b>	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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)
<b>19</b>	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.
<b>20</b>	State the name, address, and telephone number of the person who possesses the organization's books and records

**ALICIA POWELL**  
HILTON HEAD ISLAND

**80 NASSAU STREET**

**SC 29928**

**843-842-7645**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>NANCY FOWLER</b> ..... <b>EXEC DIRECTOR (2022)</b>	<b>40.00</b> ..... <b>0.00</b>			<b>X</b>				<b>78,000</b>	<b>0</b>	<b>0</b>
(2) <b>TARA ANDERSON</b> ..... <b>DIRECTOR</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
(3) <b>DENNIS CULLEN</b> ..... <b>DIRECTOR</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
(4) <b>SUSIE DOLAN</b> ..... <b>DIRECTOR</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
(5) <b>LINDA DREISBACH</b> ..... <b>DIRECTOR</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
(6) <b>LENORE GLEASON</b> ..... <b>DIRECTOR</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
(7) <b>JON HAMMOCK</b> ..... <b>DIRECTOR</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
(8) <b>LINDSEY HARTMAN</b> ..... <b>VICE PRESIDENT</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>		<b>X</b>				<b>0</b>	<b>0</b>	<b>0</b>
(9) <b>QUEATA JACKSON</b> ..... <b>SECRETARY</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>		<b>X</b>				<b>0</b>	<b>0</b>	<b>0</b>
(10) <b>ALEXANDER KANARR</b> ..... <b>DIRECTOR</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
(11) <b>LYNN KING</b> ..... <b>DIRECTOR</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>KERI OLIVETTI</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) <b>LURIE SAVIDGE</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) <b>CHUCK SCHWARTZ</b>	1.00									
PRESIDENT	0.00	X		X			0	0	0	
(15) <b>SETH TILTON</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(16) <b>JOEY VARIN</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(17) <b>ALICIA POWELL</b>	40.00									
EXECUTIVE DIRECTOR	0.00			X			0	0	0	
<b>1b Subtotal</b>							<b>78,000</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>78,000</b>			

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	132,829			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	76,971			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$				
	<b>h Total.</b> Add lines 1a-1f		209,800			
<b>Program Service Revenue</b>	<b>2a</b> MUSEUM ADMISSIONS/PROGRAMS	Business Code	611710	351,101	351,101	
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		351,101			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		3		3	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>6a</b>				
	<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>7a</b>				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>				
	<b>c</b> Gain or (loss)	<b>7c</b>				
	<b>d</b> Net gain or (loss)					
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
	<b>8a</b>	490				
	<b>b</b> Less: direct expenses	<b>8b</b>	857			
<b>c</b> Net income or (loss) from fundraising events		-367				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19						
	<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances						
	<b>10a</b>					
	<b>b</b> Less: cost of goods sold	<b>10b</b>				
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code				
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d					
<b>12 Total revenue.</b> See instructions		560,537	351,101	0	3	

**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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	78,000	56,940	8,580	12,480
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	160,391	117,085	17,643	25,663
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	17,518	12,788	1,927	2,803
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	6,393	3,196	3,197	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	21,984	21,984		
13	Office expenses	273	246	27	
14	Information technology				
15	Royalties				
16	Occupancy	72,592	67,532	5,060	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	421		421	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,125	3,125		
23	Insurance	13,051	11,746	1,305	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	DESIGN EXPENSE	30,014	30,014		
b	EXHIBIT UPKEEP	23,886	23,886		
c	PROGRAM COSTS	11,524	11,524		
d	TECHNOLOGY	9,745		9,745	
e	All other expenses	16,242	7,048	9,194	
25	<b>Total functional expenses.</b> Add lines 1 through 24e	<b>465,159</b>	<b>367,114</b>	<b>57,099</b>	<b>40,946</b>
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	140,880	1	117,926
	<b>2</b> Savings and temporary cash investments	34,017	2	6,059
	<b>3</b> Pledges and grants receivable, net	9,402	3	
	<b>4</b> Accounts receivable, net	3,880	4	
	<b>5</b> 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	
	<b>6</b> 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	
	<b>7</b> Notes and loans receivable, net	88,954	7	88,954
	<b>8</b> Inventories for sale or use		8	
	<b>9</b> Prepaid expenses and deferred charges	7,146	9	1,500
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 179,467		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 155,387	27,205	<b>10c</b> 24,080
	<b>11</b> Investments—publicly traded securities		11	
	<b>12</b> Investments—other securities. See Part IV, line 11		12	
	<b>13</b> Investments—program-related. See Part IV, line 11		13	
	<b>14</b> Intangible assets		14	
	<b>15</b> Other assets. See Part IV, line 11	30,014	15	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	341,498	16	238,519	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	19,510	17	9,460
	<b>18</b> Grants payable		18	
	<b>19</b> Deferred revenue	120,171	19	
	<b>20</b> Tax-exempt bond liabilities		20	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		23	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		24	
<b>25</b> 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	40,175	25		
<b>26 Total liabilities.</b> Add lines 17 through 25	179,856	26	9,460	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	-157,016	27	229,059
	<b>28</b> Net assets with donor restrictions	318,658	28	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		29	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		30	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		31	
<b>32</b> Total net assets or fund balances	161,642	32	229,059	
<b>33</b> Total liabilities and net assets/fund balances	341,498	33	238,519	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>560,537</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>465,159</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>95,378</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>161,642</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	<b>-27,961</b>
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>229,059</b>

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 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 of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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

	Yes	No
<b>2a</b>	<b>X</b>	
<b>2b</b>		<b>X</b>
<b>2c</b>	<b>X</b>	
<b>3a</b>		<b>X</b>
<b>3b</b>		

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**THE SANDBOX A HILTON HEAD**

Employer identification number

**20-0301794**

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

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

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

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

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

Schedule A (Form 990) 2022

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10.

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

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Row 14: Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 %; Row 15: Public support percentage from 2021 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	136,334	148,835	88,584	154,970	209,800	738,523
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	138,511	218,977	88,959	223,696	351,591	1,021,734
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	274,845	367,812	177,543	378,666	561,391	1,760,257
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						1,760,257

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6	274,845	367,812	177,543	378,666	561,391	1,760,257
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	-3,505	5,824	16	4	3	2,342
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	-3,505	5,824	16	4	3	2,342
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	3,485	820				4,305
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	274,825	374,456	177,559	378,670	561,394	1,766,904
<b>14 First 5 years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	99.62%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	99.11%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	<b>18</b>	1%

- 19a 33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

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

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

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

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**THE SANDBOX A HILTON HEAD**

Employer identification number

**20-0301794**

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements	<b>2a</b>
b Total acreage restricted by conservation easements	<b>2b</b>
c Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	<b>2d</b>
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

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	\$
b Assets included in Form 990, Part X	\$

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ..... %
- b** Permanent endowment ..... %
- c** Term endowment ..... %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		<b>88,794</b>	<b>88,794</b>	
<b>d</b> Equipment .....		<b>5,015</b>	<b>5,015</b>	
<b>e</b> Other .....		<b>85,658</b>	<b>61,578</b>	<b>24,080</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				<b>24,080</b>

**Part VII Investments – Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) .....		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) .....	

