2026
Accommodations Tax Funds Request Application

Organization Name: The Sandbox

Project/Event Name: Enhancing the Tourist Experience

Executive Summary

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 510,000 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 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 placed in visitor centers and hotels as ways to reach tourists. The primary metrics for measuring this effectiveness are attendance for general admission and feedback received from programs.

Analyzing data captured from Versai museum software gives a comprehensive view of how well The Sandbox is achieving its goals and how effectively it is engaging its target audience. Attendance data gives 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.

ATAX grant is primary funding for all marketing and public relations. A significant portion of visitor responses come from internet searches, including social media posts, Facebook page, Tik Tok, Instagram, and The Sandbox website. Our FB audience consists mainly of women aged 35-44, indicating a clear target demographic and has grown to 6,545 followers. Our Instagram following has grown by 58% in the last year, which shows that we are successfully expanding our presence across different social media platforms. The Sandbox now has a Tik Tok account and is very interactive with guests that have visited the museum. Guests are posting their own wonderful experiences and tagging The Sandbox which is fabulous! Word of mouth continues to account for 20% of visitors, indicating a positive impact from The Sandbox’s reputation and visitor experiences.

ATAX grant is also primary funding for ads in publications targeting visitors including: Pink Magazine, Island Events, Discovery Map, CB2/CH2 magazine, Bluffton and Hilton Head Sun, and the annual Hilton Head Bluffton Vacation Planner. The 2025 summer camp had not only repeat campers vacationing on Hilton Head,

but also campers who were here for the entire summer. Several families booked vacations around summer camp. The curiculum for camp was based on stem activites, learning about the lowcountry animals and their habitats, and experiencing all that the museum has to offer. The 2026 Summer Camp has 6 kids already registered and all have planned their vacations around The Sandbox summer camp schedule.

The interactive exhibits and programs are 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. ATAX grant has played a major role with bringing in new exhibits and the continuous maintenance of all exhibits. During 2025, we have had several new exhibits installed and our guests are loving it! They walk in and it definitely is a "wow" factor. The 5 Ft. Astronaut hanging in the middle of the colorful 10 x 10 space banner catches your eye immediately, the beautiful artwork, airplanes hanging throughout draw your eyes up, The Pretend area is filled with brightly colored dress up clothes, hats, tiara's, gloves and inspirational signage throughout. Kids can be princesses, kings, firemen, soldier, astronaut and many other characters. Consistent updating of play equipment on the back deck 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 museum building, offers close proximity and access to the hub of tourist activity on the south end of the Island.

We respectfully submit a request for **$82,200**. Funding of marketing/public relations, programs, facility and exhibits is critical to maintain the same high caliber of interactive exhibits, facilities, programming and advertising that everyone has become to expect. The Sandbox is beautiful, clean, educational, fun and is a destination for kids and families from near and far. Creating happy memories that will live on forever for both kids and adults is very important to the Staff and the Board of Directors.

Thank you for the opportunity to share our successes with the ATAX Committee and appreciate your consideration and continued support which has allowed us to celebrate 20 years on Hilton Head Island.

2026
Accommodations Tax Funds Request Application

Date Received: 09/04/2025	Time Received: 11:08 AM	By: Online Submittal

Applications will not be accepted if submitted after 4 pm on September 5, 2025

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(s): Event Location(s): The Sandbox Children's Museum

Total Budget: $555,421.00 **Grant Requested:** $82,200.00

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

Requesting funds in the amount of $87,2000. Allocating $37,000 for (22) 30 second commercials per month on WTOC, running over 6 months, delivering a total of 348,000 targeted impressions. 75,000 Targeted display impressions a month, added value of 25,000 core display impressions per month with a total of 1,548,00 impressions per year. WTOC TV will reach 21 counties in the State of Georgia. Summer camps & special programs throughout the year underlines our request for $25,200 for events & programming. Maintaining our facilities/exhibits is essential to provide a safe, captivating environment for visitors. Wear and tear on exhibits are very costly. Children play hard and the higher maintenance costs continues to grow each year. Allocating $25,000 to facility improvements to ensure an enjoyable experiences for our guests. &a

How does the organization/project/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 in 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 accommodations, 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 the Island.

A. Total Number of Physical Tourists Served: 20360
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: 6500
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: 3300
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): 30160

How was the Number of visitors 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 gather feedback to understand what additional programs and exhibits might bring guests back to The Sandbox. Above are the FY2024 totals which reflect 6,000+ additional guests visiting the museum in 2024 over 2023. During the month of August 2025, 95 students and 30 parents visited the museum from all over the State of Georgia.

The group was from the National Cyber Academy homeschool program and below is the positive email that was sent just after their visit.

From: Tonette Price
Sent: Friday, August 29, 2025 8:00 AM
To: Alicia Powell
Cc: Deb Eason
Subject: Re: The Sandbox Children's Museum

On behalf of every student, and parent who attended Wednesday's visit to the Sandbox Children's Museum, we want to extend our deepest and most heartfelt thanks for your generous funding that made this unforgettable experience possible.

The museum's exhibits were not only educational but truly exceptional. Our students were thrilled by the hands-on exploration, engaged deeply with the creative crafts, and were absolutely captivated by the top-tier puppet show. Every detail of the day sparked wonder and

joy, feelings that are hard to come by and deeply cherished. Your kindness and support were felt by everyone in attendance. One family drove over five hours from the North Georgia mountains just to be part of the experience. Others joined us from Atlanta and even coastal cities across Georgia, all drawn by the unique opportunity your generosity helped provide.

We are profoundly grateful, not only for the chance to visit such a remarkable place, but also for the shared memories, laughter, and learning that will stay with our students and families for years to come. Thank you for investing in experiences that uplift and unite our communities in such meaningful ways. We hope to visit again soon. Please tell each person that impacted the day thank you. I have more individual photos if you need some to share with the board or others in the community. We will remember this for a lifetime!

With deepest appreciation,

Tonette Price
Assistant Director of Community Partnerships, Georgia Cyber Academy

Phone 404-334-4790 **Extension** 2394

Email tprice@georgiacyber.org

Address 1745 Phoenix Blvd., Ste. 100

Website www.georgiacyber.org

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 visiting the museum.The inclusion of interactive exhibits such as the 3D sandbox which teaches kids about 12 different biomes, The MakersSpace allows kids to foster creativity, use critical thinking, and problem-solving skills. In 2025, we have created the STEM Lab which allows The Sandbox to grow with the kids. The STEM Lab has activities such as building electrical circuit boards, lego builds, magnetic tiles, 3D Printers, Interactive World Globes, coding of Robotics, Eye Wiz educational platform with over 700 educational activites and programs that transform any floor or table into an immersive playground of fun, and learning. The addition of the STEM Lab aligns perfectly with the museum's mission to provide hands-on learning experience that inspire young minds. STEM education is vital for equipping the next generation with the skills they need to succeed in an increasingly technology-driven world.

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 89% 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 **$37,000** for: Design/Ads, Digital Media Ads, mass email to all that have visited the Sandbox within past 2 years, Print and TV advertising to target markets.

2025 Programs include: The Wonders of Science which focus on science, biology, and fun projects. STEM workshops will be held starting September 20th, workshops include coding of robotix, circuit boards and learning how to use and print on 3D printers.Lego Builds held twice each month, Reptile Meet and Greets Mr.. Puppet, Puppeteer and Ventriloquist will have 20+ programs in 2026. Mr. Puppet programs teaches creativity, kindness, friendship, and educational fun. Spookalicious on Halloween will be filled with fun activities for all ages, Thanksgiving week includes Imagination Hour story time, special crafts, local authors reading books, and kids participate in "Stories in Motion" each week during 2026. December 1, the museum will transform into a Christmas Wonderland. December programs include scavenger hunts, crafts, cookie making and decorating programs, making Christmas ornaments and NOON Years Eve on December 31st.. $**25,200** will be allocated to these programs.

The museum is filled with interactive exhibits that require ongoing repair costs. Increase in visitors, repairs/replacements happen frequently. The Stem Lab will continue to expand and updated throughout the year. We will allocate $25,000 to the facilities and exhibits.

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 tourist traffic by entering zip codes on each transaction allows us to analyze where our guests are traveling from. Many tourists visit every year and look forward to "what's new" at The Sandbox. Tourists plan their summer vacations around our summer camps. This is a strong testament to the positive impact The Sandbox has on

tourism.

Majority of guests live more than 50 miles away and indicates we are drawing visitors from a wide geographical area across the country. Expansion of advertising to include TV commercials and digital ads through WTOC will reache 21 counties in Ga.

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

1 - Destination Advertising/Promotion *Advertising and promotion of tourism so as to develop and increase tourist attendence through the generation of publicity.*	40 %
2 - Tourism-Related Events *Promotion of the arts and cultural events.*	27 %
3 - Tourism-Related Facilities *Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.*	33 %
4 - Tourism-Related Public Services *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.*	0 %
5 - Tourist Public Transportation *Tourist shuttle transportation.*	0 %
6 - Waterfront Erosion/Control/Repair *Control and repair of waterfront erosion.*	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, schools and other organizations significantly impacts both the community and the museum. Working with local organizations allows all to offer a variety of programs to meet diverse interests and needs. Collaboration enriches the experience for visitors and residents alike, making our community a more vibrant and premier destination for families. Regular communication and placing of The Sandbox rack cards in visitor centers, Chamber of Commerce, hotels and rental agencies ensures that tourists are well-informed about

events, hours, and programming and allows them to include The Sandbox in their itinerary. We participate in local events such as Hilton Head Island Jam Songwriters Festival, 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)*

Bringing the walls of the museum to life in 2024 and 2025 has made a signifanct impact on our guests experiences. From the 5ft. tall Astronaut hanging in the middle of the space banner to airplanes and blimps flying overhead, the Sandbox is filled with an experience in every corner. Fun,stimulating and educational exhibits are inviting and kids don't realize they are learning fine motor skills, creating and using critical thinking skills. We receive compliments continuously as our guests are leaving telling us that they compare The Sandbox to large museums in major metroplitan 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. An attachment with guest comments is attached to the application.

C. **FUNDING:**

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

Museum income (Admissions, Memberships, birthday parties, field trips 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 Town of Hilton Head, private donations and sponsorships and grants that make up the balance.

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

13 Government Sources

4 Private Contributions, Donations and Grants

2	Corporate Support, Sponsors	5	Membership, Dues, Subscriptions
76	Ticket Sales, or Sales and Services		Other

3. Has the organization requested other ATAX or any other funding from other public sources or organizations?
   Yes ___ No **X**

   If so, please list top 3 sources and amounts.

D. **FINANCIAL INFORMATION:**

Fiscal Year Disclosure: Start Month: **January 2025** End Month: **December 2025**

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:

   2024- Previous FY 1
   2024- 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 Balanace Sheets Provided:

   2023 - Previous FY 2

   2024 - 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

2023 - Previous FY 2

2022 - Previous FY 1

E. **FINANCIAL GUARANTEES AND PROCEDURES:**

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

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

2. Indicate whether your organiztion has procurement guidelines, which are utilized and followed in the expenditue of ATAX grant funds.
   - ○ Utilize and follow organization's own procurement guidelines
   - ○ Our organization does not have or follow procurement guidelines

F. **MEASURING EFFECTIVENESS:**

If you received 2024 or 2025 HHI ATAX funds

1. List any ATAX award amounts received in 2024 and/or 2025.

2023	$59,895.00	Enhancing the Tourist Experience
2024	$60,765.00	
2024	$60,765.00	Enhancing The Tourist Experience
2025	$64,000.00	Enhancing The Tourist Experience

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

2025: $64000 Requested and Awarded

$14720 for advertising

$27520 for tourism-related events

$21760 for tourism-related facilities

ATAX advertising dollars enabled The Sandbox to use multisensory marketing efforts and our location in Celebration Park is prime location for families to spend the entire day. We offer two, 3-hour play sessions each day and continue to find ourselves at capacity for both sessions. Advertising is primary reason for the summer camps were full for 4 out of

the 4 weeks. The demographics of our campers was a mix of local kids and tourist kids. Several families booked their vacation based on the dates of summer camp.

Advertising special events throughout the year continues to keep The Sandbox top of mind both locally and beyond. Tourists from other states and countries receive monthly newsletters and special programming updates throught the year. The mass email distribution has 7,000+ guests that have been to the museum and have registered to receive emails. An open rate of 47% is typical on each email blast.

ATAX dollars is critical to maintain and purchase new interactive exhibits. Our facility and exhibit dollars help to maintain our supplies and allow us to keep our exhibits well-maintained.On average 160 kids a day interact with every exhibit in the museum. Refreshing, new parts, replacing exhibits t

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 to visitors 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, number 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**

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 you create 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)

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 510,000 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 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 placed in visitor centers and hotels as ways to reach tourists. The primary metrics for measuring this effectiveness are attendance for general admission and feedback received from programs.

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Thank you for the opportunity to share our successes with the ATAX Committee and appreciate your consideration and continued support which has allowed us to celebrate 20 years on Hilton Head Island.

Signature: Alicia Powell

Title/Position: Executive Director

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

Email Address: apowell@thesandbox.org

Office Phone Number: 843-842-7645

Home Phone Number: 912-417-1222

The Sandbox Executive Summary

2025 ATAX funds requested and received were for three different areas which included:

- $14,720 for advertising
- $27,520 for tourism-related events
- $2,760 for tourism-related facilities

Advertising in the following monthly printed and online publication:

- Pink Magazine monthly
- CB2/CH2 Magazine monthly
- Bluffton Sun monthly
- Hilton Head Sun monthly
- Hilton Head 2025 Vacation Planner annually
- Annual Discovery Maps of Hilton Head
- Island Events monthly
- Post and Courier Newspaper 3 months
- Social Media Boosts at minimum of two times each month to over 6,500 followers
- Continuous updating of website with innovative programs and unique events
- Mass email distribution through mail chimp to 18,000 registered guests that have visited the museum in the past.

Actual funds spent on advertising have already exceeded the $14,720 received but advertising is key to continue to growth in visitor numbers and thus far in 2025 we have had over 6,000 more visitors than in 2024.

Tourism-Related Events include:

- 2025 Summer Camp program and 55% of the kids attending were out of state. Total of 60 campers were in attendance for the 4-week camp. It was a wonderful experience for families and kids. Families are planning summer vacation around the camp. We have 6 kids from out of state registered for 2026.
- Special programs such as
    - Mr. Puppet the Puppeteer and Ventriloquist
    - Reptile Meet and Greets with Naturalist from Port Royal Sound Foundation
    - Lego builds by Chris 3x each month.
    - Weekly Imagination Hour programs.
    - Science with Mr. Bob every Tuesday.
    - Christmas Winterland Special programs held December 15 – 31 every year. Every day has a different theme.
    - Spookalicious October 31st – a day filled with fun, educational spooky treats.
    - Noon Year's Eve December 31st.
    - STEM Lab workshops include building robotics, 3D printing, building circuit boards, interact with Eye Click educational system,

All the programs are very well received and usually at capacity. April – December the Sandbox is at capacity every day which equates to a minimum of 250+ guests each day. Special programs are an added value received with the purchase of general admission ticket. The funds from the 2025 grant have not been fully spent but we have special programs through the month of December and will be spent for remainder of 2025.

