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 Makers Space 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:

| Total: | 100 | % |
|---|-----|---|
| 7 - Operation of Visitor Information Centers Operating visitor information centers. | 0 | % |
| 6 - Waterfront Erosion/Control/Repair Control and repair of waterfront erosion. | 0 | % |
| 5 - Tourist Public Transportation Tourist shuttle transportation. | 0 | % |
| 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 | % |
| 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 | % |
| 2 - Tourism-Related Events Promotion of the arts and cultural events. | 27 | % |
| 1 - Destination Advertising/Promotion Advertising and promotion of tourism so as to develop and increase tourist attendence through the generation of publicity. | 40 | % |

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.

Government Sources
Private Contributions, Donations
4 and Grants

| 2 Corporate Support, Sponsors | 5 Membership, Dues, Subscriptions |
|--|--|
| Ticket Sales, or Sales 76 and Services | Other |
| Has the organization requested other ATAX organizations? Yes No _X_ | r any other funding from other public sources or |
| If so, please list top 3 sources and amounts. | |
| D. FINANCIAL INFORMATION: | |
| Fiscal Year Disclosure: Start Month: January 202 | 5 End Month: December 2025 |
| Financial Statement Requirements: | |
| 1. The upcoming fiscal year's operating budge | t for the organization. |
| Budget Provided: Yes | |
| The previous two fiscal years and current year organization. | r-to-date profit and loss reports for the |
| Current fiscal year Profit Loss Report F | rovided: Yes |
| Previous fiscal year Profit Loss Reports | s Provided: |
| 2024- Previous FY 1 2024- Previous FY 1 | |
| 3. The previous two fiscal years and current year | r-to-date balance sheets . |
| Current fiscal year Balance Sheet Prov | ided: Yes |
| Previous fiscal year Balanace Sheets F | 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 Pr | ovided: Yes |
| Previous IRS Form 990 or 990T Years | Provided: |
| 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.

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.

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
 - o Mr. Puppet the Puppeteer and Ventriloquist
 - o Reptile Meet and Greets with Naturalist from Port Royal Sound Foundation
 - o Lego builds by Chris 3x each month.
 - o Weekly Imagination Hour programs.
 - o Science with Mr. Bob every Tuesday.
 - Christmas Winterland Special programs held December 15 31 every year. Every day has a different theme.
 - o Spookalicious October 31st a day filled with fun, educational spooky treats.
 - o 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:
 - o 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.
 - o 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
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

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

<u>In Attendance</u>: Lindsay Hartman, Lynn King, Jamie Mitchell, Lenore Gleason, Jon

Hammock, Alex Kanarr, Keri Olivetti, Kathy Perry, Laurie Savidge

On Phone: Linda Dreisbach

<u>Member Absent</u>: Justin Chandler <u>Executive Director</u>: Alicia Powell

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

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

<u>ATAX APPLICATION</u>: 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.

<u>NEW STEM PROJECT</u>: 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.

<u>FINANCIALS</u>: 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.

<u>Upcoming Board Meetings</u>: 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

| The Sandbox Children | 5 Museu | 1111 202 | Sallub | OX CIIILUI | en s musi | tuili bu | uget | 1 | | 1 | • | • | | 1 |
|----------------------------------|----------------|---------------|----------|----------------|------------|-----------|----------------|----------|-----------|----------|-----------------|----------------|-----------|-------|
| | | | | | | | | | | | | | | |
| Projected 2026 Income | January | February | March | April | May | June | July | August | September | October | November | December | Total | Notes |
| | | | | | | | | | | | | | | |
| Facelmanna | | | | | | | | | | | | | | |
| 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 | |
| Aumssions | Ψ11,000 | Ψ14,000 | Ψ20,000 | Ψ20,002 | Ψ20,000 | ψ43,000 | ψ55,100 | ψ40,000 | Ψ20,000 | Ψ22,000 | Ψ20,000 | Ψ22,000 | ψ000,702 | |
| | | | | | | | | | | | | | | |
| 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 | |
| | | | | | | | | | | | | | | |
| Olff Oh are Online | \$500 | 4750 | 44.000 | 40.000 | 40.000 | 44.500 | AT 000 | 40.040 | 40.500 | 40.000 | 40.000 | 44.000 | 404.000 | |
| 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 | | | | | | | | | | | | | | |
| other mediae | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 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 | |
| | | | | | | | | | | | | | | |
| ATAY Deimburgement Advertising | to 400 | ¢2.400 | ¢0.400 | \$2.400 | £2.400 | to 100 | \$2.400 | to 100 | to 100 | ¢0.400 | #2.000 | ¢0.000 | ¢27.000 | |
| 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 | |
| | <i>\$2,000</i> | Ψ2,000 | Ψ2,000 | Ψ2,000 | Ψ2,500 | Ψ2,000 | \$2,000 | Ψ2,000 | Ψ2,000 | Ψ2,000 | Ψ <u>2</u> ,300 | \$2,000 | 720,000 | |
| | | | | | | | | | | | | | | |
| 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 | |
| | | • | | | | | | | | | | | | |
| | 40 | 4 | 4 | 4 | | | | | | | | | | |
| 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 | |

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

January 1-July 31, 2025

| DISTRIBUTION ACCOUNT | TOTA | L |
|---|---------------------|--------------------------|
| | 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 |

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 | C |
| 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 |

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 | \$15,953.7 6 | \$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 | C | | | | |
| 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 | C | | | | |
| 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 | C | | | | |
| 67000 Meals/Entertainment | 90.14 | 289.75 | | | | |
| 67005 Donation Expense | 50.00 | | | | | |
| 67600 Travel/Auto | 1,853.86 | | | | | |
| Payroll Expenses | 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 | | | | |

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

| 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 | | | | |

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

| DISTRIBUTION ACCOUNT | ТОТ | AL |
|---|---------------------|--------------------------|
| | 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 |

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

| DISTRIBUTION ACCOUNT | TOTAL | | | | | |
|---------------------------------------|---------------------|-------------------------|--|--|--|--|
| | AS OF JULY 31, 2025 | AS OF JULY 31, 2024 (PY | | | | |
| _iabilities and Equity | | | | | | |
| Liabilities | | | | | | |
| Current Liabilities | | | | | | |
| Accounts Payable | | | | | | |
| 20000 Accounts Payable | | | | | | |
| Total for Accounts Payable | 0 | (| | | | |
| Credit Cards | | | | | | |
| 21200 Sam's Club Business Member Cred | 324.89 | 37.20 | | | | |
| Total for Credit Cards | \$324.89 | \$37.20 | | | | |
| Other Current Liabilities | | | | | | |
| 21300 Deferred Grant - Exec Dir | | | | | | |
| 21400 Direct Deposit Payable | | | | | | |
| 21500 Due to Building Fund | | | | | | |
| 22000 Payroll Liabilities | 0 | \$302.9 | | | | |
| 22100 Federal Taxes (941/944) | | | | | | |
| 22200 SC Income Tax | | | | | | |
| 22300 SC Unemployment Tax | | | | | | |
| Total for 22000 Payroll Liabilities | 0 | \$302.9 | | | | |
| 24000 PPP Loan | | | | | | |
| 25000 Due to CFL | 4,170.35 | 4,170.3 | | | | |
| Due to Operational | | | | | | |
| Other Current Liabilities | 0 | | | | | |
| 125 Employee Insurance | | | | | | |
| 23000 Sales Tax Payable | | -2,190.7 | | | | |
| Deferred Memberships | | | | | | |
| Deferred Renewals | | | | | | |
| Direct Deposit Liabilities | | | | | | |
| Payroll Liabilities | | -302.9 | | | | |
| Total for Other Current Liabilities | 0 | -\$2,493.68 | | | | |
| Total for Other Current Liabilities | \$4,170.35 | \$1,979.5 | | | | |
| 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 | | | | |