**Part X Other Liabilities.**

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

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

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





**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**THE SANDBOX A HILTON HEAD**

Employer identification number

**20-0301794**

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

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

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

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

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

**ROUNDING** **\$** **0**

## Critical Messages

None

## Electronic Filing

None

## Informational Messages

- Historical Report (990 Return) does not display 2023 column if Tax Projection has not been selected.
- Data accepted via Datasharing review and verify
- Books in Care of is using officer marked in the officer window; Organization phone number is used for contact
- Exclude Schedule B from income option marked in Contributor Information window (View > Contributor/Officer > Contributor Information)
- Form 990, Part X, line 27 end of year net assets without donor restrictions is calculated
- Preparer 'Pamela June, CPA', Reviewer 'Amy'

## Missing Data

	Prior Year Data
<b>Functional Expenses</b>	
<input type="checkbox"/> Tot / PS, travel	456
<b>Income, Analysis of Activities, Additional Information</b>	
<input type="checkbox"/> Other revenue	39
<b>Income with Direct Expenses and Cost of Goods Sold (Gift shop)</b>	
<input type="checkbox"/> Gross receipts	1,128
<input type="checkbox"/> Purchases	1,128
<b>Electronic Filing</b>	
<input type="checkbox"/> Signature doc return 990	X
<b>Balance Sheet - Assets</b>	
<input type="checkbox"/> Grants receivable - EOY	9,402
<input type="checkbox"/> Accounts receivable - EOY	3,880
<b>Balance Sheet - Liabilities and Equity</b>	
<input type="checkbox"/> Deferred revenue - EOY	120,171
<input type="checkbox"/> Increases to net assets	4
<input type="checkbox"/> Other liabilities - EOY	40,175

## Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning

, and ending

20-0301794

### THE SANDBOX A HILTON HEAD

**Net Asset / Fund Balance at Beginning of Year** 161,642

#### Revenue

Contributions	<u>209,800</u>	
Program service revenue	<u>351,101</u>	
Investment income	<u>3</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>490</u>	
Direct expenses	<u>857</u>	
Net income	<u>-367</u>	
Other income	<u>0</u>	
<b>Total revenue</b>		<u>560,537</u>

#### Expenses

Program services	<u>367,114</u>	
Management and general	<u>57,099</u>	
Fundraising	<u>40,946</u>	
<b>Total expenses</b>		<u>465,159</u>
<b>Excess / (deficit)</b>		<u>95,378</u>

Changes -27,961

**Net Asset / Fund Balance at End of Year** 229,059

#### Reconciliation of Revenue

Total revenue per financial statements	<u>560,537</u>
Less:	
Unrealized gains	<u>          </u>
Donated services	<u>          </u>
Recoveries	<u>          </u>
Other	<u>          </u>
Plus:	
Investment expenses	<u>          </u>
Other	<u>          </u>
<b>Total revenue per return</b>	<u><u>560,537</u></u>

#### Reconciliation of Expenses

Total expenses per financial statements	<u>465,159</u>
Less:	
Donated services	<u>          </u>
Prior year adjustments	<u>          </u>
Losses	<u>          </u>
Other	<u>          </u>
Plus:	
Investment expenses	<u>          </u>
Other	<u>          </u>
<b>Total expenses per return</b>	<u><u>465,159</u></u>

#### Balance Sheet

	Beginning	Ending	Differences
Assets	<u>341,498</u>	<u>238,519</u>	
Liabilities	<u>179,856</u>	<u>9,460</u>	
Net assets	<u><u>161,642</u></u>	<u><u>229,059</u></u>	<u><u>67,417</u></u>

#### Miscellaneous Information

Amended return	
Return / extended due date	<u>11/15/23</u>
Failure to file penalty	<u>          </u>

**JuneCPA  
99 Main Street  
Hilton Head Island, SC 29926  
843-842-6500**

November 15, 2023

**CONFIDENTIAL**

The Sandbox a Hilton Head  
80 Nassau Street  
Hilton Head Island, SC 29928

Dear Alicia & Board of Directors:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)  
South Carolina Registration Statement for a Charitable Organization

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

**Federal Filing Instructions**

Your Form 990 for the year ended 12/31/22 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

JuneCPA  
99 Main Street  
Hilton Head Island, SC 29926

***Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.***

**South Carolina Filing Instructions**

The filing fee for your South Carolina Annual Charitable Registration for the tax year ended 12/31/22 is \$50. The Annual Registration must be signed and dated by two officers of the organization. Include a check payable to the South Carolina Charity Bureau Fund and write "E.I.N. 20-0301794, for the tax year ended 12/31/22" on the check. Mail the return by May 15, 2023 to:

South Carolina Secretary of State  
Attn: Division of Public Charities

1205 Pendleton St., Suite 525  
Columbia, SC 29201

### **South Carolina Filing Instructions**

In order to complete your annual South Carolina Secretary of State financial reporting requirement, a signed copy of the Form 990 or Form 990-EZ must be submitted.

Please sign and date the Form 990 or Form 990-EZ and mail it to:

South Carolina Secretary of State  
Attn: Division of Public Charities  
1205 Pendleton St., Suite 525  
Columbia, SC 29201

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

JuneCPA

Form **8879-TE**

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

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**2022**

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer **THE SANDBOX A HILTON HEAD** EIN or SSN **20-0301794**

Name and title of officer or person subject to tax **ALICIA POWELL  
EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information**

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

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>560,537</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

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

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

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

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date 11/15/23

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.  
57175462291  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature PAMELA JUNE, CPA Date 11/15/23

**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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2022 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE SANDBOX A HILTON HEAD</b>		<b>D</b> Employer identification number <b>20-0301794</b>
	Doing business as		<b>E</b> Telephone number <b>843-842-7645</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>80 NASSAU STREET</b>		
	City or town, state or province, country, and ZIP or foreign postal code <b>HILTON HEAD ISLAND SC 29928</b>		<b>G</b> Gross receipts \$ <b>561,394</b>
<b>F</b> Name and address of principal officer: <b>ALICIA POWELL</b> <b>80 NASSAU STREET</b> <b>HILTON HEAD ISLAND SC 29928</b>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.THESANDBOX.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>2003</b>
			<b>M</b> State of legal domicile: <b>SC</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE SANDBOX IS DEDICATED TO THE POSITIVE DEVELOPMENT OF YOUNG CHILDREN THROUGH EDUCATIONAL PLAY IN AN ATMOSPHERE THAT FOSTERS BOTH FAMILY AND COMMUNITY.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>29</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>15</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>154,970</b>	<b>209,800</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>218,481</b>	<b>351,101</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>4</b>	<b>3</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>3,751</b>	<b>-367</b>
		<b>377,206</b>	<b>560,537</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>146,337</b>	<b>255,909</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>40,946</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>121,687</b>	<b>209,250</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>268,024</b>	<b>465,159</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>109,182</b>	<b>95,378</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>341,498</b>	<b>238,519</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>179,856</b>	<b>9,460</b>
		<b>161,642</b>	<b>229,059</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>ALICIA POWELL</b>		Date	
	Type or print name and title <b>EXECUTIVE DIRECTOR</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>PAMELA JUNE, CPA</b>	Preparer's signature <b>PAMELA JUNE, CPA</b>	Date <b>11/15/23</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00636703</b>
	Firm's name <b>JUNECPA</b>	Firm's EIN <b>20-4046229</b>		
	Firm's address <b>99 MAIN STREET HILTON HEAD ISLAND, SC 29926</b>	Phone no. <b>843-842-6500</b>		

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

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

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

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

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

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

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

**4a** (Code: ) (Expenses \$ **367,114** including grants of \$ ) (Revenue \$ **351,101** )

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

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

**N/A**

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

**N/A**

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

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

**4e** Total program service expenses **367,114**

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No
<b>2a</b>	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>2a</b> <b>29</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
<b>4a</b>	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)?		<b>X</b>
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8 Sponsoring organizations maintaining donor advised funds.</b>	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b>	Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b>	Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b>	Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>
<b>17 Section 501(c)(21) organizations.</b>	Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>	

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	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?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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		<b>X</b>