Tourism-Related Facilities

- Maintaining all exhibits is critical to the success of the museum. Replacing broken exhibit pieces, updating, and replacing exhibits is a continuous process. During 2025 we have installed the following new exhibits:
    - 5ft. astronaut hanging inside the 10'x10' space banner.
    - Renovation of Dress-Up/Pretend area including modern furniture and dress up clothes.
    - Maintenance of the large fish tank exhibit costs $350 each month but is an added attraction immediately upon entering the museum.
    - Supplies for the Makers Space Exhibit allows kids to create any type of project and take it with them which captures a memory of their visit.
    - Addition of the Ice Cream Truck complete with pretend ice cream is a favorite.

- The outside back deck sells the museum to all the tourists in the park. A monster truck was added this year along with a kitchen for the playhouse.

ATAX funds are critical to the overall success of the museum and allows the museum to “grow with the kids” The addition of the STEM Lab has already created a noticeably big interest with our guests. The total fund for tourism-related facilities, which is $21,760 has a balance but will be utilized over the next 2 months.

We respectfully submit this request of $82,200 to fund 2026 advertising, special programs and events for our guests and tourism-related facilities.

The Sandbox celebrates 20th Year Anniversary on December 5th and because of the Town of Hilton Head, the museum is in a prime location and the generosity of ATAX dollars will allow us to keep creating wonderful, fun, and educational memories from all over the world.

Respectfully Submitted,

Alicia Powell
Executive Director

From: Tonette Price <tprice@georgiacyber.org>
Sent: Friday, August 29, 2025 8:00 AM
To: Alicia Powell <apowell@thesandbox.org>
Cc: Deb Eason <deason@thesandbox.org>
Subject: Re: The Sandbox Children's Museum

On behalf of every student, and parent who attended Wednesday's visit to the Sandbox Children's Museum, we want to extend our deepest and most heartfelt thanks for your generous funding that made this unforgettable experience possible.

The museum's exhibits were not only educational but truly exceptional. Our students were thrilled by the hands-on exploration, engaged deeply with the creative crafts, and were absolutely captivated by the top-tier puppet show. Every detail of the day sparked wonder and joy, feelings that are hard to come by and deeply cherished. Your kindness and support were felt by everyone in attendance. One family drove over five hours from the North Georgia mountains just to be part of the experience. Others joined us from Atlanta and even coastal cities across Georgia, all drawn by the unique opportunity your generosity helped provide.

We are profoundly grateful, not only for the chance to visit such a remarkable place, but also for the shared memories, laughter, and learning that will stay with our students and families for years to come. Thank you for investing in experiences that uplift and unite our communities in such meaningful ways. We hope to visit again soon. Please tell each person that impacted the day thank you. I have more individual photos if you need some to share with the board or others in the community. We will remember this for a lifetime!

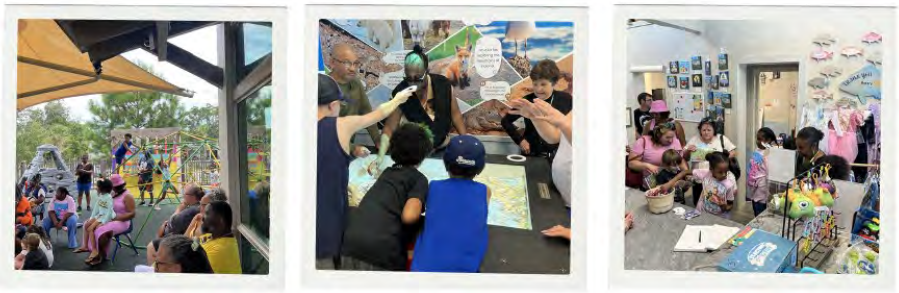
With deepest appreciation,

Our adventure on August 28, 2025

GEORGIA CYBER ACADEMY

CHAMPIONS

WE ARE SO THANKFUL FOR YOU!



Tonette Price
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2025 visitor comments sample

Guest from Puerto Rico

In our many years of travel, we have not encountered such a well-thought-out concept for the enrichment of our entire family, (grandparents, aunts and uncles, parents and young ones (3) and older (7) kids) alike. Thanks to all involved on site and the community to make such a bonding experience happen during our vacation!!! Kudos to you!!!

August 20, 2025

My heart is so full of happiness and love sharing this experience together with all my children and grandchildren.

July 7, 2025 Guests from Apopka, FL

Compliments to The Sandbox on such a unique and well supplied play place for children! You have covered every area of living and growing. Kudos and God bless all who play here.

July 7, 2025 Guests from Bluffton, SC

The Sandbox is a fantastic and fun place for kids of all ages. They can explore their imagination and creativity for hours. Thank you so much!

July 2, 2025 Guests from California

We had the best time! Best children's museum ever!!!

Sandbox Children's Museum
August Board Meeting
Wednesday, August 27, 2025

In Attendance: Lindsay Hartman, Lynn King, Jamie Mitchell, Lenore Gleason, Jon Hammock, Alex Kanarr, Keri Olivetti, Kathy Perry, Laurie Savidge

On Phone: Linda Dreisbach
Member Absent: Justin Chandler
Executive Director: Alicia Powell

Meeting called to order by Lindsay Hartman at 8:30 AM.

IRS REFUND: Alicia Powell stated that we are expecting a $40K IRS refund stemming from the post Covid period.

ATAX APPLICATION: Alicia Powell presented her ATAX proposal for the 2026 application that she is submitting next week. She is asking for a total of $82,200 to include marketing, programs, and exhibits. There was a motion made by Jon and seconded by Laurie to approve the ATAX application. The Board then voted unanimously to approve the submission of the Sandbox Children's Museum's 2026 ATAX Application.

NEW STEM PROJECT: Alicia informed the Board that Burr Forman LLC has made a generous donation to the SBCM which will be used for IWIZ projectors as part of the initiative to have more STEM activities for kids aged 5-12 years old. She also is working with Hilton Head Prep for interns/students to volunteer for their community service hours by helping lead STEM activities.

FINANCIALS: Jamie led a discussion about June CPA raising monthly rates which has led to looking into other options to see if the higher rate is in line with other accounting firms. There has been a long-standing relationship between SBCM and June CPA, but Jamie and Alicia are going to research options and have a follow-up discussion with June CPA to determine if there is any other information to substantiate almost doubling the monthly fees.

Jamie's financial report showed positive numbers through July 2025.

EXECUTIVE DIRECTOR REPORT HIGHLIGHTS:

- Alicia reported that Visitor Stat Comparison shows 16, 431 visitors from January 1, 2024 – July 31, 2024, vs 22,606 visitors from January 1, 2025 – July 31, 2025.

- Revenues for January 2024 – July 2024 was $170,183 and January 2025 – July 2025 was reported to be $225, 524.
- The new STEM lab will be opening in the first week of October for kids aged seven and up.
- Exhibits have been refurbished – including new paint in the sensory room, the entrance to the castle, and the reading nook on the first floor of the castle.
- Gift shop figures were impressive with an average mark up of 68% and an average profit margin of 43%.
- Alicia also discussed the Executive Director leadership program and mentor she has with the Community Foundation of the Lowcountry. She thanked the board for allowing her to participate.

NEW BOARD MEMBER: The Executive Committee recommended a new board member, Laura Alice Henderson, the current Director of Special Events and Programs at the Hilton Head Island-Bluffton Chamber Leadership Program. Lynn King, who recommended the addition to the Board, shared Ms. Henderson's resume/bio and Laurie Savidge shared that she personally and professionally also knew Laura Alice and concurred with the decision to bring her onto the Board. Savidge made a motion to extend an invitation to Laura Alice Henderson to join the Board, Lenore Gleason seconded, and the Board unanimously approved the addition. Lynn King will notify Ms. Henderson and Lindsay Hartman will follow up with email to welcome her to the Board.

The Meeting adjourned at 9:40 AM.

Upcoming Board Meetings: Wednesday, September 24, 8:30 AM @ SBCM
Wednesday, October 29, 8:30 AM SBCM
Monday, December 2, 8:30 AM SBCM

Submitted by Lynn King, Vice Chair/Interim Secretary

The Sandbox Children's Museum 2026 Sandbox Children's Museum Budget

Projected 2026 Income	January	February	March	April	May	June	July	August	September	October	November	December	Total	Notes
Fees Income														
Memberships	$1,500	$1,500	$2,625	$3,250	$1,975	$1,700	$2,450	$3,000	$1,500	$1,500	$1,500	$1,500	$24,000	
Admissions	$11,000	$14,000	$28,000	$26,682	$28,000	$45,000	$55,100	$43,000	$25,000	$22,000	$20,000	$22,000	$339,782	
Programs		$200		$300			$1,000			$0	$0	$200	$1,700	
Camps					$4,000	$5,500	$5,850	$52	$0	$0	$0	$0	$15,402	
Field Trips	$350	$350	$350	$350	$400	$60	$462	$0	$350	$350	$750	$750	$4,522	
Special Event Rentals			$1,200		$1,200				$2,400				$4,800	
Gift Shop Sales	$500	$750	$1,800	$3,000	$2,000	$4,500	$5,000	$3,040	$2,500	$2,000	$2,800	$4,000	$31,890	
Fees/Gift Shop Income Total	$13,350	$16,800	$33,975	$33,582	$37,575	$56,760	$69,862	$49,092	$31,750	$25,850	$25,050	$28,450	$422,096	
Other Income														
Grants					$12,500	$12,000							$24,500	
Donations	$100	$100	$400	$700	$4,000	$1,500	$625	$100	$100	$500	$1,000	2500	$11,625	
Fundraisers			$1,000		$1,000		$1,000			$1,000	$1,000	5000	$10,000	
Subtotal Other Income	$100	$100	$1,400	$700	$17,500	$13,500	$1,625	$100	$100	$1,500	$2,000	7500	$46,125	
ATAX Reimbursement - Advertising	$3,100	$3,100	$3,100	$3,100	$3,100	$3,100	$3,100	$3,100	$3,100	$3,100	$3,000	$3,000	$37,000	
ATAX Reimbursement - Program	$2,100	$2,100	$2,100	$2,100	$2,100	$2,100	$2,100	$2,100	$2,100	$2,100	$2,100	$2,100	$25,200	
ATAX Reimbursement - Exhibits	$2,500	$2,000	$2,000	$2,000	$2,500	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$25,000	
Subtotal ATAX	$7,700	$7,200	$7,200	$7,200	$7,700	$7,200	$7,200	$7,200	$7,200	$7,200	$7,100	$7,100	$87,200	
Other Income and ATAX Total	$7,800	$7,300	$8,600	$7,900	$25,200	$20,700	$8,825	$7,300	$7,300	$8,700	$9,100	$14,600	$133,325	
Fees, Other Income & ATAX Total	$21,150	$24,100	$42,575	$41,482	$62,775	$77,460	$78,687	$56,392	$39,050	$34,550	$34,150	$43,050	$555,421	

2026 Projected Income	**$21,150**	**$24,100**	**$42,575**	**$41,482**	**$62,775**	**$77,460**	**$78,687**	**$56,392**	**$39,050**	**$34,550**	**$34,150**	**$43,050**	**$555,421**	
2026 Projected Expense	**$46,081**	**$42,731**	**$50,616**	**$43,456**	**$42,606**	**$49,056**	**$45,596**	**$44,406**	**$46,656**	**$44,606**	**$43,456**	**$56,155**	**$555,421**	
Net Income/Loss	**-$24,931**	**-$18,631**	**-$8,041**	**-$1,974**	**$20,169**	**$28,404**	**$33,091**	**$11,986**	**-$7,606**	**-$10,056**	**-$9,306**	**-$13,105**	**$0**	

Profit and Loss

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

January 1-July 31, 2025

DISTRIBUTION ACCOUNT	TOTAL	
	JAN 1 - JUL 31 2025	JAN 1 - JUL 31 2024 (PY)
Income		
40000 Income from Operations	0	0
40100 Admissions	211,852.00	189,267.12
40200 Birthday Parties/ Events	5,224.00	2,839.87
40300 Gift Shop Sales	$17,805.68	$14,087.43
40350 Gift Shop Sales - Sales Tax Portion	-748.82	
Total for 40300 Gift Shop Sales	**$17,056.86**	**$14,087.43**
40400 Membership Income	17,048.00	16,578.24
40700 Sales Tax Discount	23.57	
40600 Gift Card Sales		24.12
Total for 40000 Income from Operations	**$251,204.43**	**$222,796.78**
41000 Program Income	0	0
41200 Field Trips	8,720.00	2,010.73
41400 Summer Camp	1,300.00	6,175.00
Total for 41000 Program Income	**$10,020.00**	**$8,185.73**
43000 Restricted Income	0	0
43200 Restricted Grants	0	$19,000.00
43210 Discover Imagine Grow (DIG)	5,000.00	
Total for 43200 Restricted Grants	**$5,000.00**	**$19,000.00**
Total for 43000 Restricted Income	**$5,000.00**	**$19,000.00**
44000 Unrestricted Income	0	0
44100 Unrestricted Donations	1,400.64	30,664.54
Total for 44000 Unrestricted Income	**$1,400.64**	**$30,664.54**
45000 Interest Income	429.50	1.78
46000 ATAX Reimbursement Income	$47,725.12	$45,446.13
46100 ATAX Reimbursement - Advertising		-44.07
Total for 46000 ATAX Reimbursement Income	**$47,725.12**	**$45,402.06**
48000 Unrealized G/L - Investment	4,921.20	
Grants	28,507.53	
Total for Income	**$349,208.42**	**$326,050.89**
Cost of Goods Sold		
50000 Cost of Goods Sold - Gift Shop	10,982.67	14,218.46
Total for Cost of Goods Sold	**$10,982.67**	**$14,218.46**
Gross Profit	**$338,225.75**	**$311,832.43**

Profit and Loss

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

January 1-July 31, 2025

DISTRIBUTION ACCOUNT	TOTAL	
	JAN 1 - JUL 31 2025	JAN 1 - JUL 31 2024 (PY)
Expenses		
60000 Administrative Expenses	0	0
60010 Accounting Servces	11,480.00	2,227.00
60015 Advertising	174.96	4,624.87
60020 ATAX/Tourist Advertising	31,539.87	19,575.04
60026 Interest Expense	14.41	18.77
60030 Bank & CC Fees	10,607.04	4,620.27
60040 Dues/Licenses	50.00	487.50
60045 Executive Director Expenses	4,909.15	1,176.14
60050 IT Support	7,225.50	4,143.67
60055 Office Supplies	2,116.72	1,549.10
60060 Printing	98.53	303.22
60070 Software Fees/Subscriptions	1,296.13	8,671.62
60080 Postage	31.40	161.55
60100 Penalties and Interest	200.00	
60065 Professional Development		700.00
60090 ATAX/Admin & Facility		4,381.14
Total for 60000 Administrative Expenses	**$69,743.71**	**$52,639.89**
61000 Building/Property Expense	0	0
61100 Building Maintenance	19,752.84	19,755.95
61200 Building/Custodial Supplies	3,591.85	2,990.22
61300 Insurance	0	0
61310 Commercial Property Insurance	506.80	1,685.00
61320 Umbrella Insurance	3,332.00	3,683.60
61340 Board Liability Insurance	310.20	
61350 Liability Insurance	413.60	
61330 Workers Compensation		5,638.00
Total for 61300 Insurance	**$4,562.60**	**$11,006.60**
61500 Telephone/Internet	2,117.63	3,413.94
61600 Utilities	0	$7,809.32
61610 Electric	7,689.00	
61620 Trash Service	2,334.38	
Total for 61600 Utilities	**$10,023.38**	**$7,809.32**
61700 Property Taxes	1,451.56	
61750 Security System	1,140.00	
61900 Storage	2,016.00	1,715.00
Total for 61000 Building/Property Expense	**$44,655.86**	**$46,691.03**