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

| 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 |

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

| Income 40000 Income from Operations 40100 Admissions 40200 Birthday Parties/ Events 40300 Gift Shop Sales 40350 Gift Shop Sales - Sales Tax Portion Total for 40300 Gift Shop Sales 40400 Membership Income 40600 Gift Card Sales 40700 Sales Tax Discount Total for 40000 Income from Operations 41200 Field Trips 41400 Surmer Camp Total for 41000 Program Income 43200 Restricted Income 43220 Family Fun Nights - Restricted 43270 New Programs - Restricted Total for 43200 Restricted Grants 43100 Restricted Donations Total for 43000 Restricted Income 43100 Restricted Donations Total for 43000 Restricted Income | 0 320,533.12 4,649.87 \$24,450.99 -1,605.47 \$22,845.52 31,574.24 24.12 10.15 379,637.02 0 2,442.73 6,141.00 \$8,583.73 | 0 1,533.92 27,155.71 \$28,689.63 |
|--|--|---|
| 40000 Income from Operations 40100 Admissions 40200 Birthday Parties/ Events 40300 Gift Shop Sales 40350 Gift Shop Sales - Sales Tax Portion Total for 40300 Gift Shop Sales 40400 Membership Income 40600 Gift Card Sales 40700 Sales Tax Discount Total for 40000 Income from Operations 41000 Program Income 41200 Field Trips 41400 Summer Camp Total for 41000 Program Income 43200 Restricted Income 43220 Family Fun Nights - Restricted 43270 New Programs - Restricted Total for 43200 Restricted Grants 43100 Restricted Donations Total for 43000 Restricted Income 44000 Unrestricted Income | 320,533.12 4,649.87 \$24,450.99 -1,605.47 \$22,845.52 31,574.24 24.12 10.15 379,637.02 0 2,442.73 6,141.00 \$8,583.73 | 247,785.07 10,611.94 \$9,067.90 \$9,067.90 24,990.71 1,320.91 \$293,776.53 0 1,533.92 27,155.71 \$28,689.63 |
| 40100 Admissions 40200 Birthday Parties/ Events 40300 Gift Shop Sales 40350 Gift Shop Sales - Sales Tax Portion Total for 40300 Gift Shop Sales 40400 Membership Income 40600 Gift Card Sales 40700 Sales Tax Discount Total for 40000 Income from Operations \$3 41000 Program Income 41200 Field Trips 41400 Summer Camp Total for 41000 Program Income 43200 Restricted Income 43200 Restricted Grants 43220 Family Fun Nights - Restricted 43270 New Programs - Restricted Total for 43200 Restricted Grants 43100 Restricted Donations Total for 43000 Restricted Income 44000 Unrestricted Income | 320,533.12 4,649.87 \$24,450.99 -1,605.47 \$22,845.52 31,574.24 24.12 10.15 379,637.02 0 2,442.73 6,141.00 \$8,583.73 | 247,785.07 10,611.94 \$9,067.90 \$9,067.90 24,990.71 1,320.91 \$293,776.53 0 1,533.92 27,155.71 \$28,689.63 |
| 40200 Birthday Parties/ Events 40300 Gift Shop Sales 40350 Gift Shop Sales - Sales Tax Portion Total for 40300 Gift Shop Sales 40400 Membership Income 40600 Gift Card Sales 40700 Sales Tax Discount Total for 40000 Income from Operations 41000 Program Income 41200 Field Trips 41400 Summer Camp Total for 41000 Program Income 43000 Restricted Income 43200 Restricted Grants 43220 Family Fun Nights - Restricted 43270 New Programs - Restricted Total for 43200 Restricted Grants 43100 Restricted Donations Total for 43000 Restricted Income 44000 Unrestricted Income | 4,649.87 \$24,450.99 -1,605.47 \$22,845.52 31,574.24 24.12 10.15 379,637.02 0 2,442.73 6,141.00 \$8,583.73 | 10,611.94 \$9,067.90 \$9,067.90 24,990.71 1,320.91 \$293,776.53 0 1,533.92 27,155.71 \$28,689.63 |
| 40300 Gift Shop Sales 40350 Gift Shop Sales - Sales Tax Portion Total for 40300 Gift Shop Sales 40400 Membership Income 40600 Gift Card Sales 40700 Sales Tax Discount Total for 40000 Income from Operations 41000 Program Income 41200 Field Trips 41400 Summer Camp Total for 41000 Program Income 43000 Restricted Income 43200 Restricted Grants 43220 Family Fun Nights - Restricted 43270 New Programs - Restricted Total for 43200 Restricted Grants 43100 Restricted Donations Total for 43000 Restricted Income 44000 Unrestricted Income | \$24,450.99 -1,605.47 \$22,845.52 31,574.24 24.12 10.15 379,637.02 0 2,442.73 6,141.00 \$8,583.73 | \$9,067.90 \$9,067.90 24,990.71 1,320.91 \$293,776.53 0 1,533.92 27,155.71 \$28,689.63 |
| 40350 Gift Shop Sales - Sales Tax Portion Total for 40300 Gift Shop Sales 40400 Membership Income 40600 Gift Card Sales 40700 Sales Tax Discount Total for 40000 Income from Operations 41000 Program Income 41200 Field Trips 41400 Summer Camp Total for 41000 Program Income 43000 Restricted Income 43200 Restricted Grants 43220 Family Fun Nights - Restricted 43270 New Programs - Restricted Total for 43200 Restricted Grants 43100 Restricted Donations Total for 43000 Restricted Income 43000 Restricted Donations | -1,605.47 \$22,845.52 31,574.24 24.12 10.15 379,637.02 0 2,442.73 6,141.00 \$8,583.73 | \$9,067.90 24,990.71 1,320.91 \$293,776.53 0 1,533.92 27,155.71 \$28,689.63 |
| Total for 40300 Gift Shop Sales 40400 Membership Income 40600 Gift Card Sales 40700 Sales Tax Discount Total for 40000 Income from Operations 41000 Program Income 41200 Field Trips 41400 Summer Camp Total for 41000 Program Income 43000 Restricted Income 43200 Restricted Grants 43220 Family Fun Nights - Restricted 43270 New Programs - Restricted Total for 43200 Restricted Grants 43100 Restricted Donations Total for 43000 Restricted Income | \$22,845.52 31,574.24 24.12 10.15 379,637.02 0 2,442.73 6,141.00 \$8,583.73 | 24,990.71 1,320.91 \$293,776.53 0 1,533.92 27,155.71 \$28,689.63 |
| 40400 Membership Income 40600 Gift Card Sales 40700 Sales Tax Discount Total for 40000 Income from Operations \$3 41000 Program Income 41200 Field Trips 41400 Summer Camp Total for 41000 Program Income 43000 Restricted Income 43200 Restricted Grants 43220 Family Fun Nights - Restricted 43270 New Programs - Restricted Total for 43200 Restricted Grants \$3 43100 Restricted Donations Total for 43000 Restricted Income \$4000 Unrestricted Income | 31,574.24 24.12 10.15 379,637.02 0 2,442.73 6,141.00 \$8,583.73 | 24,990.71 1,320.91 \$293,776.53 0 1,533.92 27,155.71 \$28,689.63 |
| 40700 Sales Tax Discount Total for 40000 Income from Operations 41000 Program Income 41200 Field Trips 41400 Summer Camp Total for 41000 Program Income 43000 Restricted Income 43200 Restricted Grants 43220 Family Fun Nights - Restricted 43270 New Programs - Restricted Total for 43200 Restricted Grants 43100 Restricted Donations Total for 43000 Restricted Income 44000 Unrestricted Income | 24.12 10.15 379,637.02 0 2,442.73 6,141.00 \$8,583.73 | 1,320.91 \$293,776.53 0 1,533.92 27,155.71 \$28,689.63 |
| Total for 40000 Income from Operations 41000 Program Income 41200 Field Trips 41400 Summer Camp Total for 41000 Program Income 43000 Restricted Income 43200 Restricted Grants 43220 Family Fun Nights - Restricted 43270 New Programs - Restricted Total for 43200 Restricted Grants 43100 Restricted Donations Total for 43000 Restricted Income 44000 Unrestricted Income | 10.15 379,637.02 0 2,442.73 6,141.00 \$8,583.73 | \$293,776.53 0 1,533.92 27,155.71 \$28,689.63 |
| Total for 40000 Income from Operations 41000 Program Income 41200 Field Trips 41400 Summer Camp Total for 41000 Program Income 43000 Restricted Income 43200 Restricted Grants 43220 Family Fun Nights - Restricted 43270 New Programs - Restricted Total for 43200 Restricted Grants 43100 Restricted Donations Total for 43000 Restricted Income 44000 Unrestricted Income | 0 2,442.73 6,141.00 \$8,583.73 | 0 1,533.92 27,155.71 \$28,689.63 |
| 41000 Program Income 41200 Field Trips 41400 Summer Camp Total for 41000 Program Income 43000 Restricted Income 43200 Restricted Grants 43220 Family Fun Nights - Restricted 43270 New Programs - Restricted Total for 43200 Restricted Grants 43100 Restricted Donations Total for 43000 Restricted Income 44000 Unrestricted Income | 0 2,442.73 6,141.00 \$8,583.73 | 0 1,533.92 27,155.71 \$28,689.63 |
| 41200 Field Trips 41400 Summer Camp Total for 41000 Program Income 43000 Restricted Income 43200 Restricted Grants 43220 Family Fun Nights - Restricted 43270 New Programs - Restricted Total for 43200 Restricted Grants 43100 Restricted Donations Total for 43000 Restricted Income 44000 Unrestricted Income | 2,442.73 6,141.00 \$8,583.73 | 1,533.92 27,155.71 \$28,689.63 |
| 41200 Field Trips 41400 Summer Camp Total for 41000 Program Income 43000 Restricted Income 43200 Restricted Grants 43220 Family Fun Nights - Restricted 43270 New Programs - Restricted Total for 43200 Restricted Grants 43100 Restricted Donations Total for 43000 Restricted Income 44000 Unrestricted Income | 6,141.00 \$8,583.73 | 27,155.71 \$28,689.63 |
| Total for 41000 Program Income 43000 Restricted Income 43200 Restricted Grants 43220 Family Fun Nights - Restricted 43270 New Programs - Restricted Total for 43200 Restricted Grants 43100 Restricted Donations Total for 43000 Restricted Income \$44000 Unrestricted Income | \$8,583.73 | \$28,689.63 |
| 43000 Restricted Income 43200 Restricted Grants 43220 Family Fun Nights - Restricted 43270 New Programs - Restricted Total for 43200 Restricted Grants 43100 Restricted Donations Total for 43000 Restricted Income 44000 Unrestricted Income | • | |
| 43200 Restricted Grants 43220 Family Fun Nights - Restricted 43270 New Programs - Restricted Total for 43200 Restricted Grants 43100 Restricted Donations Total for 43000 Restricted Income 44000 Unrestricted Income | 0 | • |
| 43200 Restricted Grants 43220 Family Fun Nights - Restricted 43270 New Programs - Restricted Total for 43200 Restricted Grants 43100 Restricted Donations Total for 43000 Restricted Income 44000 Unrestricted Income | | 0 |
| 43220 Family Fun Nights - Restricted 43270 New Programs - Restricted Total for 43200 Restricted Grants 43100 Restricted Donations Total for 43000 Restricted Income 44000 Unrestricted Income | \$19,000.00 | \$13,500.00 |
| Total for 43200 Restricted Grants 43100 Restricted Donations Total for 43000 Restricted Income 44000 Unrestricted Income | | 2,500.00 |
| 43100 Restricted Donations Total for 43000 Restricted Income 44000 Unrestricted Income | | 2,450.00 |
| Total for 43000 Restricted Income 44000 Unrestricted Income | \$19,000.00 | \$18,450.00 |
| 44000 Unrestricted Income | | 2,020.00 |
| | \$19,000.00 | \$20,470.00 |
| | 0 | 0 |
| 44 100 Officellicied Dollations | 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 |
| | \$58,858.71 | \$68,052.63 |
| 46100 ATAX Reimbursement - Advertising | -44.07 | , , , , , , , , , , , , , , , , , , , |
| | \$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 |