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

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

**Section C. Disclosure**

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

**ALICIA POWELL**  
**HILTON HEAD ISLAND**

**80 NASSAU STREET**

**SC 29928**

**843-842-7645**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>NANCY FOWLER</b> ..... <b>EXEC DIRECTOR (2022)</b>	<b>40.00</b> ..... <b>0.00</b>			<b>X</b>				<b>78,000</b>	<b>0</b>	<b>0</b>
(2) <b>TARA ANDERSON</b> ..... <b>DIRECTOR</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
(3) <b>DENNIS CULLEN</b> ..... <b>DIRECTOR</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
(4) <b>SUSIE DOLAN</b> ..... <b>DIRECTOR</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
(5) <b>LINDA DREISBACH</b> ..... <b>DIRECTOR</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
(6) <b>LENORE GLEASON</b> ..... <b>DIRECTOR</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
(7) <b>JON HAMMOCK</b> ..... <b>DIRECTOR</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
(8) <b>LINDSEY HARTMAN</b> ..... <b>VICE PRESIDENT</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>		<b>X</b>				<b>0</b>	<b>0</b>	<b>0</b>
(9) <b>QUEATA JACKSON</b> ..... <b>SECRETARY</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>		<b>X</b>				<b>0</b>	<b>0</b>	<b>0</b>
(10) <b>ALEXANDER KANARR</b> ..... <b>DIRECTOR</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
(11) <b>LYNN KING</b> ..... <b>DIRECTOR</b>	<b>1.00</b> ..... <b>0.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>KERI OLIVETTI</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) <b>LAURIE SAVIDGE</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) <b>CHUCK SCHWARTZ</b>	1.00									
PRESIDENT	0.00	X		X			0	0	0	
(15) <b>SETH TILTON</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(16) <b>JOEY VARIN</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(17) <b>ALICIA POWELL</b>	40.00									
EXECUTIVE DIRECTOR	0.00			X			0	0	0	
<b>1b Subtotal</b>							<b>78,000</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>78,000</b>			

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	132,829			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	76,971			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$				
	<b>h Total.</b> Add lines 1a-1f		209,800			
<b>Program Service Revenue</b>	<b>2a</b> MUSEUM ADMISSIONS/PROGRAMS	Business Code <b>611710</b>	351,101	351,101		
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		351,101			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		3		3	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>6a</b>				
	<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>7a</b>				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>				
	<b>c</b> Gain or (loss)	<b>7c</b>				
	<b>d</b> Net gain or (loss)					
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
	<b>8a</b>	490				
	<b>b</b> Less: direct expenses	<b>8b</b>	857			
<b>c</b> Net income or (loss) from fundraising events		-367				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19						
	<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances						
	<b>10a</b>					
	<b>b</b> Less: cost of goods sold	<b>10b</b>				
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code				
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d					
<b>12 Total revenue.</b> See instructions		560,537	351,101	0	3	

**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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	78,000	56,940	8,580	12,480
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	160,391	117,085	17,643	25,663
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	17,518	12,788	1,927	2,803
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	6,393	3,196	3,197	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	21,984	21,984		
13	Office expenses	273	246	27	
14	Information technology				
15	Royalties				
16	Occupancy	72,592	67,532	5,060	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	421		421	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,125	3,125		
23	Insurance	13,051	11,746	1,305	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	DESIGN EXPENSE	30,014	30,014		
b	EXHIBIT UPKEEP	23,886	23,886		
c	PROGRAM COSTS	11,524	11,524		
d	TECHNOLOGY	9,745		9,745	
e	All other expenses	16,242	7,048	9,194	
25	<b>Total functional expenses.</b> Add lines 1 through 24e	<b>465,159</b>	<b>367,114</b>	<b>57,099</b>	<b>40,946</b>
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	140,880	1	117,926
	<b>2</b> Savings and temporary cash investments	34,017	2	6,059
	<b>3</b> Pledges and grants receivable, net	9,402	3	
	<b>4</b> Accounts receivable, net	3,880	4	
	<b>5</b> 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	
	<b>6</b> 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	
	<b>7</b> Notes and loans receivable, net	88,954	7	88,954
	<b>8</b> Inventories for sale or use		8	
	<b>9</b> Prepaid expenses and deferred charges	7,146	9	1,500
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 179,467		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 155,387	27,205	<b>10c</b> 24,080
	<b>11</b> Investments—publicly traded securities		11	
	<b>12</b> Investments—other securities. See Part IV, line 11		12	
	<b>13</b> Investments—program-related. See Part IV, line 11		13	
	<b>14</b> Intangible assets		14	
	<b>15</b> Other assets. See Part IV, line 11	30,014	15	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	341,498	16	238,519	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	19,510	17	9,460
	<b>18</b> Grants payable		18	
	<b>19</b> Deferred revenue	120,171	19	
	<b>20</b> Tax-exempt bond liabilities		20	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		23	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		24	
<b>25</b> 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	40,175	25		
<b>26 Total liabilities.</b> Add lines 17 through 25	179,856	26	9,460	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	-157,016	27	229,059
	<b>28</b> Net assets with donor restrictions	318,658	28	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		29	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		30	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		31	
<b>32</b> Total net assets or fund balances	161,642	32	229,059	
<b>33</b> Total liabilities and net assets/fund balances	341,498	33	238,519	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>560,537</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>465,159</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>95,378</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>161,642</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	<b>-27,961</b>
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>229,059</b>

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 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 of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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

	Yes	No
<b>2a</b>	<b>X</b>	
<b>2b</b>		<b>X</b>
<b>2c</b>	<b>X</b>	
<b>3a</b>		<b>X</b>
<b>3b</b>		

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**THE SANDBOX A HILTON HEAD**

Employer identification number

**20-0301794**

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

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

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

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

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

Schedule A (Form 990) 2022

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10.

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

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Row 14: Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 %; Row 15: Public support percentage from 2021 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	136,334	148,835	88,584	154,970	209,800	738,523
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	138,511	218,977	88,959	223,696	351,591	1,021,734
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	274,845	367,812	177,543	378,666	561,391	1,760,257
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						1,760,257

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6	274,845	367,812	177,543	378,666	561,391	1,760,257
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	-3,505	5,824	16	4	3	2,342
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	-3,505	5,824	16	4	3	2,342
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	3,485	820				4,305
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	274,825	374,456	177,559	378,670	561,394	1,766,904

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	99.62%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	99.11%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	<b>18</b>	1%

**19a 33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

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

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

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

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		



**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization <b>THE SANDBOX A HILTON HEAD</b>	Employer identification number <b>20-0301794</b>
--	---

Organization type (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

- 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 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <b>THE SANDBOX A HILTON HEAD</b>	Employer identification number <b>20-0301794</b>
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**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	HERITAGE CLASSIC FOUNDATION 71 LIGHTHOUSE ROAD, STE 4200  HILTON HEAD ISLAND SC 29928	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BREEDLOVE FOUNDATION 528 PATTERSON ROAD  HENDERSONVILLE NC 28739	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	GLEASON FAMILY FOUNDATION 67 MARK DRIVE  SAN RAFAEL CA 94903	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	LONG COVE CLUB 399 LONG COVE  HILTON HEAD ISLAND SC 29928	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BURR & FORMAN 23-B SHELTER COVE LANE  HILTON HEAD SC 29928	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**THE SANDBOX A HILTON HEAD**

Employer identification number

**20-0301794**

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements .....	<b>2a</b>
b Total acreage restricted by conservation easements .....	<b>2b</b>
c Number of conservation easements on a certified historic structure included in (a) .....	<b>2c</b>
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	<b>2d</b>
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....	
4 Number of states where property subject to conservation easement is located .....	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

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 .....	\$ .....
b Assets included in Form 990, Part X .....	\$ .....

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ..... %
- b** Permanent endowment ..... %
- c** Term endowment ..... %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		<b>88,794</b>	<b>88,794</b>	
<b>d</b> Equipment .....		<b>5,015</b>	<b>5,015</b>	
<b>e</b> Other .....		<b>85,658</b>	<b>61,578</b>	<b>24,080</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				<b>24,080</b>

**Part VII Investments – Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (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) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) .....		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) .....	