Profit and Loss

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

January 1-July 31, 2025

DISTRIBUTION ACCOUNT	TOTAL	
	JAN 1 - JUL 31 2025	JAN 1 - JUL 31 2024 (PY)
62000 Exhibit Expenses	0	0
62100 ATAX/Exhibit Maintenance	3,084.42	2,259.40
62200 Exhibit Maintenance	4,189.00	2,766.08
62300 Exhibit Supplies	98.46	8,524.69
62400 ATAX Exhibit Expense - New Building	1,800.00	11,526.02
62500 ATAX/Exhibit Supplies	6,781.88	8,484.83
Total for 62000 Exhibit Expenses	**$15,953.76**	**$33,561.02**
64000 Payroll & Related Expense	0	0
64100 Wages & Salary	162,635.96	128,474.50
64200 Payroll Tax Expense	12,592.57	9,968.07
Total for 64000 Payroll & Related Expense	**$175,228.53**	**$138,442.57**
65000 Program Expenses	$663.23	0
65100 ATAX/Program Expense	13,934.55	6,345.84
65200 Program Supplies		2,372.76
Total for 65000 Program Expenses	**$14,597.78**	**$8,718.60**
66000 Grant Programs Expense	0	0
66010 Discover Imagine Grow (DIG) Expenses	1,742.77	
66015 Summer Camp Expense	1,839.59	
Total for 66000 Grant Programs Expense	**$3,582.36**	**0**
67000 Meals/Entertainment	90.14	289.75
67005 Donation Expense	50.00	
67600 Travel/Auto	1,853.86	
Payroll Expenses	0	0
Taxes		
Wages		
Total for Payroll Expenses	**0**	**0**
68000 Misc Expense		84.67
Total for Expenses	**$325,756.00**	**$280,427.53**
Net Operating Income	**$12,469.75**	**$31,404.90**
Other Income		
Other Expenses		
Net Other Income	**0**	**0**
Net Income	**$12,469.75**	**$31,404.90**

Statement of Financial Position

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

As of July 31, 2025

DISTRIBUTION ACCOUNT	TOTAL	
	AS OF JULY 31, 2025	AS OF JULY 31, 2024 (PY)
Assets		
Current Assets		
Bank Accounts		
10000 Petty Cash/Cash Box	200.00	450.00
10100 TD Bank Operating	197,871.68	189,206.57
10200 TD Money Market	3,024.74	6,065.08
Total for Bank Accounts	**$201,096.42**	**$195,721.65**
Accounts Receivable		
11000 Accounts Receivable	0	0
11050 ERTC Receivable		
Total for 11000 Accounts Receivable	**0**	**0**
Total for Accounts Receivable	**0**	**0**
Other Current Assets		
12000 Prepaid Expenses		
13000 Undeposited Funds		
CFL Inv Endowment Fund - Non Spendable	71,154.83	39,041.00
CFL Inv Endowment Fund - Spendable	30,302.09	27,560.00
Deposit Receivable		
Due to Sandbox		
Grant Receivable		
Payroll Service Customer Asset		
Total for Other Current Assets	**$101,456.92**	**$66,601.00**
Total for Current Assets	**$302,553.34**	**$262,322.65**

Statement of Financial Position

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

As of July 31, 2025

DISTRIBUTION ACCOUNT	TOTAL	
	AS OF JULY 31, 2025	AS OF JULY 31, 2024 (PY)
Fixed Assets		
14000 Museum Exhibits	0	0
14005 Artist's Alley		
14010 Artwork & Signs		
14015 Bank Exhibit		
14020 Boat		
14025 Climbing Wall		
14030 Construction Zone		
14035 Grocery Store		
14040 International Market/Plane		
14045 Loft		
14050 Multi-Purpose Room		
14055 Racetrack		
14060 Sandcastle		
14065 Toddler Area		
14100 New Coligny Exhibits	147.66	147.66
14200 Exhibits - Existing Prior to Coligny	80,515.66	80,515.66
Total for 14000 Museum Exhibits	**$80,663.32**	**$80,663.32**
15000 Computer Equipment	4,542.16	4,542.16
16000 Furniture & Fixtures	10,741.01	4,994.01
17000 Leasehold Improvements Buildout	0	0
Leasehold Building Improvements	86,647.78	86,647.78
Leasehold Build. Int, Fix. Etc	2,146.34	2,146.34
Total for 17000 Leasehold Improvements Buildout	**$88,794.12**	**$88,794.12**
18000 Fixed Assets Accumulated Depr	0	0
18200 A/D - Exhibits Prior to Coligny	-56,786.50	-56,786.50
18500 A/D - Computer Equipment	-7,451.30	-7,451.30
18600 A/D - Furniture & Fixtures	-7,698.71	-7,698.71
18700 Leasehold Improve Acc. Dep.	-84,334.60	-84,334.60
Total for 18000 Fixed Assets Accumulated Depr	**-$156,271.11**	**-$156,271.11**
Building - WIP		
Total for Fixed Assets	**$28,469.50**	**$22,722.50**
Other Assets		
19000 Security Deposit		
Total for Other Assets	**0**	**0**
Total for Assets	**$331,022.84**	**$285,045.15**

Statement of Financial Position

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

As of July 31, 2025

DISTRIBUTION ACCOUNT	TOTAL	
	AS OF JULY 31, 2025	AS OF JULY 31, 2024 (PY)
Liabilities and Equity		
Liabilities		
Current Liabilities		
Accounts Payable		
20000 Accounts Payable		
Total for Accounts Payable	**0**	**0**
Credit Cards		
21200 Sam's Club Business Member Cred	324.89	37.26
Total for Credit Cards	**$324.89**	**$37.26**
Other Current Liabilities		
21300 Deferred Grant - Exec Dir		
21400 Direct Deposit Payable		
21500 Due to Building Fund		
22000 Payroll Liabilities	0	$302.91
22100 Federal Taxes (941/944)		
22200 SC Income Tax		
22300 SC Unemployment Tax		
Total for 22000 Payroll Liabilities	**0**	**$302.91**
24000 PPP Loan		
25000 Due to CFL	4,170.35	4,170.35
Due to Operational		
Other Current Liabilities	0	0
125 Employee Insurance		
23000 Sales Tax Payable		-2,190.77
Deferred Memberships		
Deferred Renewals		
Direct Deposit Liabilities		
Payroll Liabilities		-302.91
Total for Other Current Liabilities	**0**	**-$2,493.68**
Total for Other Current Liabilities	**$4,170.35**	**$1,979.58**
Total for Current Liabilities	**$4,495.24**	**$2,016.84**
Long-term Liabilities		
Total for Liabilities	**$4,495.24**	**$2,016.84**
Equity		
30000 Opening Bal Equity		
31000 Restricted Net Assets	-13,421.00	-13,421.00

Statement of Financial Position

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

As of July 31, 2025

DISTRIBUTION ACCOUNT	TOTAL	
	AS OF JULY 31, 2025	AS OF JULY 31, 2024 (PY)
32000 Unrestricted Net Assets	$191,899.00	$191,899.00
32100 Transfers To/From Unrestricted		
Total for 32000 Unrestricted Net Assets	**$191,899.00**	**$191,899.00**
Unrestricted Net Assets - NM	72,927.00	72,927.00
33000 Retained Earnings	62,652.85	218.41
Net Income	12,469.75	31,404.90
Total for Equity	**$326,527.60**	**$283,028.31**
Total for Liabilities and Equity	**$331,022.84**	**$285,045.15**

Profit and Loss

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

January-December, 2024

DISTRIBUTION ACCOUNT	TOTAL	
	JAN 1 - DEC 31 2024	JAN 1 - DEC 31 2023 (PY)
Income		
40000 Income from Operations	0	0
40100 Admissions	320,533.12	247,785.07
40200 Birthday Parties/ Events	4,649.87	10,611.94
40300 Gift Shop Sales	$24,450.99	$9,067.90
40350 Gift Shop Sales - Sales Tax Portion	-1,605.47	
Total for 40300 Gift Shop Sales	**$22,845.52**	**$9,067.90**
40400 Membership Income	31,574.24	24,990.71
40600 Gift Card Sales	24.12	1,320.91
40700 Sales Tax Discount	10.15	
Total for 40000 Income from Operations	**$379,637.02**	**$293,776.53**
41000 Program Income	0	0
41200 Field Trips	2,442.73	1,533.92
41400 Summer Camp	6,141.00	27,155.71
Total for 41000 Program Income	**$8,583.73**	**$28,689.63**
43000 Restricted Income	0	0
43200 Restricted Grants	$19,000.00	$13,500.00
43220 Family Fun Nights - Restricted		2,500.00
43270 New Programs - Restricted		2,450.00
Total for 43200 Restricted Grants	**$19,000.00**	**$18,450.00**
43100 Restricted Donations		2,020.00
Total for 43000 Restricted Income	**$19,000.00**	**$20,470.00**
44000 Unrestricted Income	0	0
44100 Unrestricted Donations	92,518.18	7,504.82
44200 Unrestricted Grants		19,500.00
Total for 44000 Unrestricted Income	**$92,518.18**	**$27,004.82**
45000 Interest Income	1,871.48	575.05
46000 ATAX Reimbursement Income	$58,858.71	$68,052.63
46100 ATAX Reimbursement - Advertising	-44.07	
Total for 46000 ATAX Reimbursement Income	**$58,814.64**	**$68,052.63**
48000 Unrealized G/L - Investment	4,140.71	7,266.00
42000 Fundraising Income	0	0
42200 Other Event Income		2,103.00
Total for 42000 Fundraising Income	**0**	**$2,103.00**
47000 Other Income		-29,756.99
Markup		-939.73

Profit and Loss

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

January-December, 2024

DISTRIBUTION ACCOUNT	TOTAL	
	JAN 1 - DEC 31 2024	JAN 1 - DEC 31 2023 (PY)
Realized G/L - Investment		182.00
Total for Income	**$564,565.76**	**$417,422.94**
Cost of Goods Sold		
50000 Cost of Goods Sold - Gift Shop	20,358.41	2,409.62
Total for Cost of Goods Sold	**$20,358.41**	**$2,409.62**
Gross Profit	**$544,207.35**	**$415,013.32**
Expenses		
60000 Administrative Expenses	0	$3,510.00
60010 Accounting Servces	3,663.00	16,536.40
60015 Advertising	7,857.03	2,125.46
60020 ATAX/Tourist Advertising	31,870.43	18,064.74
60026 Interest Expense	27.87	281.00
60030 Bank & CC Fees	12,587.28	4,483.56
60040 Dues/Licenses	860.93	1,698.75
60045 Executive Director Expenses	1,176.14	336.60
60050 IT Support	5,944.29	6,732.83
60055 Office Supplies	2,825.63	6,189.39
60060 Printing	513.62	
60065 Professional Development	700.00	2,247.71
60070 Software Fees/Subscriptions	11,713.63	3,175.53
60080 Postage	362.53	179.40
60090 ATAX/Admin & Facility	5,601.14	
60100 Penalties and Interest	145.85	
Total for 60000 Administrative Expenses	**$85,849.37**	**$65,561.37**
61000 Building/Property Expense	0	0
61100 Building Maintenance	25,682.81	6,947.68
61200 Building/Custodial Supplies	4,488.94	3,440.15
61300 Insurance	0	0
61310 Commercial Property Insurance	7,742.15	6,493.18
61320 Umbrella Insurance	5,338.40	6,983.40
61330 Workers Compensation	1,067.00	13,068.50
Flood (deleted)		170.25
Total for 61300 Insurance	**$14,147.55**	**$26,715.33**
61500 Telephone/Internet	4,623.76	7,340.12
61600 Utilities	0	$15,363.52
61610 Electric	10,906.55	
61620 Trash Service	3,463.71	
Total for 61600 Utilities	**$14,370.26**	**$15,363.52**

Profit and Loss

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

January-December, 2024

DISTRIBUTION ACCOUNT	TOTAL	
	JAN 1 - DEC 31 2024	JAN 1 - DEC 31 2023 (PY)
61750 Security System	1,455.00	
61900 Storage	3,026.00	2,715.16
61400 Rent		3,010.00
Total for 61000 Building/Property Expense	**$67,794.32**	**$65,531.96**
62000 Exhibit Expenses	0	$50.00
62100 ATAX/Exhibit Maintenance	5,315.85	13,627.48
62200 Exhibit Maintenance	5,934.17	2,693.97
62300 Exhibit Supplies	9,667.28	2,064.13
62400 ATAX Exhibit Expense - New Building	17,965.10	19,387.00
62500 ATAX/Exhibit Supplies	10,376.91	
Total for 62000 Exhibit Expenses	**$49,259.31**	**$37,822.58**
63000 Fundraising Expenses	90.00	587.59
64000 Payroll & Related Expense	0	0
64100 Wages & Salary	238,358.57	185,244.64
64105 Payroll Bonus	2,000.00	
64200 Payroll Tax Expense	18,634.42	14,730.68
64300 Payroll Service Fee		127.20
Total for 64000 Payroll & Related Expense	**$258,992.99**	**$200,102.52**
65000 Program Expenses	0	$4.56
65100 ATAX/Program Expense	20,120.50	7,655.71
65200 Program Supplies	5,552.03	3,033.55
65300 Birthday Supplies	421.60	381.20
Total for 65000 Program Expenses	**$26,094.13**	**$11,075.02**
67000 Meals/Entertainment	4,945.54	59.06
68000 Misc Expense	253.30	1,948.35
Payroll Expenses	0	0
Taxes		
Wages		
Total for Payroll Expenses	**0**	**0**
66000 Grant Programs Expense		866.53
67005 Donation Expense		64,000.00
67500 Membership/Special Events		214.00
69000 Suspense		
8010 Misc. Expenses (deleted)		639.30
Depreciation & Amortization		3,429.00
Unapplied Cash Bill Payment Expense		
Total for Expenses	**$493,278.96**	**$451,837.28**
Net Operating Income	**$50,928.39**	**-$36,823.96**