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

| DISTRIBUTION ACCOUNT | TOTAL | 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 | C | | |
| 61100 Building Maintenance | 25,682.81 | 6,947.68 | | |
| 61200 Building/Custodial Supplies | 4,488.94 | 3,440.15 | | |
| 61300 Insurance | 0 | C | | |
| 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 | | |

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

| 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 | |

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

| 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 |

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,

| 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,

| DISTRIBUTION ACCOUNT | TOTAL | | |
|---------------------------------------|-------------------------|-----------------------------|--|
| | AS OF DECEMBER 31, 2024 | AS OF DECEMBER 31, 2023 (PY | |
| _iabilities and Equity | | | |
| Liabilities | | | |
| Current Liabilities | | | |
| Accounts Payable | | | |
| 20000 Accounts Payable | | | |
| Total for Accounts Payable | 0 | | |
| Credit Cards | | | |
| 21200 Sam's Club Business Member Cred | 437.21 | | |
| Total for Credit Cards | \$437.21 | | |
| Other Current Liabilities | | | |
| 21300 Deferred Grant - Exec Dir | | | |
| 21400 Direct Deposit Payable | | | |
| 21500 Due to Building Fund | | | |
| 22000 Payroll Liabilities | 0 | \$302.9 | |
| 22100 Federal Taxes (941/944) | | 1,925.1 | |
| 22200 SC Income Tax | | 312.6 | |
| 22300 SC Unemployment Tax | | | |
| Total for 22000 Payroll Liabilities | 0 | \$2,540.6 | |
| 24000 PPP Loan | | | |
| 25000 Due to CFL | 4,170.35 | 4,170.3 | |
| Due to Operational | | | |
| Other Current Liabilities | 0 | | |
| 125 Employee Insurance | | | |
| 23000 Sales Tax Payable | 429.37 | -443.2 | |
| Deferred Memberships | | | |
| Deferred Renewals | | | |
| Direct Deposit Liabilities | | | |
| Payroll Liabilities | | -302.9 | |
| Total for Other Current Liabilities | \$429.37 | -\$746.1 | |
| Total for Other Current Liabilities | \$4,599.72 | \$5,964.8 | |
| Total for Current Liabilities | \$5,036.93 | \$5,964.8 | |
| Long-term Liabilities | | | |
| Total for Liabilities | \$5,036.93 | \$5,964.8 | |
| 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,