**Part X Other Liabilities.**

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

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

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





**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**THE SANDBOX A HILTON HEAD**

Employer identification number

**20-0301794**

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

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

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

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

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

**ROUNDING** **\$** **0**

Form **4562**

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](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2022**

Attachment Sequence No. **179**

Name(s) shown on return

**THE SANDBOX A HILTON HEAD**

Identifying number

**20-0301794**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

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

<b>1</b>	Maximum amount (see instructions)	<b>1</b>	<b>1,080,000</b>
<b>2</b>	Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
<b>3</b>	Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	<b>2,700,000</b>
<b>4</b>	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
<b>5</b>	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	
<b>6</b>	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b>	Listed property. Enter the amount from line 29	<b>7</b>	
<b>8</b>	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	
<b>9</b>	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	<b>9</b>	
<b>10</b>	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	<b>10</b>	
<b>11</b>	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	<b>11</b>	
<b>12</b>	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	<b>12</b>	
<b>13</b>	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	<b>13</b>	

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

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

<b>14</b>	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	<b>14</b>	
<b>15</b>	Property subject to section 168(f)(1) election	<b>15</b>	
<b>16</b>	Other depreciation (including ACRS)	<b>16</b>	<b>3,125</b>

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

**Section A**

<b>17</b>	MACRS deductions for assets placed in service in tax years beginning before 2022	<b>17</b>	<b>0</b>
<b>18</b>	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 2022 Tax Year Using the General Depreciation System**

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

**Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

<b>21</b>	Listed property. Enter amount from line 28	<b>21</b>	
<b>22</b>	<b>Total.</b> 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	<b>22</b>	<b>3,125</b>
<b>23</b>	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2022)

**Federal Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>										
21	flooring	12/15/11	4,200		X	X	0	5 HY 200DB	4,200	0
22	network camera	11/15/11	2,230		X	X	0	5 HY 200DB	2,230	0
			<u>6,430</u>				<u>0</u>		<u>6,430</u>	<u>0</u>
<b>Other Depreciation:</b>										
12	COMPUTERS	11/15/05	4,119				4,119	4 MO S/L	4,119	0
13	EXHIBITS - 2005	12/31/05	26,070				26,070	5 MO S/L	26,070	0
14	EXHIBITS - 2006	4/01/06	1,568				1,568	5 MO S/L	1,568	0
15	FURNITURE	12/15/05	3,923				3,923	5 MO S/L	3,923	0
16	FURNITURE	4/08/06	168				168	5 MO S/L	168	0
17	FURNITURE	4/26/06	378				378	5 MO S/L	378	0
18	LEASEHOLD IMPROVEMENTS	11/15/05	88,794				88,794	15 MO S/L	88,794	0
19	FURNITURE	3/30/06	525				525	5 MO S/L	525	0
20	COMPUTERS	6/15/08	896				896	5 MO S/L	896	0
23	Racetrack Exhibit	7/15/15	23,448				23,448	15 MO S/L	10,161	1,563
24	Grocery Store Exhibit	1/15/16	23,000				23,000	15 MO S/L	9,200	1,533
25	NEW COLIGNY EXHIBITS	1/01/21	148				148	5 MO S/L	30	29
	<b>Total Other Depreciation</b>		<u>173,037</u>				<u>173,037</u>		<u>145,832</u>	<u>3,125</u>
	<b>Total ACRS and Other Depreciation</b>		<u>173,037</u>				<u>173,037</u>		<u>145,832</u>	<u>3,125</u>
	<b>Grand Totals</b>		179,467				173,037		152,262	3,125
	<b>Less: Dispositions and Transfers</b>		0				0		0	0
	<b>Less: Start-up/Org Expense</b>		0				0		0	0
	<b>Net Grand Totals</b>		<u>179,467</u>				<u>173,037</u>		<u>152,262</u>	<u>3,125</u>

# Bonus Depreciation Report

## Form 990, Page 1

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

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
21	flooring	12/15/11	4,200	0	0
22	network camera	11/15/11	2,230	0	0
			<u>6,430</u>	<u>0</u>	<u>0</u>
<b>Other Depreciation:</b>					
12	COMPUTERS	11/15/05	4,119	0	0
13	EXHIBITS - 2005	12/31/05	26,070	0	0
14	EXHIBITS - 2006	4/01/06	1,568	0	0
15	FURNITURE	12/15/05	3,923	0	0
16	FURNITURE	4/08/06	168	0	0
17	FURNITURE	4/26/06	378	0	0
18	LEASEHOLD IMPROVEMENTS	11/15/05	88,794	0	0
19	FURNITURE	3/30/06	525	0	0
20	COMPUTERS	6/15/08	896	0	0
23	Racetrack Exhibit	7/15/15	23,448	1,563	0
24	Grocery Store Exhibit	1/15/16	23,000	1,534	0
25	NEW COLIGNY EXHIBITS	1/01/21	148	30	0
	<b>Total Other Depreciation</b>		<u>173,037</u>	<u>3,127</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>173,037</u>	<u>3,127</u>	<u>0</u>
	<b>Grand Totals</b>		<u>179,467</u>	<u>3,127</u>	<u>0</u>

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2022</b>
Description <b>OTHER</b>		

Name <b>THE SANDBOX A HILTON HEAD</b>	Taxpayer Identification Number <b>20-0301794</b>
--	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<u>490</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
<b>7. Total revenue.</b> Add lines 1 through 6	<b>7.</b>	<b><u>490</u></b>
8. Cost of Goods Sold	8.	<b><u>857</u></b>
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
<b>15. Total expenses.</b> Add lines 8 through 14	<b>15.</b>	<b><u>857</u></b>
<b>16. Net Income/Loss.</b> Line 7 minus Line 15	<b>16.</b>	<b><u>-367</u></b>

**Expense Details - Indirect Expense:**

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
<b>Total Indirect Expense</b>	_____

**Expense Details - Depreciation Expense:**

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
<b>Total Depreciation Expense</b>	_____

**Expense Details - Cost of Goods Sold:**

Beginning inventory	_____
Purchases	<b><u>857</u></b>
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
<b>Total Cost of Goods Sold</b>	<b><u>857</u></b>

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
<b>Total Exempt Activity Expense</b>	_____

**Expense Details - Employment Expense:**

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
<b>Total Employment Expense</b>	_____

**Expense Details - Fundraising Expense:**

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
<b>Total Fundraising Expense</b>	_____

**Expense Details - Fees for Services:**

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
<b>Total Fees for Services</b>	_____

**Information is indicated for use on Form 990-T, Schedule A:**

Schedule A, UBIT Activity Code		Seq #	
<input type="checkbox"/>	Part V, Debt Financing		
<input type="checkbox"/>	Part VI, Controlled Org Income		
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)		
<input type="checkbox"/>	Part VIII, Exploited Activities		
<input type="checkbox"/>	Part IX, Advertising Income		

**Allocation of Expense to Program Service Accomplishments:**

First	_____
Second	_____
Third	_____
All other	_____

Form **990****Two Year Comparison Report****2021 & 2022**

For calendar year 2022, or tax year beginning , ending

Name

Taxpayer Identification Number

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

		2021	2022	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1. 112,575	76,971	-35,604
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 42,395	132,829	90,434
	4. Program service revenue	4. 218,481	351,101	132,620
	5. Investment income	5. 4	3	-1
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8. 3,712	-367	-4,079
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 39		-39
	12. <b>Total revenue.</b> Add lines 1 through 11	12. 377,206	560,537	183,331
<b>Expenses</b>	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 78,000	78,000	
	16. Salaries, other compensation, and employee benefits	16. 68,337	177,909	109,572
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 4,478	6,393	1,915
	19. Occupancy, rent, utilities, and maintenance	19. 28,801	72,592	43,791
	20. Depreciation and Depletion	20. 3,126	3,125	-1
	21. Other expenses	21. 85,282	127,140	41,858
	22. <b>Total expenses.</b> Add lines 13 through 21	22. 268,024	465,159	197,135
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	23. 109,182	95,378	-13,804
<b>Other Information</b>	24. Total exempt revenue	24. 377,206	560,537	183,331
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 218,524	351,104	132,580
	27. Total assets	27. 341,498	238,519	-102,979
	28. Total liabilities	28. 179,856	9,460	-170,396
	29. Retained earnings	29. 161,642	229,059	67,417
	30. Number of voting members of governing body	30. 16	15	
	31. Number of independent voting members of governing body	31. 16	15	
	32. Number of employees	32. 18	29	
	33. Number of volunteers	33. 16	15	