Profit and Loss

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

January-December, 2024

DISTRIBUTION ACCOUNT	TOTAL	
	JAN 1 - DEC 31 2024	JAN 1 - DEC 31 2023 (PY)
Other Income		
48100 Adjusting Income/Expenses	11,506.05	
Total for Other Income	**$11,506.05**	**0**
Other Expenses		
Net Other Income	**$11,506.05**	**0**
Net Income	**$62,434.44**	**-$36,823.96**

Statement of Financial Position

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

As of December 31, 2024

DISTRIBUTION ACCOUNT	TOTAL	
	AS OF DECEMBER 31, 2024	AS OF DECEMBER 31, 2023 (PY)
Assets		
Current Assets		
Bank Accounts		
10000 Petty Cash/Cash Box	200.00	450.00
10100 TD Bank Operating	194,005.11	161,751.49
10200 TD Money Market	5,472.95	6,063.30
Total for Bank Accounts	**$199,678.06**	**$168,264.79**
Accounts Receivable		
11000 Accounts Receivable	0	0
11050 ERTC Receivable		
Total for 11000 Accounts Receivable	**0**	**0**
Total for Accounts Receivable	**0**	**0**
Other Current Assets		
12000 Prepaid Expenses		
13000 Undeposited Funds		
CFL Inv Endowment Fund - Non Spendable	66,392.13	39,041.00
CFL Inv Endowment Fund - Spendable	30,302.09	27,560.00
Deposit Receivable		
Due to Sandbox		
Grant Receivable		
Payroll Service Customer Asset		
Total for Other Current Assets	**$96,694.22**	**$66,601.00**
Total for Current Assets	**$296,372.28**	**$234,865.79**

Statement of Financial Position

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

As of December 31, 2024

DISTRIBUTION ACCOUNT	TOTAL	
	AS OF DECEMBER 31, 2024	AS OF DECEMBER 31, 2023 (PY)
Fixed Assets		
14000 Museum Exhibits	0	0
14005 Artist's Alley		
14010 Artwork & Signs		
14015 Bank Exhibit		
14020 Boat		
14025 Climbing Wall		
14030 Construction Zone		
14035 Grocery Store		
14040 International Market/Plane		
14045 Loft		
14050 Multi-Purpose Room		
14055 Racetrack		
14060 Sandcastle		
14065 Toddler Area		
14100 New Coligny Exhibits	147.66	147.66
14200 Exhibits - Existing Prior to Coligny	80,515.66	80,515.66
Total for 14000 Museum Exhibits	**$80,663.32**	**$80,663.32**
15000 Computer Equipment	4,542.16	4,542.16
16000 Furniture & Fixtures	4,994.01	4,994.01
17000 Leasehold Improvements Buildout	0	0
Leasehold Building Improvements	86,647.78	86,647.78
Leasehold Build. Int, Fix. Etc	2,146.34	2,146.34
Total for 17000 Leasehold Improvements Buildout	**$88,794.12**	**$88,794.12**
18000 Fixed Assets Accumulated Depr	0	0
18200 A/D - Exhibits Prior to Coligny	-56,786.50	-56,786.50
18500 A/D - Computer Equipment	-7,451.30	-7,451.30
18600 A/D - Furniture & Fixtures	-7,698.71	-7,698.71
18700 Leasehold Improve Acc. Dep.	-84,334.60	-84,334.60
Total for 18000 Fixed Assets Accumulated Depr	**-$156,271.11**	**-$156,271.11**
Building - WIP		
Total for Fixed Assets	**$22,722.50**	**$22,722.50**
Other Assets		
19000 Security Deposit		
Total for Other Assets	**0**	**0**
Total for Assets	**$319,094.78**	**$257,588.29**

Statement of Financial Position

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

As of December 31, 2024

DISTRIBUTION ACCOUNT	TOTAL	
	AS OF DECEMBER 31, 2024	AS OF DECEMBER 31, 2023 (PY)
Liabilities and Equity		
Liabilities		
Current Liabilities		
Accounts Payable		
20000 Accounts Payable		
Total for Accounts Payable	**0**	**0**
Credit Cards		
21200 Sam's Club Business Member Cred	437.21	
Total for Credit Cards	**$437.21**	**0**
Other Current Liabilities		
21300 Deferred Grant - Exec Dir		
21400 Direct Deposit Payable		
21500 Due to Building Fund		
22000 Payroll Liabilities	0	$302.91
22100 Federal Taxes (941/944)		1,925.10
22200 SC Income Tax		312.67
22300 SC Unemployment Tax		
Total for 22000 Payroll Liabilities	**0**	**$2,540.68**
24000 PPP Loan		
25000 Due to CFL	4,170.35	4,170.35
Due to Operational		
Other Current Liabilities	0	0
125 Employee Insurance		
23000 Sales Tax Payable	429.37	-443.24
Deferred Memberships		
Deferred Renewals		
Direct Deposit Liabilities		
Payroll Liabilities		-302.91
Total for Other Current Liabilities	**$429.37**	**-$746.15**
Total for Other Current Liabilities	**$4,599.72**	**$5,964.88**
Total for Current Liabilities	**$5,036.93**	**$5,964.88**
Long-term Liabilities		
Total for Liabilities	**$5,036.93**	**$5,964.88**
Equity		
30000 Opening Bal Equity		
31000 Restricted Net Assets	-13,421.00	-13,421.00

Statement of Financial Position

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

As of December 31, 2024

DISTRIBUTION ACCOUNT	TOTAL	
	AS OF DECEMBER 31, 2024	AS OF DECEMBER 31, 2023 (PY)
32000 Unrestricted Net Assets	$191,899.00	$191,899.00
32100 Transfers To/From Unrestricted		
Total for 32000 Unrestricted Net Assets	**$191,899.00**	**$191,899.00**
Unrestricted Net Assets - NM	72,927.00	72,927.00
33000 Retained Earnings	218.41	37,042.37
Net Income	62,434.44	-36,823.96
Total for Equity	**$314,057.85**	**$251,623.41**
Total for Liabilities and Equity	**$319,094.78**	**$257,588.29**

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
Total 40000 Income from Operations	**293,776.53**
41000 Program Income	
41200 Field Trips	1,533.92
41400 Summer Camp	27,155.71
Total 41000 Program Income	**28,689.63**
42000 Fundraising Income	
42200 Other Event Income	2,103.00
Total 42000 Fundraising Income	**2,103.00**
43000 Restricted Income	
43100 Restricted Donations	2,020.00
43200 Restricted Grants	13,500.00
43220 Family Fun Nights - Restricted	2,500.00
43270 New Programs - Restricted	2,450.00
Total 43200 Restricted Grants	**18,450.00**
Total 43000 Restricted Income	**20,470.00**
44000 Unrestricted Income	
44100 Unrestricted Donations	7,504.82
44200 Unrestricted Grants	19,500.00
Total 44000 Unrestricted Income	**27,004.82**
45000 Interest Income	3.05
46000 ATAX Reimbursement Income	68,052.63
46100 ATAX Reimbursement - Advertising	0.00
Total 46000 ATAX Reimbursement Income	**68,052.63**
47000 Other Income	100.00
Markup	-939.73
Total Revenue	**$439,259.93**
Cost of Goods Sold	
50000 Cost of Goods Sold - Gift Shop	2,409.62
Total Cost of Goods Sold	**$2,409.62**
GROSS PROFIT	**$436,850.31**
Expenditures	
60000 Administrative Expenses	3,510.00
60010 Accounting Servces	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
Total 60000 Administrative Expenses	**64,754.37**
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
Total 61300 Insurance	**26,715.33**
61400 Rent	3,010.00
61500 Telephone/Internet	7,340.12
61600 Utilities	15,363.52
61900 Storage	2,715.16
Total 61000 Building/Property Expense	**65,531.96**
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
Total 62000 Exhibit Expenses	**36,667.58**
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
Total 64000 Payroll & Related Expense	**199,837.35**
65000 Program Expenses	4.56
65100 ATAX/Program Expense	7,655.71
65200 Program Supplies	3,033.55
65300 Birthday Supplies	381.20
Total 65000 Program Expenses	**11,075.02**
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
Total Payroll Expenses	**0.00**
Unapplied Cash Bill Payment Expense	1,155.00
Total Expenditures	**$381,833.29**
NET OPERATING REVENUE	**$55,017.02**
NET REVENUE	**$55,017.02**

Statement of Financial Position Comparison

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

As of December 31, 2023

DISTRIBUTION ACCOUNT	TOTAL	
	AS OF DECEMBER 31, 2023	AS OF DECEMBER 31, 2022 (PY)
Assets		
Current Assets		
Bank Accounts		
10000 Petty Cash/Cash Box	450.00	450.00
10100 TD Bank Operating	161,751.49	117,476.49
10200 TD Money Market	6,063.30	6,059.25
Total for Bank Accounts	**$168,264.79**	**$123,985.74**
Accounts Receivable		
11000 Accounts Receivable	$0.00	$0.00
11050 ERTC Receivable	0.00	88,954.40
Total for 11000 Accounts Receivable	**$0.00**	**$88,954.40**
Total for Accounts Receivable	**$0.00**	**$88,954.40**
Other Current Assets		
12000 Prepaid Expenses	0.00	0.00
13000 Undeposited Funds	0.00	0.00
CFL Inv Endowment Fund - Non Spendable	39,041.00	7,039.00
CFL Inv Endowment Fund - Spendable	27,560.00	52,349.00
Deposit Receivable	0.00	0.00
Due to Sandbox	0.00	0.04
Grant Receivable	0.00	0.00
Payroll Service Customer Asset	0.00	0.00
Total for Other Current Assets	**$66,601.00**	**$59,388.04**
Total for Current Assets	**$234,865.79**	**$272,328.18**

Statement of Financial Position Comparison

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

As of December 31, 2023

DISTRIBUTION ACCOUNT	TOTAL	
	AS OF DECEMBER 31, 2023	AS OF DECEMBER 31, 2022 (PY)
Fixed Assets		
14000 Museum Exhibits	$0.00	$0.00
14005 Artist's Alley	0.00	0.00
14010 Artwork & Signs	0.00	0.00
14015 Bank Exhibit	0.00	0.00
14020 Boat	0.00	0.00
14025 Climbing Wall	0.00	0.00
14030 Construction Zone	0.00	0.00
14035 Grocery Store	0.00	0.00
14040 International Market/Plane	0.00	0.00
14045 Loft	0.00	0.00
14050 Multi-Purpose Room	0.00	0.00
14055 Racetrack	0.00	0.00
14060 Sandcastle	0.00	0.00
14065 Toddler Area	0.00	0.00
14100 New Coligny Exhibits	147.66	147.66
14200 Exhibits - Existing Prior to Coligny	80,515.66	80,515.66
Total for 14000 Museum Exhibits	**$80,663.32**	**$80,663.32**
15000 Computer Equipment	4,542.16	2,471.00
16000 Furniture & Fixtures	4,994.01	4,994.01
17000 Leasehold Improvements Buildout	$0.00	$0.00
Leasehold Building Improvements	86,647.78	86,647.78
Leasehold Build. Int, Fix. Etc	2,146.34	2,146.34
Total for 17000 Leasehold Improvements Buildout	**$88,794.12**	**$88,794.12**
18000 Fixed Assets Accumulated Depr	$0.00	$0.00
18200 A/D - Exhibits Prior to Coligny	-56,786.50	-56,786.50
18500 A/D - Computer Equipment	-7,451.30	-7,451.30
18600 A/D - Furniture & Fixtures	-7,698.71	-4,269.71
18700 Leasehold Improve Acc. Dep.	-84,334.60	-84,334.60
Total for 18000 Fixed Assets Accumulated Depr	**-$156,271.11**	**-$152,842.11**
Building - WIP	0.00	0.00
Total for Fixed Assets	**$22,722.50**	**$24,080.34**
Other Assets		
19000 Security Deposit	0.00	1,500.00
Total for Other Assets	**$0.00**	**$1,500.00**
Total for Assets	**$257,588.29**	**$297,908.52**

Statement of Financial Position Comparison

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

As of December 31, 2023

DISTRIBUTION ACCOUNT	TOTAL	
	AS OF DECEMBER 31, 2023	AS OF DECEMBER 31, 2022 (PY)
Liabilities and Equity		
Liabilities		
Current Liabilities		
Accounts Payable		
20000 Accounts Payable	0.00	0.00
Total for Accounts Payable	**$0.00**	**$0.00**
Credit Cards		
21100 MasterCard (deleted)	0.00	3,529.70
21200 Sam's Club Business Member Cred	0.00	187.68
Total for Credit Cards	**$0.00**	**$3,717.38**
Other Current Liabilities		
21300 Deferred Grant - Exec Dir	0.00	0.50
21400 Direct Deposit Payable	0.00	0.00
21500 Due to Building Fund	0.00	0.00
22000 Payroll Liabilities	$302.91	$302.91
22100 Federal Taxes (941/944)	1,925.10	1,548.38
22200 SC Income Tax	312.67	273.80
22300 SC Unemployment Tax	0.00	-265.17
Total for 22000 Payroll Liabilities	**$2,540.68**	**$1,859.92**
24000 PPP Loan	0.00	0.00
25000 Due to CFL	4,170.35	4,170.35
Due to Operational	0.00	0.00
Other Current Liabilities	$0.00	$0.00
125 Employee Insurance	0.00	0.00
23000 Sales Tax Payable	-443.24	15.91
Deferred Memberships	0.00	0.00
Deferred Renewals	0.00	0.00
Direct Deposit Liabilities	0.00	0.00
Payroll Liabilities	-302.91	-302.91
Total for Other Current Liabilities	**-$746.15**	**-$287.00**
Total for Other Current Liabilities	**$5,964.88**	**$5,743.77**
Total for Current Liabilities	**$5,964.88**	**$9,461.15**
Long-term Liabilities	0.00	0.00
Total for Liabilities	**$5,964.88**	**$9,461.15**
Equity		
33000 Retained Earnings	37,042.37	-89,761.59
Net Income	-36,823.96	126,803.96
30000 Opening Bal Equity	0.00	0.00
31000 Restricted Net Assets	-13,421.00	-13,421.00

Statement of Financial Position Comparison

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

As of December 31, 2023

DISTRIBUTION ACCOUNT	TOTAL	
	AS OF DECEMBER 31, 2023	AS OF DECEMBER 31, 2022 (PY)
32000 Unrestricted Net Assets	$191,899.00	$191,899.00
32100 Transfers To/From Unrestricted	0.00	0.00
Total for 32000 Unrestricted Net Assets	**$191,899.00**	**$191,899.00**
Unrestricted Net Assets - NM	72,927.00	72,927.00
Total for Equity	**$251,623.41**	**$288,447.37**
Total for Liabilities and Equity	**$257,588.29**	**$297,908.52**

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

DEPARTMENT OF THE TREASURY

Date: APR 22 2008

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)

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

Dear Applicant:

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

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

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

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

Please keep this letter in your permanent records.