| 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

| 60030 Credit Card Fees 3,58,28,96 60040 Dues/Licenses 1,58,67 60045 Executive Director Expenses 36,56,60 60055 Office Supplies 6,72,83 60055 Office Supplies 2,247,77 60075 Office Supplies 1,75,52 60085 Professional Development 2,247,77 60070 Software Fees/Subscriptions 1,75,42 61080 Postage 1,75,42 61008 Devising Maintenance 4,75,43 61100 Building/Property Expense 4,75,43 61100 Building/Subscriptions 3,440,15 61200 Building/Custodial Supplies 3,440,15 61301 Commercial Property Insurance 6,833,40 61302 Ciability Insurance 6,933,40 61303 Universe Compensation 1,000,60 61400 Ret 3,000,00 61500 Telephone/Internet 3,000,00 61500 Telephone/Internet 3,000,00 61500 Telephone/Internet 5,531,60 61000 Exhibit Expenses 85,531,60 62000 Exhibit Expenses 85,531,60 62000 Exhibit Expenses 1,588,60 62000 Exhibi | | TOTAL |
|--|---|------------|
| 60040 Dues/Licenses 1,698.75 60045 Executive Director Expenses 336.66 60050 IT Support 6,728.83 60055 Office Supplies 6,189.39 60075 Offices Supplies 3,175.53 60070 Software Feas/Subscriptions 3,175.53 60080 Postage 179.40 Total 60000 Administrative Expenses 64,754.73 61100 Building/Property Expense 6,947.68 61100 Building Maintenance 6,947.68 61200 Building/Custodial Supplies 6,947.68 61300 Insurance 6,433.48 61310 Insurance 6,433.48 61300 Officers Compensation 1,068.50 Flood 1,068.50 Flood 1,069.50 61400 Rent 3,010.00 61500 Telephone/Internet 7,340.12 61600 Ullities 2,715.16 61600 Exhibit Expenses 5,500.00 62000 Exhibit Expenses 5,500.00 62000 Exhibit Maintenance 1,538.97 62000 Exhibit Expenses - New Building 19,387.00 7014 EXDON Exhibit Expenses - New Building 19,387.00 <td>·</td> <td>281.00</td> | · | 281.00 |
| 60045 Executive Director Expenses 336.60 60055 IT Support 6,732.83 60055 Office Supplies 6,189.33 60055 Professional Development 2,247.71 60075 Ostivare Fees/Subscriptions 179.40 70080 Postage 179.40 7010 Building Property Expenses 47.754.37 61100 Building/Property Expense 3,440.15 61100 Building/Custodial Supplies 3,440.15 61301 Insurance 6,937.46 61301 Commercial Property Insurance 6,983.40 61302 Liability Insurance 6,983.40 61303 Workers Compensation 170.25 7 Total 61300 Insurance 26,715.33 61400 Rent 3,010.00 61500 Telephone/Internet 3,010.00 61500 Telephone/Internet 5,363.56 61000 Building/Property Expense 65,511.56 62000 Exhibit Expenses 50.00 62000 Exhibit Build Maintenance 1,588.97 62000 Exhibit Maintenance 1,588.97 62000 Exhibit Maintenance 1,588.97 62000 Exhibit Maintenance 1,588.97 | 60030 Credit Card Fees | 3,528.98 |
| 60050 IT Support 6,732,83 60055 Office Supplies 6,189,33 60068 Professional Development 2,247,71 60070 Software Fees/Subscriptions 3,175,53 60080 Porstage 179,46 701dal 60000 Administrative Expenses 64,754,37 611000 Building/Property Expense 6,947,68 611000 Building/Property Expense 6,947,68 612000 Building/Outsdridal Supplies 3,440,15 61301 Insurance 6,983,44 61302 Usability Insurance 6,983,44 61330 Workers Compensation 110,265 7 Ioda 130,010 61400 Rent 3,010,00 61500 Telephone/Internet 7,340,12 61600 Ultilises 15,383,52 61900 Storage 2,715,16 7000 Exhibit Kapenses 55,31,96 62000 Exhibit Maintenance 15,539,97 62000 Exhibit Maintenance <td< td=""><td></td><td>1,698.75</td></td<> | | 1,698.75 |
| 60055 Office Supplies 6,188,38 60066 Professional Development 2,247,71 60070 Soffware Feas/Subscriptions 1,795,40 60080 Postage 179,40 Total 60000 Administrative Expenses 64,754,37 611000 Building/Property Expense 6,947,68 611000 Building/Qustodial Supplies 3,440,18 61300 Insurance 6,931,88 61320 Liability Insurance 6,931,88 61330 Workers Compensation 10,025 7 Inclaid St. Supplies 3,01,000 61400 Rent 3,01,000 61500 Telephone/Internet 3,01,000 61500 Telephone/Internet 7,340,12 61600 Utilities 15,363,52 61900 Exhibit Maintenance 5,319,60 6200 Exhibit Maintenance 1,367,60 6200 Exhibit Supplies 2,004,13 6200 Exhibit Supplies 3,667,60 63000 Fundraising Expenses 9,675,60 64000 Payroll & Related Expense 11,465,51 64000 Payroll & Related Expense 12,02 64000 Payroll & Related Expense 12,02 65100 ATAX/E | 60045 Executive Director Expenses | 336.60 |
| 60065 Professional Development 2,247,71 60070 Software Fees/Subscriptions 3,175.53 60080 Postage 179,40 701al 60000 Administrative Expenses 64,754.37 61100 Building/Property Expense 9476.83 61100 Building/Qustodial Supplies 3,440.18 61300 Insurance 6,493.18 61310 Commercial Property Insurance 6,493.18 61330 Workers Compensation 13,068.50 Flood 70.26 61400 Rent 3,010.00 61500 Telephone/Internet 7,340.12 61600 Utilities 3,010.00 61900 Storage 2,715.16 7010 ATAX/Exhibit Maintenance 15,263.52 62000 Exhibit Expenses 5,503.62 62000 Exhibit Expenses New Building 1,538.97 62000 Exhibit Expenses New Building 1,538.97 62000 Exhibit Expenses New Building 1,538.97 62000 Prudraising Expenses 56.75 63000 Fundraising Expenses 1,538.97 64000 Payroll & Related Expense 11,075.02 64100 Wages & Salary 185.24.64 6 | 60050 IT Support | 6,732.83 |
| 60070 Software Fees/Subscriptions 3,175.55 60080 Postage 179.46 70tal 60000 Administrative Expenses 64,754.37 61000 Building/Property Expense 61000 Building/Broperty Expense 61100 Building/Brotentodial Supplies 6,947.68 61200 Building/Custodial Supplies 6,947.68 61300 Insurance 6,943.48 61310 Commercial Property Insurance 6,493.18 61330 Workers Compensation 170.25 61300 Insurance 26,715.33 7 total 61300 Insurance 26,715.33 61400 Rent 3,010.00 61500 Telephone/Internet 7,340.12 61600 Utilities 15,633.52 61900 Storage 2,715.16 7000 Exhibit Expenses 55,531.96 62000 Exhibit Expenses 50,000 62100 A TAX/Exhibit Maintenance 1,627.64 62200 Exhibit Expenses - New Building 19,397.00 62300 Exhibit Expenses - New Building 19,397.00 63000 Fundralsing Expenses 36,657.56 64000 Payroll & Related Expense 11,465.51 64000 Payroll & Related Expense | ·· | 6,189.39 |
| 6080 Postage 179.40 Total 60000 Administrative Expenses 64,754.37 61100 Building/Property Expense 6,947.68 61200 Building/Qustodial Supplies 3,440.15 61200 Building/Custodial Supplies 3,440.15 61310 Commercial Property Insurance 6,933.40 61320 Liability Insurance 6,983.40 61330 Workers Compensation 10,025 Flood 170.25 61400 Rent 3,010.00 61500 Utilities 3,010.00 61600 Utilities 3,040.12 61600 Utilities 5,050.00 61900 Studing/Property Expense 5,000 62000 Exhibit Expenses 5,000 62000 Exhibit Expenses 5,000 62200 Exhibit Maintenance 1,538.97 62300 Exhibit Supplies 2,004.13 62400 ATAX Exhibit Maintenance 1,538.97 64000 Payroll & Related Expense 36,667.58 64000 Payroll & Related Expense 14,465.51 64000 Payroll & Related Expense 14,465.51 65000 Pogram Expenses 14,655.71 65000 Pogram Expenses | 60065 Professional Development | 2,247.71 |