Form **990****Tax Return History****2022**

Name

**THE SANDBOX A HILTON HEAD**

Employer Identification Number

**20-0301794**

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	136,334	148,835	88,584	154,970	209,800	
Membership dues						
Program service revenue	122,811	202,314	81,065	218,481	351,101	
Capital gain or loss						
Investment income	-3,505	5,824	16	4	3	
Fundraising revenue (income/loss)	7,942	9,559	6,794	3,712	-367	
Gaming revenue (income/loss)						
Other revenue	7,762	1,820	123	39		
<b>Total revenue</b>	<b>271,344</b>	<b>368,352</b>	<b>176,582</b>	<b>377,206</b>	<b>560,537</b>	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	69,796	64,383	81,000	78,000	78,000	
Other compensation	69,792	147,073	105,063	68,337	177,909	
Professional fees	5,234	4,376	5,629	4,478	6,393	
Occupancy costs	38,210	49,624	29,918	28,801	72,592	
Depreciation and depletion	9,015	9,016	8,523	3,126	3,125	
Other expenses	76,910	94,053	41,992	85,282	127,140	
<b>Total expenses</b>	<b>268,957</b>	<b>368,525</b>	<b>272,125</b>	<b>268,024</b>	<b>465,159</b>	
<b>Excess or (Deficit)</b>	<b>2,387</b>	<b>-173</b>	<b>-95,543</b>	<b>109,182</b>	<b>95,378</b>	
<b>Total exempt revenue</b>	<b>271,344</b>	<b>368,352</b>	<b>176,582</b>	<b>377,206</b>	<b>560,537</b>	
Total unrelated revenue						
Total excludable revenue	127,068	209,958	81,204	218,524	351,104	
Total Assets	292,502	285,937	116,020	341,498	238,519	
Total Liabilities	24,976	18,584	94,210	179,856	9,460	
Net Fund Balances	267,526	267,353	21,810	161,642	229,059	

**Federal Statements**

**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INVESTMENT INCOME - INTEREST	\$ 3					
			14			
INVESTMENT INCOME - GAIN LOSS						
			14			
TOTAL	<u>\$ 3</u>					

### Federal Statements

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
ADMINISTRATION	\$ 7,966	\$	\$ 7,966	\$
BANK & CREDIT CARD EXPENS	4,735	4,735		
EXECUTIVE DIRECTOR EXPENS	2,313	2,313		
ASSOCIATION DUES & LICENS	1,228		1,228	
TOTAL	<u>\$ 16,242</u>	<u>\$ 7,048</u>	<u>\$ 9,194</u>	<u>\$ 0</u>

## Federal Statements

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

<u>Description</u>	<u>Amount</u>
ATAX REIMBURSEMENT	\$ 77,591
PPP LOAN FORGIVENESS	55,238
ALL OTHER CONTRIBUTIONS/GRANTS	76,971
TOTAL	<u>\$ 209,800</u>

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

<u>Description</u>	<u>Amount</u>
MUSEUM ADMISSIONS/PROGRAMS	\$ 351,101
OTHER	490
GIFT SHOP	
TOTAL	<u>\$ 351,591</u>

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

<u>Description</u>	<u>Amount</u>
INVESTMENT INCOME - INTEREST	\$ 3
INVESTMENT INCOME - GAIN LOSS	
TOTAL	<u>\$ 3</u>

## South Carolina Return Summary

For calendar year 2022, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

### THE SANDBOX A HILTON HEAD

#### General Information

Federal employer identification number 20-0301794  
 Exempt Charitable Entity \_\_\_\_\_  
 Annual Reporting, Federal 990/990PF/990EZ   
 Annual Reporting, Federal 990N with Financial Report \_\_\_\_\_  
 SC990-T, Unrelated Business Income \_\_\_\_\_  
 Amended (SC990-T) \_\_\_\_\_  
 Return due date/ Extended due date \_\_\_\_\_

#### Charitable Registration Information

South Carolina registration number \_\_\_\_\_  
 Initial Application \_\_\_\_\_  
 Initial Fee \_\_\_\_\_  
 Renewal   
 Return due date/ Extended due date 05/15/23

#### UNRELATED BUSINESS INCOME

**Income**

South Carolina taxable income (unrelated business income) \_\_\_\_\_

**Tax**

Tax on taxable income \_\_\_\_\_

**Credits and Payments**

Payments and Credits \_\_\_\_\_  
 Withholding Credits \_\_\_\_\_  
**Total payments** \_\_\_\_\_

**Net tax due /-overpayment**

\_\_\_\_\_

**Penalties and Interest**

Underpayment tax penalty \_\_\_\_\_  
 Interest and Other Penalties \_\_\_\_\_

**Net amount due/-refund**

\_\_\_\_\_

**Overpayment to be credited to next year's estimated tax**

\_\_\_\_\_

**Balance due/-refund**

\_\_\_\_\_

**Next Year's Estimates (SC990-T)**

1st quarter \_\_\_\_\_  
 2nd quarter \_\_\_\_\_  
 3rd quarter \_\_\_\_\_  
 4th quarter \_\_\_\_\_  
**Total** \_\_\_\_\_



4. Enter the state and country in which the organization was legally established, as well as the date of establishment:

State \_\_\_\_\_ Country \_\_\_\_\_ Date \_\_\_\_\_  
(mo/day/year)

5. Form of organization. Check one:  \*\* Corporation (includes all nonprofit [i.e. 501(c)3] and for profit corporations)

Association  Other \_\_\_\_\_

(Please Specify)

**\*\* All corporations must provide a name and street address for a registered agent.**

\_\_\_\_\_  
Name (This cannot be the name of the organization)

\_\_\_\_\_  
Street Address (PO Box cannot be accepted) City State Zip Code

6. Complete A or B, whichever applies: **(6A or 6B must be a street address, not a PO Box)**

A. Principal address of the organization:

**80 NASSAU STREET HILTON HEAD ISLAND SC 29928**

\_\_\_\_\_  
Street Address, City, State, Zip Code

B. If the organization does not maintain an office, please provide the name and address of the person having custody of the organization's financial records:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address, City, State, Zip Code

7. Addresses of any of your organization's offices in South Carolina. Attach a list if necessary.

\_\_\_\_\_  
Name Address, City, State, Zip Code

8. Names and addresses of any chapters, branches or affiliates of your organization in South Carolina. Attach a list if necessary.

\_\_\_\_\_  
Name Address, City, State, Zip Code

9. **For the current fiscal year**, please provide the names and addresses of your organization's officers, directors, trustees, and board members. Attach a list if necessary.

**SEE STATEMENT 1**

\_\_\_\_\_  
Name Address, City, State, Zip Code Title

10. Check all states in which your organization is authorized to solicit contributions.

AL		AK		AR		AZ		CA		CO		CT		DC		DE	
FL		GA		HI		IA		ID		IL		IN		KS		KY	
LA		MA		MD		ME		MI		MN		MO		MS		MT	
NC		ND		NE		NH		NJ		NM		NV		NY		OH	
OK		OR		PA		PR		RI		SC		SD		TN		TX	
UT		VA		VT		WA		WI		WV		WY					

If any other governmental authority that is not listed above has authorized your organization to solicit contributions, enter the name of the governmental authority. Attach a list if necessary.