Sincerely yours,

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)

Federal Diagnostics

Critical Messages

None

Electronic Filing

None

Informational Messages

- ☐ Historical Report (990 Return) does not display 2024 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', Staff 'Zach'

Missing Data

	Prior Year Data
Public Charity Status and Public Support	
☐ Investment income percent	1
Income with Direct Expenses and Cost of Goods Sold (Other)	
☐ Gross receipts	490
☐ Purchases	857
Electronic Filing	
☐ Signature doc return 990	X
Balance Sheet - Assets	
☑ Savings - EOY	6,059
☑ Grants receivable - BOY	9,402
☑ Accounts receivable - BOY	3,880
☑ Other loans - EOY	88,954
☑ Prepaid expense - EOY	1,500
Balance Sheet - Liabilities and Equity	
☐ Not compiled or reviewed	1
☐ Committee not responsible	1
☐ Separate basis	X
☑ Deferred revenue - BOY	120,171
☑ With restrictions - BOY	318,658
☑ Other liabilities - BOY	40,175

Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning , and ending

20-0301794

THE SANDBOX A HILTON HEAD

Net Asset / Fund Balance at Beginning of Year			229,059
Revenue			
Contributions	119,265		
Program service revenue	319,993		
Investment income	8,023		
Capital gain / loss			
Fundraising / Gaming:			
Gross revenue			
Direct expenses			
Net income			
Other income	-2,410		
Total revenue		444,871	
Expenses			
Program services	389,372		
Management and general	59,719		
Fundraising	32,605		
Total expenses		481,696	
Excess / (deficit)			-36,825
Changes			59,387
Net Asset / Fund Balance at End of Year			251,621

Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	444,871

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	481,696

Balance Sheet

	Beginning	Ending	Differences
Assets	238,519	257,587	
Liabilities	9,460	5,966	
Net assets	229,059	251,621	22,562

Miscellaneous Information

Amended return	
Return / extended due date	11/15/24
Failure to file penalty	

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

May 1, 2025

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)

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 12/31/23 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

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

2023

For calendar year 2023, or fiscal year beginning . . . . . , 2023, and ending . . . . . , 20 . . . . .

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to *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 **LINDSAY HARTMAN**
PRESIDENT

Part I Type of Return and Return Information

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

1a	**Form 990** check here	X	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b** 444,871
2a	**Form 990-EZ** check here		**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**
3a	**Form 1120-POL** check here		**b**	**Total tax** (Form 1120-POL, line 22)	**3b**
4a	**Form 990-PF** check here		**b**	**Tax based on investment income** (Form 990-PF, Part V, line 5)	**4b**
5a	**Form 8868** check here		**b**	**Balance due** (Form 8868, line 3c)	**5b**
6a	**Form 990-T** check here		**b**	**Total tax** (Form 990-T, Part III, line 4)	**6b**
7a	**Form 4720** check here		**b**	**Total tax** (Form 4720, Part III, line 1)	**7b**
8a	**Form 5227** check here		**b**	**FMV of assets at end of tax year** (Form 5227, Item D)	**8b**
9a	**Form 5330** check here		**b**	**Tax due** (Form 5330, Part II, line 19)	**9b**
10a	**Form 8038-CP** check here		**b**	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22) . .	**10b**

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

Under penalties of perjury, I declare that [X] 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 2023 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

[X] I authorize **JUNECPA** to enter my PIN **12245** as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2023 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 2023 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 **05/01/25**

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 2023 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 **05/01/25**

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

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047
2023
Open to Public Inspection

A For the 2023 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$ 447,281

F Name and address of principal officer:
ALICIA POWELL
80 NASSAU STREET
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

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other | **L** Year of formation: 2003 | **M** State of legal domicile: SC

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE SANDBOX IS DEDICATED TO THE POSITIVE DEVELOPMENT OF YOUNG CHILDREN THROUGH EDUCATIONAL PLAY IN AN ATMOSPHERE THAT FOSTERS BOTH FAMILY AND COMMUNITY.

2 Check this box ☐ 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	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	31
6	Total number of volunteers (estimate if necessary)	6	15
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	209,800	119,265
9	Program service revenue (Part VIII, line 2g)	351,101	319,993
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3	8,023
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-367	-2,410
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	560,537	444,871
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)	255,909	200,103
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) 32,605		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	209,250	281,593
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	465,159	481,696
19	Revenue less expenses. Subtract line 18 from line 12	95,378	-36,825

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	238,519	257,587
21	Total liabilities (Part X, line 26)	9,460	5,966
22	Net assets or fund balances. Subtract line 21 from line 20	229,059	251,621

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

LINDSAY HARTMAN PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
PAMELA JUNE, CPA	PAMELA JUNE, CPA	05/01/25		P00636703

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code:) (Expenses $ 389,372 including grants of $) (Revenue $ 319,993)

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 389,372

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	31		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified 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.	17			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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 80 NASSAU STREET

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, 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) LINDA DREISBACH	1.00									
DIRECTOR	0.00	X						0	0	0
(2) LENORE GLEASON	1.00									
DIRECTOR	0.00	X						0	0	0
(3) JON HAMMOCK	1.00									
DIRECTOR	0.00	X						0	0	0
(4) LINDSAY HARTMAN	2.00									
PRESIDENT	0.00	X		X				0	0	0
(5) QUEATA JACKSON	1.00									
SECRETARY	0.00	X		X				0	0	0
(6) ALEXANDER KANARR	1.00									
DIRECTOR	0.00	X						0	0	0
(7) LYNN KING	2.00									
VICE PRESIDENT	0.00	X		X				0	0	0
(8) KERI OLIVETTI	1.00									
DIRECTOR	0.00	X						0	0	0
(9) KATHY PERRY	0.00									
DIRECTOR	0.00	X						0	0	0
(10) LAURIE SAVIDGE	1.00									
DIRECTOR	0.00	X						0	0	0
(11) JAMIE MITCHELL	0.00									
TREASURER	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) ALICIA POWELL										
(12)	40.00									
EXECUTIVE DIRECTOR	0.00			X				0	0	0
(13) ALICIA POWELL										
(13)	40.00									
FORMER EXEC DIRECTOR	0.00			X				0	0	0
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	68,053			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	51,212			
	g	Noncash contributions included in lines 1a-1f	1g	$			
	h	**Total.** Add lines 1a–1f			119,265		
Program Service Revenue			Business Code				
	2a	MUSEUM ADMISSIONS/PROGRAMS	611710	319,993	319,993		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f			319,993		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		8,023			8,023
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Rental inc. or (loss)	6c				
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	7a				
	b	Less: cost or other basis and sales exps.	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	10a				
	b	Less: cost of goods sold	10b	2,410			
	c	Net income or (loss) from sales of inventory		-2,410	-2,410		
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d					
	12	**Total revenue.** See instructions		444,871	317,583	0	8,023

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	63,208	46,142	6,953	10,113
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	123,198	89,934	13,552	19,712
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	13,697	9,998	1,507	2,192
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	16,536	8,268	8,268	
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.)	29,857	29,857		
12 Advertising and promotion	20,190	20,190		
13 Office expenses	179	161	18	
14 Information technology				
15 Royalties				
16 Occupancy	36,102	33,531	2,571	
17 Travel	59	59		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	281		281	
21 Payments to affiliates	64,000	64,000		
22 Depreciation, depletion, and amortization	3,429	3,087	342	
23 Insurance	26,715	24,043	2,672	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EXHIBIT UPKEEP	37,822	37,822		
b PROGRAM COSTS	12,157	12,157		
c ADMINISTRATION	11,947		11,947	
d TECHNOLOGY	9,909		9,909	
e All other expenses	12,410	10,123	1,699	588
25 **Total functional expenses.** Add lines 1 through 24e	481,696	389,372	59,719	32,605
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 ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		117,926	1	234,865
	2	Savings and temporary cash investments		6,059	2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	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		88,954	7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,500	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 178,994			
	b	Less: accumulated depreciation	10b 156,272	24,080	10c	22,722
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		238,519	16	257,587
Liabilities	17	Accounts payable and accrued expenses		9,460	17	5,966
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		9,460	26	5,966
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		229,059	27	209,067
	28	Net assets with donor restrictions			28	42,554
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		229,059	32	251,621
	33	Total liabilities and net assets/fund balances		238,519	33	257,587

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	444,871
2	Total expenses (must equal Part IX, column (A), line 25)	2	481,696
3	Revenue less expenses. Subtract line 2 from line 1	3	-36,825
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	229,059
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	59,387
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	251,621

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☒ 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	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c		
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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) **14** %

15 Public support percentage from 2022 Schedule A, Part II, line 14 **15** %

16a **33 1/3% support test — 2023.** 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 — 2022.** 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 — 2023.** 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 — 2022.** 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	148,835	88,584	154,970	209,800	119,265	721,454
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	218,977	88,959	223,696	351,591	319,993	1,203,216
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	367,812	177,543	378,666	561,391	439,258	1,924,670
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						1,924,670

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	367,812	177,543	378,666	561,391	439,258	1,924,670
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,824	16	4	3	8,023	13,870
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	5,824	16	4	3	8,023	13,870
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	820					820
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	374,456	177,559	378,670	561,394	447,281	1,939,360

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	99.24 %
16	Public support percentage from 2022 Schedule A, Part III, line 15	16	99.62 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	1 %
18	Investment income percentage from **2022** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests — 2023.** 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 — 2022.** 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
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? *If "Yes," provide detail in* ***Part VI.***	9b		
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? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

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

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

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

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

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

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

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

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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	**Total annual distributions.** 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required–*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
7	**Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

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

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

2023

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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? ☐ Yes ☐ 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ 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.

		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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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:

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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		2,471	2,471	
e Other		87,729	65,007	22,722
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				22,722

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

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

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)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (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 ☐

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

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

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

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

Part XIII Supplemental Information

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

Part XIII Supplemental Information *(continued)*

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2023

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 **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* for instructions and the latest information.

OMB No. 1545-0172

2023

Attachment Sequence No. **179**

Name(s) shown on return: **THE SANDBOX A HILTON HEAD**

Identifying number: 20-0301794

Business or activity to which this form relates: **INDIRECT DEPRECIATION**

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,160,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 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 2024. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,429

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 2023	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2023 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 2023 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,429
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	

THERE ARE NO AMOUNTS FOR PAGE 2

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Prior MACRS:												
21	flooring	12/15/11	4,200		X	X	0	5	HY	200DB	4,200	0
22	network camera	11/15/11	2,230		X	X	0	5	HY	200DB	2,230	0
			6,430				0				6,430	0
Other Depreciation:												
12	COMPUTERS	11/15/05	1,575				1,575	4	MO	S/L	1,575	0
13	EXHIBITS - 2005	12/31/05	26,070				26,070	5	MO	S/L	26,070	0
14	EXHIBITS - 2006	4/01/06	1,568				1,568	5	MO	S/L	1,568	0
15	FURNITURE	12/15/05	3,923				3,923	5	MO	S/L	3,923	0
16	FURNITURE	4/08/06	168				168	5	MO	S/L	168	0
17	FURNITURE	4/26/06	378				378	5	MO	S/L	378	0
18	LEASEHOLD IMRPOVEMENTS	11/15/05	88,794				88,794	15	MO	S/L	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	11,724	1,563
24	Grocery Store Exhibit	1/15/16	23,000				23,000	15	MO	S/L	10,733	1,534
25	NEW COLIGNY EXHIBITS	1/01/21	148				148	5	MO	S/L	59	30
26	Computers	5/21/23	2,071				2,071	4	MO	S/L	0	302
	Total Other Depreciation		172,564				172,564				146,413	3,429
	Total ACRS and Other Depreciation		172,564				172,564				146,413	3,429
	Grand Totals		178,994				172,564				152,843	3,429
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		178,994				172,564				152,843	3,429

Bonus Depreciation Report

Form 990, Page 1

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

Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
21	flooring	12/15/11	4,200	0	0
22	network camera	11/15/11	2,230	0	0
			6,430	0	0
Other Depreciation:					
12	COMPUTERS	11/15/05	1,575	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 IMRPOVEMENTS	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
26	Computers	5/21/23	2,071	518	0
	Total Other Depreciation		172,564	3,643	0
	Total ACRS and Other Depreciation		172,564	3,643	0
	Grand Totals		178,994	3,643	0

Form **990**

Event Income and Deduction Worksheet

Description **OTHER**

2023

Name
THE SANDBOX A HILTON HEAD

Taxpayer Identification Number
20-0301794

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.**
2.	Advertising income	**2.**
3.	Circulation income	**3.**
4.	Other income	**4.**
5.	Returns and allowances	**5.**
6.	Contributions received	**6.**
7.	**Total revenue.** Add lines 1 through 6	**7.**
8.	Cost of Goods Sold	**8.**
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.	**Total expenses.** Add lines 8 through 14	**15.**
16.	**Net Income/Loss.** Line 7 minus Line 15	**16.**

Expense Details - Cost of Goods Sold:

- Beginning inventory
- Purchases
- Labor
- Section 263A costs
- Other costs
- Ending inventory
- **Total Cost of Goods Sold**

Expense Details - Employment Expense:

- Compensation of officers
- Other salaries and wages
- Pension plan contributions
- Other employee benefits
- Payroll taxes
- **Total Employment Expense**

Expense Details - Fees for Services:

- Management
- Legal
- Accounting
- Lobbying
- Professional fundraising
- Investment management
- Other
- **Total Fees for Services**

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
- **Total Indirect Expense**

Expense Details - Depreciation Expense:

- On investment property
- On non-investment property
- Amortization
- Depletion
- **Total Depreciation Expense**

Expense Details - Exempt Activity Expense:

- Repairs and Maintenance
- Bad debts
- Taxes/licenses
- Charitable contributions
- Dividend recd deductions
- Readership costs
- Other expenses
- **Total Exempt Activity Expense**

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
- **Total Fundraising Expense**

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**

Event Income and Deduction Worksheet

Description **GIFT SHOP**

2023

Name
THE SANDBOX A HILTON HEAD

Taxpayer Identification Number
20-0301794

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.**	
2. Advertising income	**2.**	
3. Circulation income	**3.**	
4. Other income	**4.**	
5. Returns and allowances	**5.**	
6. Contributions received	**6.**	
7. Total revenue. Add lines 1 through 6	**7.**	
8. Cost of Goods Sold	**8.**	2,410
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. Total expenses. Add lines 8 through 14	**15.**	2,410
16. Net Income/Loss. Line 7 minus Line 15	**16.**	-2,410

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	2,410
Ending inventory	
Total Cost of Goods Sold	2,410

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

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	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