| Total 60000 Administrative Expenses 64,754,37 61000 Building/Property Expense 6,947,68 61200 Building/Gustodial Supplies 3,440,15 61300 Insurance 6,438,18 61301 Commercial Property Insurance 6,483,18 61320 Liability Insurance 6,983,40 61330 Workers Compensation 170,25 Total 61300 Insurance 76,715,32 61400 Rent 3,010,00 61500 Telephone/Internet 3,010,00 61500 Telephone/Internet 7,340,12 61600 Utilities 15,363,52 61900 Exhibit Expenses 50,00 62000 Exhibit Expenses 50,00 62000 Exhibit Maintenance 1,583,97 62300 Exhibit Maintenance 1,583,97 62300 Exhibit Maintenance 1,588,97 62300 Exhibit Maintenance 1,588,97 62400 ATAX/Exhibit Maintenance 1,588,97 62400 ATAX Exhibit Expense - New Building 19,387,00 7014 62000 Exhibit Expense - New Building 19,387,00 70400 Payroll & Related Expense 11,250,00 64000 Payroll & Related Expense 11,250,00 | 60070 Software Fees/Subscriptions | 3,175.53 |
| 61000 Building/Property Expense 6,947, 68 61200 Building Maintenance 6,947, 68 61200 Building/Custodial Supplies 3,440,15 61300 Insurance 6,933,84 61320 Liability Insurance 6,933,84 61330 Workers Compensation 13,068,55 Flood 170,25 Total 61300 Insurance 26,715,33 61400 Rent 3,010,00 61500 Telephone/Internet 7,340,12 61500 Storage 2,715,16 70c1al 61000 Building/Property Expense 55,331,36 62000 Exhibit Expenses 50,00 62010 ATAX/Exhibit Maintenance 1,538,97 62300 Exhibit Supplies 1,538,97 62300 Exhibit Expenses - New Building 19,387,00 70c1al 62000 Exhibit Expenses - New Building 19,387,00 70c1al 62000 Exhibit Expenses 36,667,58 63000 Fundralsing Expenses 14,465,51 64000 Payroll & Related Expense 12,72 70ctal 64000 Payroll & Related Expense 12,72 64000 Payroll & Related Expense 12,72 65000 Program Expenses 4,56 65000 Program Expenses 3,633,55 <t< td=""><td></td><td>179.40</td></t<> | | 179.40 |
| 61100 Building Maintenance 6,947.88 61200 Building/Custodial Supplies 3,440.18 61300 Insurance 6,493.18 61310 Commercial Property Insurance 6,983.40 61330 Workers Compensation 170.25 Flood 170.25 Total 61300 Insurance 26,715.33 61400 Rent 3,010.00 61500 Telephone/Internet 3,010.00 61500 Telephone/Internet 15,363.52 61900 Storage 2,715.16 62000 Exhibit Expenses 50.00 62100 A TAX/Exhibit Maintenance 15,363.75 62200 Exhibit Maintenance 15,363.75 62200 Exhibit Expenses - New Building 19,387.00 62200 Exhibit Expenses - New Building 19,387.00 62400 A TAX Exhibit Expenses - New Building 19,387.00 64000 Purgoli & Related Expense 36,667.56 64000 Purgoli Related Expense 185,244.64 64200 Payroll & Related Expense 19,387.35 65000 Program Expenses 19,387.35 65000 Program Expenses 3,033.55 65000 Program Expenses 3,033.55 65000 Grant Programs Expenses 38.50 | Total 60000 Administrative Expenses | 64,754.37 |
| 61200 Building/Custodial Supplies 3,440.15 61301 Commercial Properly Insurance 6,493.14 61320 Liability Insurance 6,893.40 61330 Workers Compensation 13,068.50 Flood 70.25 Total 61300 Insurance 26,715.33 61400 Rent 3,010.00 61500 Telephone/Internet 7,340.12 61900 Storage 2,715.16 7040 Building/Property Expense 65,331.96 62000 Exhibit Expenses 50.00 62100 ATAX/Exhibit Maintenance 13,627.48 62200 Exhibit Mulaintenance 1,538.95 62300 Exhibit Supplies 2,041.13 62400 ATAX Exhibit Expense - New Building 19,387.00 70400 Fundraising Expenses 36,667.58 63000 Fundraising Expenses 14,655.51 64000 Payroll & Related Expense 14,465.51 64300 Payroll & Related Expense 14,465.51 64300 Payroll & Related Expense 14,465.51 65300 Program Expenses 4,56 65000 Program Expenses 4,56 65000 Program Expenses 3,033.55 65000 Grant Programs Expenses 11,075.02 <t< td=""><td>61000 Building/Property Expense</td><td></td></t<> | 61000 Building/Property Expense | |
| 61310 Commercial Property Insurance 6.493.18 61320 Liability Insurance 6.983.40 61330 Workers Compensation 13.088.50 Flood 170.25 Total 61300 Insurance 26,715.33 61400 Rent 3.01.00 61500 Telephone/Internet 7,340.12 61500 Telephone/Internet 7,340.12 61600 Utilities 15,363.52 61900 Storage 2,715.16 7041 El (1000 Building/Property Expense 65,531.96 62000 Exhibit Expenses 50.00 62100 ATAX/Exhibit Maintenance 13,627.48 62200 Exhibit Supplies 2,064.13 62400 ATAX Exhibit Expenses - New Building 19,337.02 63000 Fundraising Expenses 36,667.58 63000 Fundraising Expenses 14,65.51 64000 Payroll & Related Expense 14,465.51 64300 Payroll Tax Expenses 14,465.51 65000 Program Expenses 4,56 65000 Program Expenses 381.20 65000 Program Expenses 381.20 65000 Program Expenses 381.20 65000 Program Expenses 381.20 65000 Program Expenses <t< td=""><td>61100 Building Maintenance</td><td>6,947.68</td></t<> | 61100 Building Maintenance | 6,947.68 |
| 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 26,715.35 61400 Rent 3,010.00 61500 Telephone/Internet 7,340.12 61900 Storage 27,15.16 Total 61000 Building/Property Expense 6,531.38 62000 Exhibit Expenses 50.00 62100 ATAX/Exhibit Maintenance 13,627.48 62200 Exhibit Supplies 2,064.13 62400 ATAX Exhibit Expense - New Building 19,387.00 Total 62000 Exhibit Expenses - New Building 19,387.00 Total 62000 Exhibit Expenses 36,667.56 63000 Fundraising Expenses 587.59 64000 Payroll & Related Expense 185,244.64 64100 Wages & Salary 185,244.64 64200 Payroll Tax Expense 18,527.20 70tal 64000 Payroll & Related Expense 199,837.35 65000 Program Expenses 381.22 65000 Program Expenses 381.22 65000 Brithday Supplies 381.22 65000 Grant Program Expenses 11,075.02 | 61200 Building/Custodial Supplies | 3,440.15 |
| 61320 Liability Insurance 6,983.40 61330 Workers Compensation 13,086.50 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 70tal 61000 Building/Property Expense 55,531.90 62000 Exhibit Expenses 50.00 62100 ATAX/Exhibit Maintenance 13,627.48 62200 Exhibit Supplies 2,064.13 62300 Exhibit Expense - New Building 19,387.00 70tal 62000 Exhibit Expenses 36,667.58 63000 Fundraising Expenses 587.59 64000 Payroll & Related Expense 185,244.64 64200 Payroll Rayenses 185,244.64 64200 Payroll Service Fee 127.20 70tal 64000 Payroll & Related Expense 19,987.35 65000 Program Expenses 4,56 65100 ATAX/Program Expense 3,655.57 65200 Program Supplies 3,812.00 65000 Grant Program Expenses 3,812.00 65000 Grant Program Expenses 3,812.00 65000 Grant Program | 61300 Insurance | |
| 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 Ultilities 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 1,538.97 62200 Exhibit Supplies 2,064.13 62400 ATAX Exhibit Expense - New Building 19,387.00 704al 62000 Exhibit Expenses 36,667.58 63000 Fundraising Expenses 587.59 64000 Payroll & Related Expense 14,465.51 64100 Wages & Salary 14,465.51 64300 Payroll Tax Expense 14,465.51 64300 Payroll Related Expense 19,987.33 65000 Program Expenses 4,56 65100 ATAX/Program Expenses 3,033.55 65300 Birthday Supplies 30,33.55 65000 Grant Program Expenses 11,075.02 66000 Grant Program Expenses 686.03 | 61310 Commercial Property Insurance | 6,493.18 |