11. Check up to three boxes below that best describe the general purpose for which solicited contributions are to be used.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> A. <b>Arts, Culture, Humanities</b><br>(inc. historical)   | <input type="checkbox"/> L. <b>Housing, Shelter</b><br>(inc. senior citizen housing)   | <input type="checkbox"/> T. <b>Philanthropy, Volunteerism, Grant-making</b> (inc. foundations)   |
| <input type="checkbox"/> B. <b>Educational Institutions</b><br>(inc. literacy)  | <input type="checkbox"/> M. <b>Public Safety, Disaster Preparedness and Relief</b><br>(inc. rescue squads, auto safety)                          | <input type="checkbox"/> U. <b>Science and Technology Research Institutes</b><br>(inc. computer science, engineering)  |
| <input type="checkbox"/> C. <b>Environment, Beautification</b><br>(inc. gardening, outdoor education)                           | <input type="checkbox"/> N. <b>Recreation, Sports, Leisure, Athletics</b><br>(inc. social clubs, Special Olympics)                               | <input type="checkbox"/> V. <b>Social Sciences Institutes</b><br>(inc. institutes for studies on population, minorities and economics)                           |
| <input type="checkbox"/> D. <b>Animal-Related</b><br>(inc. wildlife sanctuaries)  | <input type="checkbox"/> O. <b>Youth Development</b>   | <input type="checkbox"/> W. <b>Public Affairs, Society Benefit</b><br>(inc. citizen participation, consumer protection, veterans' orgs., leadership development) |
| <input type="checkbox"/> E. <b>Health-General, Rehabilitative</b><br>(inc. nursing, family planning)                            | <input type="checkbox"/> P. <b>Human Services</b><br>(inc. thrift stores, YMCAs and YWCAs, hearing- or sight-impaired orgs.)                     | <input type="checkbox"/> X. <b>Religion, Spiritual Development</b><br>(inc. religious broadcasters and interfaith coalitions)                                    |
| <input type="checkbox"/> F. <b>Mental Health, Crisis Intervention</b><br>(inc. alcoholism, services for rape and abuse victims) | <input type="checkbox"/> Q. <b>International, Foreign Affairs, National Security</b> (inc. cultural exchange)                                    | <input type="checkbox"/> Y. <b>Mutual / Membership Benefit</b><br>(inc. fraternal organizations, cemeteries)   |
| <input type="checkbox"/> G. <b>Disease, Disorders, Medical Disciplines</b>  | <input type="checkbox"/> R. <b>Civil Rights, Social Action, Advocacy</b> (inc. right to life and right to die, reproductive rights)              | <input type="checkbox"/> Z. <b>Unknown, Other</b><br>Please Specify: _____   |
| <input type="checkbox"/> H. <b>Medical Research</b>   | <input type="checkbox"/> S. <b>Community Improvement, Capacity Building</b><br>(inc. neighborhood associations, service clubs, bus. development) |  |
| <input type="checkbox"/> I. <b>Crime, Legal-Related</b><br>(inc. prevention of abuse, delinquency)                              |  |  |
| <input type="checkbox"/> J. <b>Employment, Job-Related</b><br>(inc. voc. rehabilitation, unions)                                |  |  |
| <input type="checkbox"/> K. <b>Agriculture, Food, Nutrition</b><br>(inc. livestock breeding)                                    |  |  |

12. Is your organization currently, or has it in the past, been the subject of a legal or administrative action concerning a charitable solicitation, fundraising campaign, or campaign with a commercial co-venturer by another local, state or federal governmental authority including, but not limited to, registration or license revocation or denial, fines, injunctions or suspensions? [ ] YES [ **X** ] NO If "Yes," please attach an explanation of all actions.

13. Have any of the organization's officers, directors, trustees or board members been the subject of a criminal conviction, including guilty or nolo contendere pleas, involving any charitable solicitations act, fraud, dishonesty, or false statement in a jurisdiction within the United States? [ ] YES [ **X** ] NO If "Yes," please attach a description and date of any such conviction.

14. If any of the charitable organization's officers, directors, trustees or board members are related to one another by blood, marriage or adoption, please provide a statement as to the relationship(s).

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15. If any of the charitable organization's officers, directors, trustees or board members are related by blood, marriage or adoption to a director or officer of a professional fundraising counsel or professional solicitor under contract with the charitable organization, please provide a statement as to the relationship(s).

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16. If your organization intends to use a professional solicitor, professional fundraising counsel, or commercial co-venturer, or hire individuals to solicit, please list their names and contact information. Attach a list if necessary.

---

 Name

---

 Phone

---

 Address, City, State, Zip Code

---

I certify that the information furnished in this application and all attached supplementary information is true and correct to the best of my knowledge, information and belief. I understand that the giving of false or incorrect information may constitute a misdemeanor carrying a penalty upon conviction of a fine of not more than two thousand dollars or imprisonment for not more than one year, or both, for a first offense. A second or subsequent offense may constitute a felony carrying a penalty upon conviction of a fine of not more than five thousand dollars or imprisonment of not more than five years, or both.

**CHIEF FINANCIAL OFFICER / TREASURER**


---

 Print Name

---

 Signature

---

 Date

---

 Mailing Address

---

 City, State, Zip

---

 Phone Number
**CHIEF EXECUTIVE OFFICER / PRESIDENT**


---

**ALICIA POWELL**


---

 Print Name

---

 Signature

---

 Date

---

**80 NASSAU STREET**


---

 Mailing Address

---

**HILTON HEAD ISLAND**


---

**SC 29928**


---

 City, State, Zip

---

**843-842-7645**


---

 Phone Number

**\* The persons signing this form as CEO/President and CFO/Treasurer must be designated as such on the current fiscal year's list of officers, directors, trustees, and board members. If not, the registration will be returned for correction.**

**South Carolina Statements**

**Statement 1 - Registration Statement, Line 9 - Current Officers, Directors, Trustees and Board Members**

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
CHUCK SCHWARTZ	PRESIDENT				
LINDSEY HARTMAN	VICE PRESIDENT				
QUEATA JACKSON	SECRETARY				
TARA ANDERSON	DIRECTOR				
DENNIS CULLEN	DIRECTOR				
LINDA DREISBACH	DIRECTOR				
NANCY FOWLER	EXEC DIRECTOR (2022)				
SUSIE DOLAN	DIRECTOR				
JON HAMMOCK	DIRECTOR				
ALEXANDER KANARR	DIRECTOR				
LYNN KING	DIRECTOR				
KERI OLIVETTI	DIRECTOR				
LAURIE SAVIDGE	DIRECTOR				
SETH TILTON	DIRECTOR				
JOEY VARIN	DIRECTOR				
ALICIA POWELL	EXECUTIVE DIRECTOR	80 NASSAU STREET	HILTON HEAD ISLAND	SC	29928

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

**A For the 2022 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p><b>C</b> Name of organization <b>THE SANDBOX A HILTON HEAD</b></p> <p>Doing business as _____</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>80 NASSAU STREET</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code <b>HILTON HEAD ISLAND SC 29928</b></p> <p><b>F</b> Name and address of principal officer: <b>ALICIA POWELL</b> <b>80 NASSAU STREET</b> <b>HILTON HEAD ISLAND SC 29928</b></p>	<p><b>D</b> Employer identification number <b>20-0301794</b></p> <p><b>E</b> Telephone number <b>843-842-7645</b></p> <p><b>G</b> Gross receipts \$ <b>561,394</b></p> <p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If "No," attach a list. See instructions</p> <p>H(c) Group exemption number _____</p>
<p><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p> <p><b>J</b> Website: <b>WWW.THESANDBOX.ORG</b></p> <p><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</p> <p><b>L</b> Year of formation: <b>2003</b> <b>M</b> State of legal domicile: <b>SC</b></p>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<p><b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE SANDBOX IS DEDICATED TO THE POSITIVE DEVELOPMENT OF YOUNG CHILDREN THROUGH EDUCATIONAL PLAY IN AN ATMOSPHERE THAT FOSTERS BOTH FAMILY AND COMMUNITY.</b></p> <p><b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p> <p><b>3</b> Number of voting members of the governing body (Part VI, line 1a) <span style="float: right;"><b>3 15</b></span></p> <p><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <span style="float: right;"><b>4 15</b></span></p> <p><b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a) <span style="float: right;"><b>5 29</b></span></p> <p><b>6</b> Total number of volunteers (estimate if necessary) <span style="float: right;"><b>6 15</b></span></p> <p><b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <span style="float: right;"><b>7a 0</b></span></p> <p><b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 <span style="float: right;"><b>7b 0</b></span></p>																									
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**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	<p>Signature of officer <b>ALICIA POWELL</b> Type or print name and title <b>EXECUTIVE DIRECTOR</b></p>	<p>Date</p>
<b>Paid Preparer Use Only</b>	<p>Print/Type preparer's name <b>PAMELA JUNE, CPA</b></p> <p>Firm's name <b>JUNECPA</b> <b>99 MAIN STREET</b> Firm's address <b>HILTON HEAD ISLAND, SC 29926</b></p>	<p>Preparer's signature <b>PAMELA JUNE, CPA</b></p> <p>Date <b>11/15/23</b></p> <p>Check <input type="checkbox"/> if self-employed</p> <p>PTIN <b>P00636703</b></p> <p>Firm's EIN <b>20-4046229</b></p> <p>Phone no. <b>843-842-6500</b></p>