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

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	
Total Fundraising Expense	

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

For calendar year 2023, or tax year beginning , ending

2022 & 2023

Name

THE SANDBOX A HILTON HEAD

Taxpayer Identification Number

20-0301794

			2022	2023	Differences
Revenue	1. Contributions, gifts, grants	1.	76,971	51,212	-25,759
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	132,829	68,053	-64,776
	4. Program service revenue	4.	351,101	319,993	-31,108
	5. Investment income	5.	3	8,023	8,020
	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.	-367		367
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.		-2,410	-2,410
	11. Other revenue	11.			
	12. **Total revenue.** Add lines 1 through 11	12.	560,537	444,871	-115,666
Expenses	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	63,208	-14,792
	16. Salaries, other compensation, and employee benefits	16.	177,909	136,895	-41,014
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	6,393	46,393	40,000
	19. Occupancy, rent, utilities, and maintenance	19.	72,592	36,102	-36,490
	20. Depreciation and Depletion	20.	3,125	3,429	304
	21. Other expenses	21.	127,140	195,669	68,529
	22. **Total expenses.** Add lines 13 through 21	22.	465,159	481,696	16,537
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	95,378	-36,825	-132,203
Other Information	24. Total exempt revenue	24.	560,537	444,871	-115,666
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	351,104	325,606	-25,498
	27. Total assets	27.	238,519	257,587	19,068
	28. Total liabilities	28.	9,460	5,966	-3,494
	29. Retained earnings	29.	229,059	251,621	22,562
	30. Number of voting members of governing body	30.	15	15	
	31. Number of independent voting members of governing body	31.	15	15	
	32. Number of employees	32.	29	31	
	33. Number of volunteers	33.	15	15	

Form **990** | **Tax Return History** | **2023**

Name: **THE SANDBOX A HILTON HEAD**

Employer Identification Number: **20-0301794**

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	148,835	88,584	154,970	209,800	119,265	
Membership dues						
Program service revenue	202,314	81,065	218,481	351,101	319,993	
Capital gain or loss						
Investment income	5,824	16	4	3	8,023	
Fundraising revenue (income/loss)	9,559	6,794	3,712	-367		
Gaming revenue (income/loss)						
Other revenue	1,820	123	39		-2,410	
Total revenue	368,352	176,582	377,206	560,537	444,871	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	64,383	81,000	78,000	78,000	63,208	
Other compensation	147,073	105,063	68,337	177,909	136,895	
Professional fees	4,376	5,629	4,478	6,393	46,393	
Occupancy costs	49,624	29,918	28,801	72,592	36,102	
Depreciation and depletion	9,016	8,523	3,126	3,125	3,429	
Other expenses	94,053	41,992	85,282	127,140	195,669	
Total expenses	368,525	272,125	268,024	465,159	481,696	
Excess or (Deficit)	-173	-95,543	109,182	95,378	-36,825	
Total exempt revenue	368,352	176,582	377,206	560,537	444,871	
Total unrelated revenue						
Total excludable revenue	209,958	81,204	218,524	351,104	325,606	
Total Assets	285,937	116,020	341,498	238,519	257,587	
Total Liabilities	18,584	94,210	179,856	9,460	5,966	
Net Fund Balances	267,353	21,810	161,642	229,059	251,621	

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
INVESTMENT INCOME	$ 7,448		14			
BANK INTEREST	575		14			
TOTAL	$ 8,023					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
WRITE OFF OF ERTC	$ 29,857	$ 29,857	$	$
TOTAL	$ 29,857	$ 29,857	$ 0	$ 0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
MISCELLANEOUS	$ 5,302	$ 5,302	$	$
BANK & CREDIT CARD EXPENS	4,484	4,484		
ASSOCIATION DUES & LICENS	1,699		1,699	
FUNDRAISING	588			588
EXECUTIVE DIRECTOR EXPENS	337	337		
TOTAL	$ 12,410	$ 10,123	$ 1,699	$ 588

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
ATAX REIMBURSEMENT	$ 68,053
ALL OTHER CONTRIBUTIONS/GRANTS	49,009
OTHER INCOME	2,203
TOTAL	$ 119,265

Schedule A, Part III, Line 2(e)

Description	Amount
MUSEUM ADMISSIONS/PROGRAMS	$ 319,993
OTHER	
GIFT SHOP	
TOTAL	$ 319,993

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

Description	Amount
INVESTMENT INCOME	$ 7,448
BANK INTEREST	575
TOTAL	$ 8,023

Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning , and ending

20-0301794

THE SANDBOX A HILTON HEAD

Net Asset / Fund Balance at Beginning of Year			229,059
Revenue			
Contributions	119,265		
Program service revenue	319,993		
Investment income	8,023		
Capital gain / loss			
Fundraising / Gaming:			
Gross revenue			
Direct expenses			
Net income			
Other income	-2,410		
Total revenue		444,871	
Expenses			
Program services	389,372		
Management and general	59,719		
Fundraising	32,605		
Total expenses		481,696	
Excess / (deficit)			-36,825
Changes			59,387
Net Asset / Fund Balance at End of Year			251,621

Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	444,871

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	481,696

Balance Sheet

	Beginning	Ending	Differences
Assets	238,519	257,587	
Liabilities	9,460	5,966	
Net assets	229,059	251,621	22,562

Miscellaneous Information

Amended return	
Return / extended due date	11/15/24
Failure to file penalty	

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

2023

For calendar year 2023, or fiscal year beginning . . . . . , 2023, and ending . . . . . , 20 . . . . .

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to *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 **LINDSAY HARTMAN**
PRESIDENT

Part I Type of Return and Return Information

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

1a	**Form 990** check here	X	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b** 444,871
2a	**Form 990-EZ** check here		**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**
3a	**Form 1120-POL** check here		**b**	**Total tax** (Form 1120-POL, line 22)	**3b**
4a	**Form 990-PF** check here		**b**	**Tax based on investment income** (Form 990-PF, Part V, line 5)	**4b**
5a	**Form 8868** check here		**b**	**Balance due** (Form 8868, line 3c)	**5b**
6a	**Form 990-T** check here		**b**	**Total tax** (Form 990-T, Part III, line 4)	**6b**
7a	**Form 4720** check here		**b**	**Total tax** (Form 4720, Part III, line 1)	**7b**
8a	**Form 5227** check here		**b**	**FMV of assets at end of tax year** (Form 5227, Item D)	**8b**
9a	**Form 5330** check here		**b**	**Tax due** (Form 5330, Part II, line 19)	**9b**
10a	**Form 8038-CP** check here		**b**	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22) . .	**10b**

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

Under penalties of perjury, I declare that [X] 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 2023 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

[X] I authorize **JUNECPA** to enter my PIN **12245** as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2023 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 2023 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 **05/01/25**

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 2023 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 **05/01/25**

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

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047
2023
Open to Public Inspection

A For the 2023 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$ 447,281

F Name and address of principal officer:
ALICIA POWELL
80 NASSAU STREET
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

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other | **L** Year of formation: 2003 | **M** State of legal domicile: SC

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE SANDBOX IS DEDICATED TO THE POSITIVE DEVELOPMENT OF YOUNG CHILDREN THROUGH EDUCATIONAL PLAY IN AN ATMOSPHERE THAT FOSTERS BOTH FAMILY AND COMMUNITY.

2 Check this box ☐ 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	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	31
6	Total number of volunteers (estimate if necessary)	6	15
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	209,800	119,265
9	Program service revenue (Part VIII, line 2g)	351,101	319,993
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3	8,023
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-367	-2,410
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	560,537	444,871
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)	255,909	200,103
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) 32,605		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	209,250	281,593
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	465,159	481,696
19	Revenue less expenses. Subtract line 18 from line 12	95,378	-36,825

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	238,519	257,587
21	Total liabilities (Part X, line 26)	9,460	5,966
22	Net assets or fund balances. Subtract line 21 from line 20	229,059	251,621

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

LINDSAY HARTMAN PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
PAMELA JUNE, CPA	PAMELA JUNE, CPA	05/01/25		P00636703

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code:) (Expenses $ 389,372 including grants of $) (Revenue $ 319,993)

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 389,372

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	31		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified 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.	17			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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 80 NASSAU STREET

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, 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) LINDA DREISBACH	1.00									
DIRECTOR	0.00	X						0	0	0
(2) LENORE GLEASON	1.00									
DIRECTOR	0.00	X						0	0	0
(3) JON HAMMOCK	1.00									
DIRECTOR	0.00	X						0	0	0
(4) LINDSAY HARTMAN	2.00									
PRESIDENT	0.00	X		X				0	0	0
(5) QUEATA JACKSON	1.00									
SECRETARY	0.00	X		X				0	0	0
(6) ALEXANDER KANARR	1.00									
DIRECTOR	0.00	X						0	0	0
(7) LYNN KING	2.00									
VICE PRESIDENT	0.00	X		X				0	0	0
(8) KERI OLIVETTI	1.00									
DIRECTOR	0.00	X						0	0	0
(9) KATHY PERRY	0.00									
DIRECTOR	0.00	X						0	0	0
(10) LAURIE SAVIDGE	1.00									
DIRECTOR	0.00	X						0	0	0
(11) JAMIE MITCHELL	0.00									
TREASURER	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) ALICIA POWELL										
(12)	40.00									
EXECUTIVE DIRECTOR	0.00			X				0	0	0
(13) ALICIA POWELL										
(13)	40.00									
FORMER EXEC DIRECTOR	0.00			X				0	0	0
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	68,053			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	51,212			
	g	Noncash contributions included in lines 1a-1f	1g	$			
	h	**Total.** Add lines 1a–1f			119,265		
Program Service Revenue			Business Code				
	2a	MUSEUM ADMISSIONS/PROGRAMS	611710	319,993	319,993		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f			319,993		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		8,023			8,023
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Rental inc. or (loss)	6c				
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	7a				
	b	Less: cost or other basis and sales exps.	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	10a				
	b	Less: cost of goods sold	10b	2,410			
	c	Net income or (loss) from sales of inventory		-2,410	-2,410		
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d					
	12	**Total revenue.** See instructions		444,871	317,583	0	8,023

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	63,208	46,142	6,953	10,113
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	123,198	89,934	13,552	19,712
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	13,697	9,998	1,507	2,192
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	16,536	8,268	8,268	
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.)	29,857	29,857		
12 Advertising and promotion	20,190	20,190		
13 Office expenses	179	161	18	
14 Information technology				
15 Royalties				
16 Occupancy	36,102	33,531	2,571	
17 Travel	59	59		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	281		281	
21 Payments to affiliates	64,000	64,000		
22 Depreciation, depletion, and amortization	3,429	3,087	342	
23 Insurance	26,715	24,043	2,672	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EXHIBIT UPKEEP	37,822	37,822		
b PROGRAM COSTS	12,157	12,157		
c ADMINISTRATION	11,947		11,947	
d TECHNOLOGY	9,909		9,909	
e All other expenses	12,410	10,123	1,699	588
25 **Total functional expenses.** Add lines 1 through 24e	481,696	389,372	59,719	32,605
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 ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		117,926	1	234,865
	2	Savings and temporary cash investments		6,059	2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	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		88,954	7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,500	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 178,994			
	b	Less: accumulated depreciation	10b 156,272	24,080	10c	22,722
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		238,519	16	257,587
Liabilities	17	Accounts payable and accrued expenses		9,460	17	5,966
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		9,460	26	5,966
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		229,059	27	209,067
	28	Net assets with donor restrictions			28	42,554
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		229,059	32	251,621
	33	Total liabilities and net assets/fund balances		238,519	33	257,587

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	444,871
2	Total expenses (must equal Part IX, column (A), line 25)	2	481,696
3	Revenue less expenses. Subtract line 2 from line 1	3	-36,825
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	229,059
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	59,387
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	251,621

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☒ 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	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c		
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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) **14** %

15 Public support percentage from 2022 Schedule A, Part II, line 14 **15** %

16a **33 1/3% support test — 2023.** 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 — 2022.** 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 — 2023.** 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 — 2022.** 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	148,835	88,584	154,970	209,800	119,265	721,454
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	218,977	88,959	223,696	351,591	319,993	1,203,216
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	367,812	177,543	378,666	561,391	439,258	1,924,670
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						1,924,670

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	367,812	177,543	378,666	561,391	439,258	1,924,670
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,824	16	4	3	8,023	13,870
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	5,824	16	4	3	8,023	13,870
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	820					820
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	374,456	177,559	378,670	561,394	447,281	1,939,360

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	99.24 %
16	Public support percentage from 2022 Schedule A, Part III, line 15	16	99.62 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	1 %
18	Investment income percentage from **2022** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests — 2023.** 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 — 2022.** 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
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? *If "Yes," provide detail in* ***Part VI.***	9b		
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? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

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

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

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

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

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

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

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

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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	**Total annual distributions.** 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required–*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
7	**Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

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

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

2023

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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? ☐ Yes ☐ 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ 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.

		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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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:

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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		2,471	2,471	
e Other		87,729	65,007	22,722
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				22,722

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

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

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)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (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 ☐

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

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

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

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

Part XIII Supplemental Information

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

Part XIII Supplemental Information *(continued)*

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2023

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 **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* for instructions and the latest information.

OMB No. 1545-0172

2023

Attachment Sequence No. **179**

Name(s) shown on return: **THE SANDBOX A HILTON HEAD**

Identifying number: 20-0301794

Business or activity to which this form relates: **INDIRECT DEPRECIATION**

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,160,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 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 2024. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,429

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 2023	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2023 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 2023 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,429
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	

THERE ARE NO AMOUNTS FOR PAGE 2

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Prior MACRS:												
21	flooring	12/15/11	4,200		X	X	0	5	HY	200DB	4,200	0
22	network camera	11/15/11	2,230		X	X	0	5	HY	200DB	2,230	0
			6,430				0				6,430	0
Other Depreciation:												
12	COMPUTERS	11/15/05	1,575				1,575	4	MO	S/L	1,575	0
13	EXHIBITS - 2005	12/31/05	26,070				26,070	5	MO	S/L	26,070	0
14	EXHIBITS - 2006	4/01/06	1,568				1,568	5	MO	S/L	1,568	0
15	FURNITURE	12/15/05	3,923				3,923	5	MO	S/L	3,923	0
16	FURNITURE	4/08/06	168				168	5	MO	S/L	168	0
17	FURNITURE	4/26/06	378				378	5	MO	S/L	378	0
18	LEASEHOLD IMRPOVEMENTS	11/15/05	88,794				88,794	15	MO	S/L	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	11,724	1,563
24	Grocery Store Exhibit	1/15/16	23,000				23,000	15	MO	S/L	10,733	1,534
25	NEW COLIGNY EXHIBITS	1/01/21	148				148	5	MO	S/L	59	30
26	Computers	5/21/23	2,071				2,071	4	MO	S/L	0	302
	Total Other Depreciation		172,564				172,564				146,413	3,429
	Total ACRS and Other Depreciation		172,564				172,564				146,413	3,429
	Grand Totals		178,994				172,564				152,843	3,429
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		178,994				172,564				152,843	3,429

Bonus Depreciation Report

Form 990, Page 1

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

Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
21	flooring	12/15/11	4,200	0	0
22	network camera	11/15/11	2,230	0	0
			6,430	0	0
Other Depreciation:					
12	COMPUTERS	11/15/05	1,575	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 IMRPOVEMENTS	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
26	Computers	5/21/23	2,071	518	0
	Total Other Depreciation		172,564	3,643	0
	Total ACRS and Other Depreciation		172,564	3,643	0
	Grand Totals		178,994	3,643	0