| 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 13,627.46 62200 Exhibit Supplies 2,064.13 62200 Exhibit Supplies 36,667.56 63000 Fundraising Expenses - New Building 19,387.00 70tal 62000 Exhibit Expenses 36,667.56 63000 Fundraising Expenses 36,667.56 64000 Payroll & Related Expense 14,465.51 64100 Wages & Salary 14,465.51 64200 Payroll Tax Expense 14,465.51 64300 Payroll & Related Expense 19,837.35 65000 Program Expenses 4,56 65100 ATAX/Program Expense 3,033.55 65200 Program Supplies 3,033.55 65300 Birthday Supplies 30,035.55 65000 Program Expenses 11,075.02 66000 Grant Programs Expense <td>61320 Liability Insurance</td> <td>6,983.40</td> | 61320 Liability Insurance | 6,983.40 |
| Total 61300 Insurance 26,715.33 61400 Rent 3,010.00 61500 Telephone/Internet 7,340.12 61600 Utilities 15,363.52 61900 Storage 2,7715.16 70tal 61000 Building/Property Expense 65,531.96 62000 Exhibit Expenses 50,000 62100 ATAX/Exhibit Maintenance 13,627.48 62200 Exhibit Supplies 2,064.13 62400 ATAX/Exhibit Expense - New Building 19,387.00 70tal 62000 Exhibit Expenses 36,667.58 63000 Fundraising Expenses 587.59 64000 Payroll & Related Expense 185,244.64 64200 Payroll Expenses 185,244.64 64200 Payroll Expenses 14,465.51 64300 Payroll & Related Expense 19,937.35 65400 Payroll & Related Expense 19,537.35 65000 Program Expenses 4.56 65100 ATAX/Program Expenses 3,033.55 65300 Birthday Supplies 3,033.55 65300 Birthday Supplies 381.20 Total 65000 Program Expenses 11,075.02 66000 Grant Programs Expenses 86.65.30 | 61330 Workers Compensation | 13,068.50 |
| 61400 Rent 3,010.00 61500 Telephone/Internet 7,340.12 61600 Utilities 15,363.52 61900 Storage 2,715.16 Total 61000 Bullding/Property Expense 65,531.96 62000 Exhibit Expenses 50.00 62100 ATAX/Exhibit Maintenance 13,627.48 62200 Exhibit Supplies 2,064.13 62300 Exhibit Expense - New Building 19,387.00 Total 62000 Exhibit Expenses 36,667.58 63000 Fundraising Expenses 587.59 64000 Payroll & Related Expense 14,465.51 64100 Wages & Salary 185,244.64 64200 Payroll Tax Expense 199,837.35 64300 Payroll & Related Expense 199,837.35 65000 Pogram Expenses 4.56 65000 Program Expenses 4.56 65000 Program Expenses 3,033.55 65300 Birthday Supplies 3,033.55 65300 Birthday Supplies 381.20 Total 65000 Program Expenses 11,075.02 66000 Grant Programs Expenses 866.83 | Flood | 170.25 |
| 61500 Telephone/Internet 7,340.12 61600 Utilities 15,363.52 61900 Storage 2,715.16 Total 61000 Bullding/Property Expense 65,531.96 62000 Exhibit Expenses 50.00 62100 ATAX/Exhibit Maintenance 15,589.74 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 185,244.64 64200 Payroll Tax Expense 14,465.51 64300 Payroll & Related Expense 199,873.55 65000 Program Expenses 4.56 65000 Program Expenses 4.56 65100 ATAX/Program Expense 3,033.55 65200 Program Supplies 3,033.55 65300 Birthday Supplies 381.20 Total 65000 Program Expenses 11,075.02 66000 Grant Programs Expenses 866.83 | Total 61300 Insurance | 26,715.33 |
| 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 Supplies 2,064.13 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 14,665.51 64100 Wages & Salary 185,244.64 64200 Payroll Tax Expense 127.20 Total 64000 Payroll & Related Expense 199,837.35 65000 Program Expenses 4.56 65100 ATAX/Program Expenses 7,655.71 65200 Program Supplies 30,335.55 65300 Birthday Supplies 381.20 Total 65000 Program Expenses 11,075.02 66000 Grant Programs Expenses 866.53 | 61400 Rent | 3,010.00 |
| 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 14,465.51 64200 Payroll Tax Expense 127.20 64200 Payroll Service Fee 127.20 Total 64000 Payroll & Related Expense 199,837.85 65000 Program Expenses 4.56 65100 ATAX/Program Expense 7,655.71 65200 Program Supplies 30,33.55 65300 Birthday Supplies 381.20 Total 65000 Program Expenses 11,075.02 66000 Grant Programs Expenses 866.53 | 61500 Telephone/Internet | 7,340.12 |
| Total 61000 Building/Property Expenses 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 14,465.51 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 Expenses 866.53 | 61600 Utilities | 15,363.52 |
| 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 587.59 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 Expenses 866.53 | 61900 Storage | 2,715.16 |
| 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 185,244.64 64200 Payroll Tax Expense 14,465.51 64300 Payroll Service Fee 127.20 Total 64000 Payroll & Related Expense 4.56 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 866.53 66000 Grant Programs Expenses 866.53 | Total 61000 Building/Property Expense | 65,531.96 |
| 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 185,244.64 64100 Wages & Salary 185,244.64 64200 Payroll Tax Expense 14,465.51 64300 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 4.66 66000 Grant Programs Expenses 866.53 | 62000 Exhibit Expenses | 50.00 |
| 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 185,244.64 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 | 62100 ATAX/Exhibit Maintenance | 13,627.48 |
| 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 185,244.64 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 | 62200 Exhibit Maintenance | 1,538.97 |
| Total 62000 Exhibit Expenses 36,667.58 63000 Fundraising Expenses 587.59 64000 Payroll & Related Expense 185,244.64 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 | 62300 Exhibit Supplies | 2,064.13 |
| 63000 Fundraising Expenses 587.59 64000 Payroll & Related Expense 185,244.64 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 | 62400 ATAX Exhibit Expense - New Building | 19,387.00 |
| 64000 Payroll & Related Expense 185,244.64 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 | Total 62000 Exhibit Expenses | 36,667.58 |
| 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 | 63000 Fundraising Expenses | 587.59 |
| 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 | 64000 Payroll & Related Expense | |
| 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 | 64100 Wages & Salary | 185,244.64 |
| 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 | 64200 Payroll Tax Expense | 14,465.51 |
| 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 | 64300 Payroll Service Fee | 127.20 |
| 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 | Total 64000 Payroll & Related Expense | 199,837.35 |
| 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 | 65000 Program Expenses | 4.56 |
| 65200 Program Supplies 3,033.55 65300 Birthday Supplies 381.20 Total 65000 Program Expenses 11,075.02 66000 Grant Programs Expense 866.53 | • • | 7,655.71 |
| 65300 Birthday Supplies 381.20 Total 65000 Program Expenses 11,075.02 66000 Grant Programs Expense 866.53 | | 3,033.55 |
| Total 65000 Program Expenses11,075.0266000 Grant Programs Expense866.53 | | 381.20 |
| 66000 Grant Programs Expense 866.53 | • | 11,075.02 |
| | | |
| TO AND INCOME DESCRIPTION OF THE PROPERTY OF T | 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 |