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

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

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

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

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

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

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

**4a** (Code: ) (Expenses \$ **367,114** including grants of \$ ) (Revenue \$ **351,101** )

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

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

**N/A**

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

**N/A**

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

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

**4e** Total program service expenses **367,114**

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No			
<b>2a</b>	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>2a</b>	<b>29</b>			
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		<b>X</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>				<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>				
<b>4a</b>	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)?	<b>4a</b>				<b>X</b>
<b>b</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).					
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>				<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>				<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>				
<b>6a</b>	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?	<b>6a</b>				<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>				
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>				
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>				
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>				
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>				
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>				
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>				
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>				
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>				
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>				
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>					
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>				
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>				
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:					
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>				
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>				
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:					
<b>a</b>	Gross income from members or shareholders	<b>11a</b>				
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>				
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>				
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>				
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>				
<b>b</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	<b>13b</b>				
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>				
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>				<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>				
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>				<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>				<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>				

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	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?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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		<b>X</b>

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

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

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed <b>SC</b>
<b>18</b>	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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)
<b>19</b>	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.
<b>20</b>	State the name, address, and telephone number of the person who possesses the organization's books and records

**ALICIA POWELL**  
**HILTON HEAD ISLAND**

**80 NASSAU STREET**

**SC 29928**

**843-842-7645**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>NANCY FOWLER</b> ..... <b>EXEC DIRECTOR (2022)</b>	40.00 ..... 0.00			X				78,000	0	0
(2) <b>TARA ANDERSON</b> ..... <b>DIRECTOR</b>	1.00 ..... 0.00	X						0	0	0
(3) <b>DENNIS CULLEN</b> ..... <b>DIRECTOR</b>	1.00 ..... 0.00	X						0	0	0
(4) <b>SUSIE DOLAN</b> ..... <b>DIRECTOR</b>	1.00 ..... 0.00	X						0	0	0
(5) <b>LINDA DREISBACH</b> ..... <b>DIRECTOR</b>	1.00 ..... 0.00	X						0	0	0
(6) <b>LENORE GLEASON</b> ..... <b>DIRECTOR</b>	1.00 ..... 0.00	X						0	0	0
(7) <b>JON HAMMOCK</b> ..... <b>DIRECTOR</b>	1.00 ..... 0.00	X						0	0	0
(8) <b>LINDSEY HARTMAN</b> ..... <b>VICE PRESIDENT</b>	1.00 ..... 0.00	X		X				0	0	0
(9) <b>QUEATA JACKSON</b> ..... <b>SECRETARY</b>	1.00 ..... 0.00	X		X				0	0	0
(10) <b>ALEXANDER KANARR</b> ..... <b>DIRECTOR</b>	1.00 ..... 0.00	X						0	0	0
(11) <b>LYNN KING</b> ..... <b>DIRECTOR</b>	1.00 ..... 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>KERI OLIVETTI</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) <b>LAURIE SAVIDGE</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) <b>CHUCK SCHWARTZ</b>	1.00									
PRESIDENT	0.00	X		X			0	0	0	
(15) <b>SETH TILTON</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(16) <b>JOEY VARIN</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(17) <b>ALICIA POWELL</b>	40.00									
EXECUTIVE DIRECTOR	0.00			X			0	0	0	
<b>1b Subtotal</b>							<b>78,000</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>78,000</b>			

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	132,829				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	76,971				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$					
	<b>h Total.</b> Add lines 1a-1f			209,800			
<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> MUSEUM ADMISSIONS/PROGRAMS		611710	351,101	351,101		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			351,101				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			3		3	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents		(i) Real				
		<b>6a</b>	(ii) Personal				
		<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities				
		<b>7a</b>	(ii) Other				
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>				
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)						
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
		<b>8a</b>		490			
<b>b</b> Less: direct expenses		<b>8b</b>	857				
<b>c</b> Net income or (loss) from fundraising events			-367				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19							
	<b>9a</b>						
	<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances							
	<b>10a</b>						
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			Business Code				
	<b>11a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions			560,537	351,101	0	3	

**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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	78,000	56,940	8,580	12,480
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	160,391	117,085	17,643	25,663
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	17,518	12,788	1,927	2,803
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	6,393	3,196	3,197	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	21,984	21,984		
13	Office expenses	273	246	27	
14	Information technology				
15	Royalties				
16	Occupancy	72,592	67,532	5,060	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	421		421	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,125	3,125		
23	Insurance	13,051	11,746	1,305	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	DESIGN EXPENSE	30,014	30,014		
b	EXHIBIT UPKEEP	23,886	23,886		
c	PROGRAM COSTS	11,524	11,524		
d	TECHNOLOGY	9,745		9,745	
e	All other expenses	16,242	7,048	9,194	
25	<b>Total functional expenses.</b> Add lines 1 through 24e	<b>465,159</b>	<b>367,114</b>	<b>57,099</b>	<b>40,946</b>
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	140,880	1	117,926
	<b>2</b> Savings and temporary cash investments	34,017	2	6,059
	<b>3</b> Pledges and grants receivable, net	9,402	3	
	<b>4</b> Accounts receivable, net	3,880	4	
	<b>5</b> 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	
	<b>6</b> 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	
	<b>7</b> Notes and loans receivable, net	88,954	7	88,954
	<b>8</b> Inventories for sale or use		8	
	<b>9</b> Prepaid expenses and deferred charges	7,146	9	1,500
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 179,467		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 155,387	27,205	<b>10c</b> 24,080
	<b>11</b> Investments—publicly traded securities		11	
	<b>12</b> Investments—other securities. See Part IV, line 11		12	
	<b>13</b> Investments—program-related. See Part IV, line 11		13	
	<b>14</b> Intangible assets		14	
	<b>15</b> Other assets. See Part IV, line 11	30,014	15	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	341,498	16	238,519	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	19,510	17	9,460
	<b>18</b> Grants payable		18	
	<b>19</b> Deferred revenue	120,171	19	
	<b>20</b> Tax-exempt bond liabilities		20	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		23	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		24	
<b>25</b> 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	40,175	25		
<b>26 Total liabilities.</b> Add lines 17 through 25	179,856	26	9,460	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	-157,016	27	229,059
	<b>28</b> Net assets with donor restrictions	318,658	28	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		29	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		30	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		31	
<b>32</b> Total net assets or fund balances	161,642	32	229,059	
<b>33</b> Total liabilities and net assets/fund balances	341,498	33	238,519	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>560,537</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>465,159</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>95,378</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>161,642</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	<b>-27,961</b>
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>229,059</b>

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 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 of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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

	Yes	No
<b>2a</b>	<b>X</b>	
<b>2b</b>		<b>X</b>
<b>2c</b>	<b>X</b>	
<b>3a</b>		<b>X</b>
<b>3b</b>		

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**THE SANDBOX A HILTON HEAD**

Employer identification number

**20-0301794**

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

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

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

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

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

Schedule A (Form 990) 2022

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						

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

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

**Section C. Computation of Public Support Percentage**

**14** Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 %

**15** Public support percentage from 2021 Schedule A, Part II, line 14 15 %

**16a 33 1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	136,334	148,835	88,584	154,970	209,800	738,523
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	138,511	218,977	88,959	223,696	351,591	1,021,734
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	274,845	367,812	177,543	378,666	561,391	1,760,257
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						1,760,257

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6	274,845	367,812	177,543	378,666	561,391	1,760,257
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	-3,505	5,824	16	4	3	2,342
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	-3,505	5,824	16	4	3	2,342
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	3,485	820				4,305
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	274,825	374,456	177,559	378,670	561,394	1,766,904

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	99.62%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	99.11%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	<b>18</b>	1%

**19a 33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

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

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

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

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**THE SANDBOX A HILTON HEAD**

Employer identification number

**20-0301794**

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements .....	<b>2a</b>
b Total acreage restricted by conservation easements .....	<b>2b</b>
c Number of conservation easements on a certified historic structure included in (a) .....	<b>2c</b>
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	<b>2d</b>
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....	
4 Number of states where property subject to conservation easement is located .....	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

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 .....	\$ .....
b Assets included in Form 990, Part X .....	\$ .....