Form **990**

Two Year Comparison Report

For calendar year 2023, or tax year beginning , ending

2022 & 2023

Name

THE SANDBOX A HILTON HEAD

Taxpayer Identification Number

20-0301794

			2022	2023	Differences
Revenue	1. Contributions, gifts, grants	1.	76,971	51,212	-25,759
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	132,829	68,053	-64,776
	4. Program service revenue	4.	351,101	319,993	-31,108
	5. Investment income	5.	3	8,023	8,020
	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.	-367		367
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.		-2,410	-2,410
	11. Other revenue	11.			
	12. **Total revenue.** Add lines 1 through 11	12.	560,537	444,871	-115,666
Expenses	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	63,208	-14,792
	16. Salaries, other compensation, and employee benefits	16.	177,909	136,895	-41,014
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	6,393	46,393	40,000
	19. Occupancy, rent, utilities, and maintenance	19.	72,592	36,102	-36,490
	20. Depreciation and Depletion	20.	3,125	3,429	304
	21. Other expenses	21.	127,140	195,669	68,529
	22. **Total expenses.** Add lines 13 through 21	22.	465,159	481,696	16,537
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	95,378	-36,825	-132,203
Other Information	24. Total exempt revenue	24.	560,537	444,871	-115,666
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	351,104	325,606	-25,498
	27. Total assets	27.	238,519	257,587	19,068
	28. Total liabilities	28.	9,460	5,966	-3,494
	29. Retained earnings	29.	229,059	251,621	22,562
	30. Number of voting members of governing body	30.	15	15	
	31. Number of independent voting members of governing body	31.	15	15	
	32. Number of employees	32.	29	31	
	33. Number of volunteers	33.	15	15	

Form **990** | **Tax Return History** | **2023**

Name: **THE SANDBOX A HILTON HEAD**

Employer Identification Number: **20-0301794**

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	148,835	88,584	154,970	209,800	119,265	
Membership dues						
Program service revenue	202,314	81,065	218,481	351,101	319,993	
Capital gain or loss						
Investment income	5,824	16	4	3	8,023	
Fundraising revenue (income/loss)	9,559	6,794	3,712	-367		
Gaming revenue (income/loss)						
Other revenue	1,820	123	39		-2,410	
Total revenue	368,352	176,582	377,206	560,537	444,871	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	64,383	81,000	78,000	78,000	63,208	
Other compensation	147,073	105,063	68,337	177,909	136,895	
Professional fees	4,376	5,629	4,478	6,393	46,393	
Occupancy costs	49,624	29,918	28,801	72,592	36,102	
Depreciation and depletion	9,016	8,523	3,126	3,125	3,429	
Other expenses	94,053	41,992	85,282	127,140	195,669	
Total expenses	368,525	272,125	268,024	465,159	481,696	
Excess or (Deficit)	-173	-95,543	109,182	95,378	-36,825	
Total exempt revenue	368,352	176,582	377,206	560,537	444,871	
Total unrelated revenue						
Total excludable revenue	209,958	81,204	218,524	351,104	325,606	
Total Assets	285,937	116,020	341,498	238,519	257,587	
Total Liabilities	18,584	94,210	179,856	9,460	5,966	
Net Fund Balances	267,353	21,810	161,642	229,059	251,621	

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
INVESTMENT INCOME	$ 7,448		14			
BANK INTEREST	575		14			
TOTAL	$ 8,023					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
WRITE OFF OF ERTC	$ 29,857	$ 29,857	$	$
TOTAL	$ 29,857	$ 29,857	$ 0	$ 0

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
MISCELLANEOUS	$ 5,302	$ 5,302	$	$
BANK & CREDIT CARD EXPENS	4,484	4,484		
ASSOCIATION DUES & LICENS	1,699		1,699	
FUNDRAISING	588			588
EXECUTIVE DIRECTOR EXPENS	337	337		
TOTAL	$ 12,410	$ 10,123	$ 1,699	$ 588

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
ATAX REIMBURSEMENT	$ 68,053
ALL OTHER CONTRIBUTIONS/GRANTS	49,009
OTHER INCOME	2,203
TOTAL	$ 119,265

Schedule A, Part III, Line 2(e)

Description	Amount
MUSEUM ADMISSIONS/PROGRAMS	$ 319,993
OTHER	
GIFT SHOP	
TOTAL	$ 319,993

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

Description	Amount
INVESTMENT INCOME	$ 7,448
BANK INTEREST	575
TOTAL	$ 8,023

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
Functional Expenses	
☐ Tot / PS, travel	456
Income, Analysis of Activities, Additional Information	
☐ Other revenue	39
Income with Direct Expenses and Cost of Goods Sold (Gift shop)	
☐ Gross receipts	1,128
☐ Purchases	1,128
Electronic Filing	
☐ Signature doc return 990	X
Balance Sheet - Assets	
☐ Grants receivable - EOY	9,402
☐ Accounts receivable - EOY	3,880
Balance Sheet - Liabilities and Equity	
☐ Deferred revenue - EOY	120,171
☐ Increases to net assets	4
☐ 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		209,800		
Program service revenue		351,101		
Investment income		3		
Capital gain / loss				
Fundraising / Gaming:				
Gross revenue	490			
Direct expenses	857			
Net income		-367		
Other income		0		
Total revenue			560,537	
Expenses				
Program services		367,114		
Management and general		57,099		
Fundraising		40,946		
Total expenses			465,159	
Excess / (deficit)				95,378
Changes				-27,961
Net Asset / Fund Balance at End of Year				229,059

Reconciliation of Revenue		**Reconciliation of Expenses**	
Total revenue per financial statements		Total expenses per financial statements	
Less:		Less:	
Unrealized gains		Donated services	
Donated services		Prior year adjustments	
Recoveries		Losses	
Other		Other	
Plus:		Plus:	
Investment expenses		Investment expenses	
Other		Other	
Total revenue per return	560,537	**Total expenses per return**	465,159

Balance Sheet

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

Miscellaneous Information

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

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

For calendar year 2022, or fiscal year beginning ..... , 2022, and ending ..... , 20 .....

Do not send to the IRS. Keep for your records.
Go to *www.irs.gov/Form8879TE* for the latest information.

OMB No. 1545-0047

2022

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 **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.

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

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

Under penalties of perjury, I declare that [X] 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

[X] 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

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047
2022
Open to Public Inspection

A For the 2022 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 $ 561,394

F Name and address of principal officer:
ALICIA POWELL
80 NASSAU STREET
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

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2003

M State of legal domicile: SC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
THE SANDBOX IS DEDICATED TO THE POSITIVE DEVELOPMENT OF YOUNG CHILDREN THROUGH EDUCATIONAL PLAY IN AN ATMOSPHERE THAT FOSTERS BOTH FAMILY AND COMMUNITY.

2 Check this box ☐ 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	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	29
6 Total number of volunteers (estimate if necessary)	6	15
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue / Expenses

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	154,970	209,800
9 Program service revenue (Part VIII, line 2g)	218,481	351,101
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4	3
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,751	-367
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	377,206	560,537
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)	146,337	255,909
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) 40,946		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	121,687	209,250
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	268,024	465,159
19 Revenue less expenses. Subtract line 18 from line 12	109,182	95,378

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	341,498	238,519
21 Total liabilities (Part X, line 26)	179,856	9,460
22 Net assets or fund balances. Subtract line 21 from line 20	161,642	229,059

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

ALICIA POWELL EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
PAMELA JUNE, CPA	PAMELA JUNE, CPA	11/15/23		P00636703

Firm's name JUNECPA | Firm's EIN 20-4046229

Firm's address 99 MAIN STREET HILTON HEAD ISLAND, SC 29926 | Phone no. 843-842-6500

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

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

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

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	29		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified 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.	17			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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 80 NASSAU STREET

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, 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) NANCY FOWLER	40.00									
EXEC DIRECTOR (2022)	0.00			X				78,000	0	0
(2) TARA ANDERSON	1.00									
DIRECTOR	0.00	X						0	0	0
(3) DENNIS CULLEN	1.00									
DIRECTOR	0.00	X						0	0	0
(4) SUSIE DOLAN	1.00									
DIRECTOR	0.00	X						0	0	0
(5) LINDA DREISBACH	1.00									
DIRECTOR	0.00	X						0	0	0
(6) LENORE GLEASON	1.00									
DIRECTOR	0.00	X						0	0	0
(7) JON HAMMOCK	1.00									
DIRECTOR	0.00	X						0	0	0
(8) LINDSEY HARTMAN	1.00									
VICE PRESIDENT	0.00	X		X				0	0	0
(9) QUEATA JACKSON	1.00									
SECRETARY	0.00	X		X				0	0	0
(10) ALEXANDER KANARR	1.00									
DIRECTOR	0.00	X						0	0	0
(11) LYNN KING	1.00									
DIRECTOR	0.00	X						0	0	0

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

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

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

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

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	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 **Total functional expenses.** Add lines 1 through 24e	465,159	367,114	57,099	40,946
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 ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		140,880	1	117,926
	2	Savings and temporary cash investments		34,017	2	6,059
	3	Pledges and grants receivable, net		9,402	3	
	4	Accounts receivable, net		3,880	4	
	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		88,954	7	88,954
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		7,146	9	1,500
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 179,467			
	b	Less: accumulated depreciation	10b 155,387	27,205	10c	24,080
	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	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		341,498	16	238,519
Liabilities	17	Accounts payable and accrued expenses		19,510	17	9,460
	18	Grants payable			18	
	19	Deferred revenue		120,171	19	
	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		40,175	25	
	26	**Total liabilities.** Add lines 17 through 25		179,856	26	9,460
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		-157,016	27	229,059
	28	Net assets with donor restrictions		318,658	28	
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		161,642	32	229,059
	33	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 ... X

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

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [X] 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: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2a	X	
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

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 331/3% 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

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

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 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
1 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
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	138,511	218,977	88,959	223,696	351,591	1,021,734
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	274,845	367,812	177,543	378,666	561,391	1,760,257
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						1,760,257

Section B. Total Support

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

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

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2022** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2021** Schedule A, Part III, line 17	18	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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
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? *If "Yes," provide detail in* ***Part VI.***	9b		
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? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

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

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

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

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

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

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

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

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

Section D – Distributions		**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	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	**Total annual distributions.** 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	**Total** 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	**Excess distributions carryover to 2023.** 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			

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

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* for the latest information.

OMB No. 1545-0047

2022

Name of the organization

THE SANDBOX A HILTON HEAD

Employer identification number

20-0301794

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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

[X] 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 1/3% 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
THE SANDBOX A HILTON HEAD

Employer identification number
20-0301794

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HERITAGE CLASSIC FOUNDATION 71 LIGHTHOUSE ROAD, STE 4200 HILTON HEAD ISLAND SC 29928	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	BREEDLOVE FOUNDATION 528 PATTERSON ROAD HENDERSONVILLE NC 28739	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	GLEASON FAMILY FOUNDATION 67 MARK DRIVE SAN RAFAEL CA 94903	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	LONG COVE CLUB 399 LONG COVE HILTON HEAD ISLAND SC 29928	$ 50,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	BURR & FORMAN 23-B SHELTER COVE LANE HILTON HEAD SC 29928	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (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* 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? ☐ Yes ☐ 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? ☐ Yes ☐ 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).

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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.

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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? ☐ Yes ☐ 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)? ☐ Yes ☐ 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:

		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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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:

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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	61,578	24,080
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)*				24,080

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(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)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)*	

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

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

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

Part XIII Supplemental Information.

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

Part XIII Supplemental Information *(continued)*

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

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* 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.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 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 2023. Add lines 9 and 10, less line 12	13	

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

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

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

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 2022	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

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
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 2022 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,125
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	

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Prior MACRS:												
21	flooring	12/15/11	4,200		X	X	0	5	HY	200DB	4,200	0
22	network camera	11/15/11	2,230		X	X	0	5	HY	200DB	2,230	0
			6,430				0				6,430	0
Other Depreciation:												
12	COMPUTERS	11/15/05	4,119				4,119	4	MO	S/L	4,119	0
13	EXHIBITS - 2005	12/31/05	26,070				26,070	5	MO	S/L	26,070	0
14	EXHIBITS - 2006	4/01/06	1,568				1,568	5	MO	S/L	1,568	0
15	FURNITURE	12/15/05	3,923				3,923	5	MO	S/L	3,923	0
16	FURNITURE	4/08/06	168				168	5	MO	S/L	168	0
17	FURNITURE	4/26/06	378				378	5	MO	S/L	378	0
18	LEASEHOLD IMRPOVEMENTS	11/15/05	88,794				88,794	15	MO	S/L	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
	Total Other Depreciation		173,037				173,037				145,832	3,125
	Total ACRS and Other Depreciation		173,037				173,037				145,832	3,125
	Grand Totals		179,467				173,037				152,262	3,125
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		179,467				173,037				152,262	3,125

Bonus Depreciation Report

Form 990, Page 1

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

Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
21	flooring	12/15/11	4,200	0	0
22	network camera	11/15/11	2,230	0	0
			6,430	0	0
Other Depreciation:					
12	COMPUTERS	11/15/05	4,119	0	0
13	EXHIBITS - 2005	12/31/05	26,070	0	0
14	EXHIBITS - 2006	4/01/06	1,568	0	0
15	FURNITURE	12/15/05	3,923	0	0
16	FURNITURE	4/08/06	168	0	0
17	FURNITURE	4/26/06	378	0	0
18	LEASEHOLD IMRPOVEMENTS	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
	Total Other Depreciation		173,037	3,127	0
	Total ACRS and Other Depreciation		173,037	3,127	0
	Grand Totals		179,467	3,127	0

Form **990**

Event Income and Deduction Worksheet

Description **OTHER**

2022

Name
THE SANDBOX A HILTON HEAD

Taxpayer Identification Number
20-0301794

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.**	490
2. Advertising income	**2.**	
3. Circulation income	**3.**	
4. Other income	**4.**	
5. Returns and allowances	**5.**	
6. Contributions received	**6.**	
7. Total revenue. Add lines 1 through 6	**7.**	490
8. Cost of Goods Sold	**8.**	857
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. Total expenses. Add lines 8 through 14	**15.**	857
16. Net Income/Loss. Line 7 minus Line 15	**16.**	-367

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	857
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	857

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

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	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

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

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	
Total Fundraising Expense	

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

For calendar year 2022, or tax year beginning , ending

2021 & 2022

Name

THE SANDBOX A HILTON HEAD

Taxpayer Identification Number

20-0301794

			2021	2022	Differences
Revenue	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. **Total revenue.** Add lines 1 through 11	12.	377,206	560,537	183,331
Expenses	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. **Total expenses.** Add lines 13 through 21	22.	268,024	465,159	197,135
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	109,182	95,378	-13,804
Other Information	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		
Total revenue	271,344	368,352	176,582	377,206	560,537	
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	
Total expenses	268,957	368,525	272,125	268,024	465,159	
Excess or (Deficit)	2,387	-173	-95,543	109,182	95,378	
Total exempt revenue	271,344	368,352	176,582	377,206	560,537	
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

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

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
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	$ 16,242	$ 7,048	$ 9,194	$ 0

Federal Statements

Schedule A, Part III, Line 1(e)

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

Schedule A, Part III, Line 2(e)

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

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

Description	Amount
INVESTMENT INCOME - INTEREST	$ 3
INVESTMENT INCOME - GAIN LOSS	
TOTAL	$ 3

South Carolina Return Summary

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

THE SANDBOX A HILTON HEAD

General Information		Charitable Registration Information	
Federal employer identification number	20-0301794	South Carolina registration number	
Exempt Charitable Entity		Initial Application	
Annual Reporting, Federal 990/990PF/990EZ	X	Initial Fee	
Annual Reporting, Federal 990N with Financial Report		Renewal	X
SC990-T, Unrelated Business Income			
Amended (SC990-T)			
Return due date/ Extended due date		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	

SOUTH CAROLINA
SECRETARY OF STATE

PUBLIC CHARITIES DIVISION

REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION

Filing Instructions

- Pursuant to Section 33-56-30 of the South Carolina Code of Laws, failure to complete all sections of this form may cause your registration to be returned to you and may result in a possible violation and/or fine.
- If this is a renewal, this form cannot be accepted more than six (6) weeks prior to the current expiration.
- **This form must be signed and accompanied by a filing fee of $50.00 made payable to the Secretary of State.**
- If the annual financial report for the immediately preceeding fiscal year has not already been filed with the Secretary of State's Office, please submit it with this form. You may submit your financial report on the Annual Financial Report for a Charitable Organization which can be found on our website www.scsos.com or on IRS Form 990, 990EZ, or 990PF; **we cannot accept IRS Form 990-N**. If the financial report is not ready you must submit a copy of the extension request submitted to the IRS.
- Please contact our office with any questions regarding this form at 803-734-1790 or email charities@sos.sc.gov.
- Mail to South Carolina Secretary of State, Attn: Division of Public Charities, 1205 Pendleton St., Suite 525, Columbia, SC 29201.
- Please type or print clearly.