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

| 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 | |

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

| 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 | |

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

| 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 | \$302.9 | |
| 22100 Federal Taxes (941/944) | 1,925.10 | 1,548.3 | |
| 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 | 15.9 | |
| Deferred Memberships | 0.00 | 0.00 | |
| Deferred Renewals | 0.00 | 0.00 | |
| Direct Deposit Liabilities | 0.00 | 0.00 | |
| Payroll Liabilities | -302.91 | -302.9 | |
| 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 | |

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

| 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

Date:

APR 222008

SANDBOX A HILTON HEAD AREA CHILDRENS MUSEUM INC 18A POPE AVE HILTON HEAD ISLAND, SC 29928 Employer Identification Number:
20-0301794

DLN:
17053089769078

Contact Person:
MICHAEL J HANSON ID# 31127

Contact Telephone Number:
(877) 829-5500

Public Charity Status:

Dear Applicant:

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

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

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

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

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

Please keep this letter in your permanent records.

Sincerely yours,

Robert Choi

Director, Exempt Organizations

Rulings and Agreements

THESANDBOX The Sandbox a Hilton Head 20-0301794 ph:843-842-7645 Platform Version: 23.3.7 Federal Version: 23.3.9

☑ Other liabilities - BOY

Federal Diagnostics

Prepared by: Pamela June, CPA 05/01/2025 12:07 PM ACavanaugh

40,175

| Cri | itical Messages | |
|-------------------------|---|-----------------|
| | None | |
| Ele | ectronic Filing | |
| | None | |
| Inf | formational Messages | |
| | Historical Report (990 Return) does not display 2024 column if Tax Projection has not been select Data accepted via Datasharing review and verify | ed. |
| | Books in Care of is using officer marked in the officer window; Organization phone number is used Exclude Schedule B from income option marked in Contributor Information window (View > 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' | |
| Mis | ssing Data | |
| | | Prior Year Data |
| Puk | olic Charity Status and Public Support | |
| | Investment income percent | 1 |
| Inco | ome with Direct Expenses and Cost of Goods Sold (Other) | |
| | Gross receipts | 490 |
| | Purchases | 857 |
| Ele | ctronic Filing | |
| | Signature doc return 990 | Х |
| Bal | ance Sheet - Assets | |
| $\overline{\mathbf{V}}$ | Savings - EOY | 6,059 |
| | Grants receivable - BOY | 9,402 |
| $\overline{\checkmark}$ | Accounts receivable - BOY | 3,880 |
| abla | Other loans - EOY | 88,954 |
| \checkmark | Prepaid expense - EOY | 1,500 |
| Bal | ance Sheet - Liabilities and Equity | |
| | Not compiled or reviewed | 1 |
| | Committee not responsible | 1 |
| | Separate basis | Х |
| V | Deferred revenue - BOY | 120,171 |
| abla | With restrictions - BOY | 318,658 |

Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning

, and ending

20-0301794

| THE SAND | BOX A HILTON | HEAD | | |
|--|--------------------------|-----------------------------|--------------------------|----------------|
| Net Asset / Fund Balance at Beginn | ing of Year | | | 229,059 |
| Revenue | | | | |
| Contributions | | 119,265 | | |
| Program service revenue | | 119,265 319,993 8,023 | | |
| Investment income | | 8,023 | | |
| Capital gain / loss | | | | |
| Fundraising / Gaming: | | | | |
| Gross revenue | | | | |
| Direct expenses | | | | |
| Net income | | | | |
| Other income | | -2,410 | | |
| Total revenue | | | 444,87 | <u>1</u> |
| Expenses | | | | |
| Program services | | 389,372 | | |
| Management and general | | 59,719 | | |
| Fundraising | | 32,605 | | _ |
| Total expenses | | | 481,69 | |
| Excess / (deficit) | | | | <u>-36,825</u> |
| Changes | | | | 59,387 |
| Ğ | | | | <u> </u> |
| | | | | |
| Reconciliation of Re | | | | on of Expenses |
| otal revenue per financial statements_ | | | rpenses per financial st | atements |
| ess: | | Less: | | |
| Unrealized gains | | | nated services | |
| Donated services | | | or year adjustments | |
| Recoveries | | | ses | |
| Other _ | | Oth | er | |
| us: | | Plus: | 4 4 | |
| Investment expenses | | | estment expenses | |
| Other | 444,871 | Oth | | eturn 481,696 |
| Total revenue per return | 444,071 | | Total expenses per re | |
| | | Balance She | et | |
| | Beginning | Ending | Differ | ences |
| Assets _ | 238,519 | 257, | | |
| Liabilities _ | 9,460 | 5, | 966 | |
| Net assets = | 229,059 | 251, | 621 2 | 22,562 |
| | Miscellaneous | s Information | | |
| | Amended return | | | |
| | Return / extended due da | ate <u>11/15</u> | $\frac{1}{24}$ | |
| | 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 THESANDBOX 05/01/2025