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ..... %
- b** Permanent endowment ..... %
- c** Term endowment ..... %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		<b>88,794</b>	<b>88,794</b>	
<b>d</b> Equipment .....		<b>5,015</b>	<b>5,015</b>	
<b>e</b> Other .....		<b>85,658</b>	<b>61,578</b>	<b>24,080</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				<b>24,080</b>

**Part VII Investments – Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) .....		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) .....	

**Part X Other Liabilities.**

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

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

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





**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**THE SANDBOX A HILTON HEAD**

Employer identification number

**20-0301794**

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

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

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

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

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

**ROUNDING** **\$** **0**

## Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

20-0301794

### THE SANDBOX A HILTON HEAD

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

**Revenue**

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

**Expenses**

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

Changes 4

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

**Reconciliation of Revenue**

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

**Reconciliation of Expenses**

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

**Balance Sheet**

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

**Miscellaneous Information**

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

Form **8879-TE**

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

OMB No. 1545-0047

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

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

**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

# 2021

Department of the Treasury  
Internal Revenue Service  
Name of filer

**THE SANDBOX A HILTON HEAD**

EIN or SSN  
**20-0301794**

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

#### Part I Type of Return and Return Information

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

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

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

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

#### PIN: check one box only

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

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

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

Signature of officer or person subject to tax

Date **01/19/23**

#### Part III Certification and Authentication

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

**57175462291**

Do not enter all zeros

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

ERO's signature **PAMELA JUNE, CPA**

Date **01/19/23**

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

Form **990**

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

OMB No. 1545-0047

**2021**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

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

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

**D** Employer identification number  
**20-0301794**

**E** Telephone number  
**843-842-7645**

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

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

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

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

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

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

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

**H(c)** Group exemption number ▶

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

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_  
**NANCY FOWLER** **EXECUTIVE DIRECTOR**  
 Type or print name and title

**Paid Preparer Use Only**

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

Yes  No

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

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

Yes  No

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

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

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

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

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

N/A

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

N/A

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

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

4e Total program service expenses 205,698

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	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>2a</b>	<b>18</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	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)?	<b>4a</b>			<b>X</b>
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body?	<input checked="" type="checkbox"/>	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

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

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

**Section C. Disclosure**

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

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

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

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

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

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

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

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

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

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

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

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

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

**Part IX Statement of Functional Expenses**

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

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

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	5,867	1	140,880
	2	Savings and temporary cash investments	29,528	2	34,017
	3	Pledges and grants receivable, net	9,402	3	9,402
	4	Accounts receivable, net	3,880	4	3,880
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	30,646	7	88,954
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	7,146	9	7,146
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 179,467		
	b	Less: accumulated depreciation	10b 152,262	30,183	10c 27,205
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	30,014	15	30,014
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	146,666	16	341,498	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	26,814	17	19,510
	18	Grants payable		18	
	19	Deferred revenue	15,001	19	120,171
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	52,395	25	40,175
	26	<b>Total liabilities.</b> Add lines 17 through 25	94,210	26	179,856
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
27		Net assets without donor restrictions	-180,174	27	-157,016
28		Net assets with donor restrictions	232,630	28	318,658
<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>					
29		Capital stock or trust principal, or current funds		29	
30		Paid-in or capital surplus, or land, building, or equipment fund		30	
31		Retained earnings, endowment, accumulated income, or other funds		31	
32		<b>Total net assets or fund balances</b>	52,456	32	161,642
33	<b>Total liabilities and net assets/fund balances</b>	146,666	33	341,498	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>377,206</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>268,024</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>109,182</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>52,456</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	<b>4</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>161,642</b>

**Part XII Financial Statements and Reporting**

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

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

**SCHEDULE A**  
(Form 990)

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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization <b>THE SANDBOX A HILTON HEAD</b>	Employer identification number <b>20-0301794</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 33 1/3% support test—2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2021 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016 .....			
b From 2017 .....			
c From 2018 .....			
d From 2019 .....			
e From 2020 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017 .....			
b Excess from 2018 .....			
c Excess from 2019 .....			
d Excess from 2020 .....			
e Excess from 2021 .....			



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

THE SANDBOX A HILTON HEAD

20-0301794

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....				
b Buildings .....				
c Leasehold improvements .....		88,794	88,794	
d Equipment .....		5,015	5,015	
e Other .....		85,658	58,453	27,205

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ **27,205**

**Part VII Investments – Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) .....		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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





**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**THE SANDBOX A HILTON HEAD**

Employer identification number

**20-0301794**

**AMENDED RETURN EXPLANATION**

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

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

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

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

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

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

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

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

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2021**

Attachment Sequence No. **179**

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

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

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

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

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

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

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

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

**Section A**

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

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

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

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

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

**Part IV Summary (See instructions.)**

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

For Paperwork Reduction Act Notice, see separate instructions.

DAA

**Federal Asset Report**

**Form 990, Page 1**

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

**Bonus Depreciation Report**

**Form 990, Page 1**

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

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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**There are no assets that meet the criteria of this report**

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

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2020 &amp; 2021</b>
For calendar year 2021, or tax year beginning _____, ending _____		

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

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

Form <b>990</b>	<b>Tax Return History</b>	<b>2021</b>
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Name <b>THE SANDBOX A HILTON HEAD</b>	Employer Identification Number <b>20-0301794</b>
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	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants .....	140,121	136,334	148,835	88,584	154,970	
Membership dues .....						
Program service revenue .....	120,963	122,811	202,314	81,065	218,481	
Capital gain or loss .....						
Investment income .....	6,557	-3,505	5,824	16	4	
Fundraising revenue (income/loss) .....	9,396	7,942	9,559	6,794	3,712	
Gaming revenue (income/loss) .....						
Other revenue .....	2,690	7,762	1,820	123	39	
<b>Total revenue</b> .....	<b>279,727</b>	<b>271,344</b>	<b>368,352</b>	<b>176,582</b>	<b>377,206</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....	40,622	69,796	64,383	81,000	78,000	
Other compensation .....	65,816	69,792	147,073	105,063	68,337	
Professional fees .....	4,750	5,234	4,376	5,629	4,478	
Occupancy costs .....	41,113	38,210	49,624	29,918	28,801	
Depreciation and depletion .....	9,017	9,015	9,016	8,523	3,126	
Other expenses .....	82,671	76,910	94,053	41,992	85,282	
<b>Total expenses</b> .....	<b>243,989</b>	<b>268,957</b>	<b>368,525</b>	<b>272,125</b>	<b>268,024</b>	
<b>Excess or (Deficit)</b> .....	<b>35,738</b>	<b>2,387</b>	<b>-173</b>	<b>-95,543</b>	<b>109,182</b>	
<b>Total exempt revenue</b> .....	<b>279,727</b>	<b>271,344</b>	<b>368,352</b>	<b>176,582</b>	<b>377,206</b>	
Total unrelated revenue .....						
Total excludable revenue .....	130,210	127,068	209,958	81,204	218,524	
Total Assets .....	268,488	292,502	285,937	116,020	341,498	
Total Liabilities .....	3,349	24,976	18,584	94,210	179,856	
Net Fund Balances .....	265,139	267,526	267,353	21,810	161,642	

**Federal Statements**

**Taxable Interest on Investments**

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

## Federal Statements

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

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

## Federal Statements

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

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

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

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

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

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

### Schedule A, Part III, Line 11

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

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

DEPARTMENT OF THE TREASURY

Date:

APR 22 2003

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

Employer Identification Number:  
20-0301794

DLN:  
17053089769078

Contact Person: MICHAEL J HANSON ID# 31127

Contact Telephone Number:  
(877) 829-5500

Public Charity Status:  
170(b)(1)(A)(vi)

Dear Applicant:

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

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

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