Check one: [ ] **Initial Registration** [X] **Renewal**

Current Fiscal Year Dates 01/01/2023 **to** 12/31/2023
(mo/day/year) **(mo/day/year)**

Enter Federal Employer's Identification Number: 20-0301794 **Charity Public ID:** _____
(Renewal only)

1. Legal Name of Organization: **THE SANDBOX A HILTON HEAD**

   a. Doing Business As (DBA) Names: _____
   (If applicable)

   b. Former Names Used by the Charity: _____
   (If applicable)

   c. Organization's Website: **WWW.THESANDBOX.ORG**
   (If applicable)

   d. Please provide a contact person for your organization:

   ALICIA POWELL
   Name — Title

   80 NASSAU STREET **HILTON HEAD ISLAND** **SC** **29928**
   Address, City, State, Zip Code

   843-842-7645 **APOWELL@THESANDBOX.ORG**
   Daytime Phone — Email

2. Purpose for which this organization was formed. Attach a statement if necessary.

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

3. Tax-exempt status under the Internal Revenue Code: [X] YES [ ] NO
   If "Yes," please provide a copy of any determination letter recognizing the charitable organization's tax-exempt status from the Internal Revenue Service and any changes, amendments, or revocations to that letter.

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

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: [X] ** 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

_____
Name Address, City, State, Zip Code Title

_____
Name Address, City, State, Zip Code Title

_____
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.

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

Please Specify: _____

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).

_____

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).

_____

THE SANDBOX A HILTON HEAD 20-0301794

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

Name Title	Address	City	State	Zip
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

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047
2022
Open to Public Inspection

A For the 2022 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 $ 561,394

F Name and address of principal officer:
ALICIA POWELL
80 NASSAU STREET
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

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2003

M State of legal domicile: SC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
THE SANDBOX IS DEDICATED TO THE POSITIVE DEVELOPMENT OF YOUNG CHILDREN THROUGH EDUCATIONAL PLAY IN AN ATMOSPHERE THAT FOSTERS BOTH FAMILY AND COMMUNITY.

2 Check this box ☐ 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	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	29
6 Total number of volunteers (estimate if necessary)	6	15
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue / Expenses

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	154,970	209,800
9 Program service revenue (Part VIII, line 2g)	218,481	351,101
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4	3
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,751	-367
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	377,206	560,537
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)	146,337	255,909
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) 40,946		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	121,687	209,250
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	268,024	465,159
19 Revenue less expenses. Subtract line 18 from line 12	109,182	95,378

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	341,498	238,519
21 Total liabilities (Part X, line 26)	179,856	9,460
22 Net assets or fund balances. Subtract line 21 from line 20	161,642	229,059

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

ALICIA POWELL EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
PAMELA JUNE, CPA	PAMELA JUNE, CPA	11/15/23		P00636703

Firm's name JUNECPA | Firm's EIN 20-4046229

Firm's address 99 MAIN STREET HILTON HEAD ISLAND, SC 29926 | Phone no. 843-842-6500

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

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

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

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	29		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified 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.	17			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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 80 NASSAU STREET

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, 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) NANCY FOWLER	40.00									
EXEC DIRECTOR (2022)	0.00			X				78,000	0	0
(2) TARA ANDERSON	1.00									
DIRECTOR	0.00	X						0	0	0
(3) DENNIS CULLEN	1.00									
DIRECTOR	0.00	X						0	0	0
(4) SUSIE DOLAN	1.00									
DIRECTOR	0.00	X						0	0	0
(5) LINDA DREISBACH	1.00									
DIRECTOR	0.00	X						0	0	0
(6) LENORE GLEASON	1.00									
DIRECTOR	0.00	X						0	0	0
(7) JON HAMMOCK	1.00									
DIRECTOR	0.00	X						0	0	0
(8) LINDSEY HARTMAN	1.00									
VICE PRESIDENT	0.00	X		X				0	0	0
(9) QUEATA JACKSON	1.00									
SECRETARY	0.00	X		X				0	0	0
(10) ALEXANDER KANARR	1.00									
DIRECTOR	0.00	X						0	0	0
(11) LYNN KING	1.00									
DIRECTOR	0.00	X						0	0	0

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

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

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

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

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	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 **Total functional expenses.** Add lines 1 through 24e	465,159	367,114	57,099	40,946
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 ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		140,880	1	117,926
	2	Savings and temporary cash investments		34,017	2	6,059
	3	Pledges and grants receivable, net		9,402	3	
	4	Accounts receivable, net		3,880	4	
	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		88,954	7	88,954
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		7,146	9	1,500
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 179,467			
	b	Less: accumulated depreciation	10b 155,387	27,205	10c	24,080
	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	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		341,498	16	238,519
Liabilities	17	Accounts payable and accrued expenses		19,510	17	9,460
	18	Grants payable			18	
	19	Deferred revenue		120,171	19	
	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		40,175	25	
	26	**Total liabilities.** Add lines 17 through 25		179,856	26	9,460
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		-157,016	27	229,059
	28	Net assets with donor restrictions		318,658	28	
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		161,642	32	229,059
	33	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 ... X

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

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [X] 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: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2a	X	
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

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 331/3% 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

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

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 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
1 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
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	138,511	218,977	88,959	223,696	351,591	1,021,734
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	274,845	367,812	177,543	378,666	561,391	1,760,257
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						1,760,257

Section B. Total Support

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

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

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2022** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2021** Schedule A, Part III, line 17	18	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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
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? *If "Yes," provide detail in* ***Part VI.***	9b		
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? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

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

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

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

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

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

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

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

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

Section D – Distributions		**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	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	**Total annual distributions.** 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	**Total** 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	**Excess distributions carryover to 2023.** 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			

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

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

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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).

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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.

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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? ☐ Yes ☐ 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)? ☐ Yes ☐ 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:

		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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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:

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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	61,578	24,080
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)*				24,080

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(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)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)*	

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

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

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

Part XIII Supplemental Information.

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

Part XIII Supplemental Information *(continued)*

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

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

Reconciliation of Revenue

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

Reconciliation of Expenses

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

Balance Sheet

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

Miscellaneous Information

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

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

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

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

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

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

OMB No. 1545-0047

2021

Name of filer

THE SANDBOX A HILTON HEAD

EIN or SSN

20-0301794

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

Part I Type of Return and Return Information

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

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

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

Under penalties of perjury, I declare that [X] 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

[X] 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**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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**

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation: **2003** | **M** State of legal domicile: **SC**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE SANDBOX IS DEDICATED TO THE POSITIVE DEVELOPMENT OF YOUNG CHILDREN THROUGH EDUCATIONAL PLAY IN AN ATMOSPHERE THAT FOSTERS BOTH FAMILY AND COMMUNITY.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	18
6	Total number of volunteers (estimate if necessary)	6	16
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

		Prior Year	Current Year
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
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
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ **23,413**		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	86,062	121,687
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	241,479	268,024
19	Revenue less expenses. Subtract line 18 from line 12	-64,897	109,182

		Beginning of Current Year	End of Year
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	Preparer's signature	Date	Check ☐ if self-employed	PTIN
PAMELA JUNE, CPA	**PAMELA JUNE, CPA**	**08/23/23**		**P00636703**

Firm's name ▶ **JUNECPA** Firm's EIN ▶ **20-4046229**

Firm's address ▶ **99 MAIN STREET HILTON HEAD ISLAND, SC 29926** Phone no. **843-842-6500**

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

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

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

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

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

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

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

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

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

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

N/A

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

N/A

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

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

4e Total program service expenses ▶ **205,698**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** **18**			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* See instructions.			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	**13a**		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	**16**		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	**1b**	**16**		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	**3**			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**			X
6	Did the organization have members or stockholders?	**6**			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	**8a**		X	
b	Each committee with authority to act on behalf of the governing body?	**8b**		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	**9**			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	**12c**		
13	Did the organization have a written whistleblower policy?	**13**		X
14	Did the organization have a written document retention and destruction policy?	**14**		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**		X
b	Other officers or key employees of the organization	**15b**		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ **SC**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [X] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

NANCY FISH **18A POPE AVENUE**

HILTON HEAD ISLAND **SC 29928** **843-842-7645**

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

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

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

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

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

See the instructions for the order in which to list the persons above.

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

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

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

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

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

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

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		5,867	1	140,880
	2	Savings and temporary cash investments		29,528	2	34,017
	3	Pledges and grants receivable, net		9,402	3	9,402
	4	Accounts receivable, net		3,880	4	3,880
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		30,646	7	88,954
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		7,146	9	7,146
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 179,467			
	b	Less: accumulated depreciation	10b 152,262	30,183	10c	27,205
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		30,014	15	30,014
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		146,666	16	341,498
Liabilities	17	Accounts payable and accrued expenses		26,814	17	19,510
	18	Grants payable			18	
	19	Deferred revenue		15,001	19	120,171
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		52,395	25	40,175
	26	**Total liabilities.** Add lines 17 through 25		94,210	26	179,856
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		-180,174	27	-157,016
	28	Net assets with donor restrictions		232,630	28	318,658
		Organizations that do not follow FASB ASC 958, check here ▶☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		52,456	32	161,642
	33	Total liabilities and net assets/fund balances		146,666	33	341,498

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	377,206
2	Total expenses (must equal Part IX, column (A), line 25)	2	268,024
3	Revenue less expenses. Subtract line 2 from line 1	3	109,182
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	52,456
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	4
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	161,642

Part XII Financial Statements and Reporting

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

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

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

THE SANDBOX A HILTON HEAD

Employer identification number

20-0301794

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....

10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) **14** %

15 Public support percentage from 2020 Schedule A, Part II, line 14 **15** %

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ ☐

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).*

- **a** ☐ The organization satisfied the Activities Test. *Complete line 2 below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- **c** ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a governmental entity (see instructions).*

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

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

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

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

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

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

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

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

Section D – Distributions		**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in Part VI*)	
6	Other distributions (*describe in Part VI*). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in Part VI*). See instructions.	
9	Distributable amount for 2021 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2021**	**(iii) Distributable Amount for 2021**
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required–*explain in Part VI*). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI*. See instructions.			
6	Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in Part VI*. See instructions.			
7	**Excess distributions carryover to 2022.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

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

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

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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).

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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? ☐ Yes ☐ 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)? ☐ Yes ☐ 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:

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

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

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements			**1**	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	**2a**			
b	Donated services and use of facilities	**2b**			
c	Recoveries of prior year grants	**2c**			
d	Other (Describe in Part XIII.)	**2d**			
e	Add lines **2a** through **2d**			**2e**	
3	Subtract line **2e** from line **1**			**3**	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	**4a**			
b	Other (Describe in Part XIII.)	**4b**			
c	Add lines **4a** and **4b**			**4c**	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			**5**	

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

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

1	Total expenses and losses per audited financial statements			**1**	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	**2a**			
b	Prior year adjustments	**2b**			
c	Other losses	**2c**			
d	Other (Describe in Part XIII.)	**2d**			
e	Add lines **2a** through **2d**			**2e**	
3	Subtract line **2e** from line **1**			**3**	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	**4a**			
b	Other (Describe in Part XIII.)	**4b**			
c	Add lines **4a** and **4b**			**4c**	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			**5**	

Part XIII Supplemental Information.

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

Part XIII Supplemental Information *(continued)*

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to *www.irs.gov/Form990* for the latest information.	**2021** Open to Public Inspection

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

AMENDED RETURN EXPLANATION

TO RECORD RECEIVABLE FOR ERTC AND REDUCE WAGES ACCORDINGLY OF $58,308. PLUS REPORT CHANGES TO 12/31/20 NUMBERS DUE TO 2020 AMENDMENT.

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

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

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

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

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

ROUNDING	**$ 4**

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)
▶ **Attach to your tax return.**
▶ **Go to** *www.irs.gov/Form4562* **for instructions and the latest information.**

OMB No. 1545-0172
2021
Attachment Sequence No. **179**

Name(s) shown on return: **THE SANDBOX A HILTON HEAD**

Identifying number: **20-0301794**

Business or activity to which this form relates: **INDIRECT DEPRECIATION**

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 ▶	13	

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

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

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

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

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

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

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

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

Part IV Summary (See instructions.)

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

THESANDBOXX The Sandbox a Hilton Head 08/23/2023
20-0301794

Federal Asset Report

FYE: 12/31/2021

Form 990, Page 1

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

THESANDBOXX The Sandbox a Hilton Head 08/23/2023

20-0301794

Bonus Depreciation Report

FYE: 12/31/2021

Form 990, Page 1

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

Depreciation Adjustment Report

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

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

Form **990**

Two Year Comparison Report

For calendar year 2021, or tax year beginning , ending

2020 & 2021

Name

THE SANDBOX A HILTON HEAD

Taxpayer Identification Number

20-0301794

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

Form **990**

Tax Return History

2021

Name

THE SANDBOX A HILTON HEAD

Employer Identification Number

20-0301794

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

Federal Statements

Taxable Interest on Investments

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

Federal Statements

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

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

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	$ 154,970

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	$ 223,696

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

Description	Amount
INVESTMENT INCOME - INTEREST	$ 4
INVESTMENT INCOME - GAIN LOSS	
TOTAL	$ 4

Schedule A, Part III, Line 11

Description	Amount
OTHER INCOME	$ 386
LESS: DEDUCTIONS	-1,000
TOTAL	$ -614