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

EOF 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

| OIVIE | DINO. | 1343-0047 |
|-------|-------|-----------|
| | | |

For calendar year 2023, or fiscal year beginning

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. 2023

FIN or SSN Name of filer THE SANDBOX A HILTON HEAD 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. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) 1a Form 990 check here **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) 3a Form 1120-POL check here 4a Form 990-PF check here **b** Tax based on investment income (Form 990-PF, Part V, line 5) 5a Form 8868 check here b Balance due (Form 8868, line 3c) 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here 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) 10a Form 8038-CP check here Amount of credit payment requested (Form 8038-CP, Part III, line 22) **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name and that I have examined a copy of the , (EIN) 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 JUNECPA Lauthorize to enter my PIN as my signature ERO firm name Enter five numbers, but 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. 05/01/25 Signature of officer or person subject to tax **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 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. PAMELA JUNE, CPA 05/01/25 ERO's signature **ERO Must Retain This Form — See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So

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

| <u>A</u> | For the | е 2023 с | alendar year, or tax year beginning | , and ending | | | | | | |
|-------------------|--------------------------------|-------------------------|--|---------------------------------------|-------------------|--------------------|------------------|---------------------|----------------|---|
| В | Check if a | pplicable: | C Name of organization | | | | D Emplo | yer identific | ation number | • |
| | Address c | change | THE SANDBOX | A HILTON HEAD | | | | | | |
| | Name cha | ange | Doing business as | | | | | 03017 | | |
| \equiv | | • | Number and street (or P.O. box if mail is not delivered to 80 NASSAU STREET | o street address) | | Room/suite | | one number -842- | | |
| $\overline{}$ | Initial return Final return | | City or town, state or province, country, and ZIP or foreign | gn postal code | | | 043 | 042 | 7043 | |
| | terminated | | | • | | | - 0 | | 445 | 7 201 |
| | Amended | return | F Name and address of principal officer: | 29928 | | | G Gross r | eceipts\$ | 44 | 7,281 |
| $\overline{\Box}$ | Application | n pending | ALICIA POWELL | | | H(a) Is this a gr | oup return fo | r subordinate | s? Yes | X No |
| | | | 80 NASSAU STREET | | | H(b) Are all su | hardinatas in | oludod? | Yes | No |
| | | | | cc 20020 | | | ," attach a lis | | | |
| | | | HILTON HEAD ISLAND | SC 29928 | | 11 140 | , attaon a ne | ii. Occ iiisii u | Clions | |
| <u></u> | | mpt status: | X 501(c)(3) 501(c) () (insert r | no.) 4947(a)(1) or | 527 | | | | | |
| J | Website | | WW.THESANDBOX.ORG | | T | H(c) Group exe | | | | - 00 |
| | | organization: | | Other | L Ye | ar of formation: 2 | 2003 | M State | of legal domic | ile: SC |
| | art I | | mmary | | | | | | | |
| • | 1 1 | - | scribe the organization's mission or most sign SANDBOX IS DEDICATED TO TH | | OPMENT OF | YOUNG C | HTTDR | F.N | | |
| Governance | | | UGH EDUCATIONAL PLAY IN AN | | | | | | | |
| rna | | | UNITY. | | | | | | | |
| Ş. | 2 (| Check th | · · · · · · · · · · · · · · · · · · · | operations or disposed of r | | | | | | |
| ŏ | | | | · · · · · · · · · · · · · · · · · · · | | | م ا | 15 | | |
| ფ | | | of voting members of the governing body (Par | | | | | 15 | | |
| iţie | - 1 | Total nun | of independent voting members of the govern | : 2022 (Port V line 20) | | | 5 | 31 | | |
| Activities & | | | nber of individuals employed in calendar year | | | | ٠ ١ | 15 | | |
| ĕ | | | nber of volunteers (estimate if necessary) | | | | ··· | 1 | | 0 |
| | | | elated business revenue from Part VIII, colum | | | | 7a 7b | - | | 0 |
| | D I | vet unrei | ated business taxable income from Form 990 | J-1, Part I, line 11 | | Prior Ye | | | Current Year | |
| | 8 (| Contribut | ions and grants (Part VIII, line 1h) | | | | 9,800 | | | ,265 |
| Jue | | | | | I | | 1,101 | | | ,993 |
| Revenue | | | nt income (Part VIII, column (A), lines 3, 4, ai | nd 7d) | | | | 3 | | ,023 |
| 8 | | | enue (Part VIII, column (A), lines 5, 6d, 8c, 9 | | | | -367 | | | ,410 |
| | | | enue – add lines 8 through 11 (must equal Pa | | | 56 | 0,537 | | | ,871 |
| | | | nd similar amounts paid (Part IX, column (A), | | | | 0,00 | <u>'</u> | | <u>, , , , , , , , , , , , , , , , , , , </u> |
| | | | paid to or for members (Part IX, column (A), li | | | | | 1 | | 0 |
| | | | | | | 25 | 5,909 | a | 200 | ,103 |
| ses | 162 | Daiai ies, Professio | other compensation, employee benefits (Part nal fundraising fees (Part IX, column (A), line draising expenses (Part IX, column (D), line 2 | 11A, Column (A), inles 5—10) | ′ ····· ⊢ | | <u> </u> | | | , 103 |
| xpense | h 7 | Total fun | draising evaposes (Part IX, column (D), line 2 | 75) 32 (| 605 | | | | | |
| Ä | 17 (| Other evi | penses (Part IX, column (A), lines 11a–11d, 1 | 45 04-1 | | 20 | 9,250 |) | 281 | ,593 |
| | | | enses. Add lines 13–17 (must equal Part IX, | | ····· | | 5,159 | | | , 696 |
| | | | less expenses. Subtract line 18 from line 12 | Column (A), line 25) | | | 5,378 | | | , 825 |
| - a | 3 | Teveriue | less expenses. Subtract line 10 from line 12 | | | Beginning of Cu | | 1 | End of Year | |
| Net Assets or | 20 7 | Total ass | ets (Part X, line 16) | | | | 8,519 | 9 | | ,587 |
| Ass | 21 7 | | """ (D ()(" 00) | | I | | 9,460 | | | ,966 |
| Set 1 | 22 1 | | s or fund balances. Subtract line 21 from line | | | | 9,059 | | | ,621 |
| | art II | | gnature Block | | | | | | | |
| | | | perjury, I declare that I have examined this return, i | including accompanying schedu | ules and statemer | ts. and to the b | est of mv | knowledae | and belief. | it is |
| | | | omplete. Declaration of preparer (other than officer | | | | | | | |
| | | | | | | | | | | |
| Siç | gn | Signature | of officer | | | | Dat | e | | |
| He | re | LIN | DSAY HARTMAN | PRE | SIDENT | | | | | |
| | | Type or p | rint name and title | | | | | | | |
| | | Print/Type | e preparer's name Pr | reparer's signature | | Date | Chec | k if | PTIN | |
| Pai | d | PAMELA | . JUNE, CPA PA | AMELA JUNE, CPA | | 05/01 | ./25 self- | employed | P006367 | 03 |
| Pre | parer | Firm's na | me JUNECPA | | | | Firm's EIN | 20 | -4046 | 229 |
| Use | Only | | 99 MAIN STREET | | | | | | | |
| | | Firm's ad | HITTMON HEAD TOT | AND, SC 29926 | 5 | | Phone no. | 843 | -842- | 6500 |
| May | the IR | | s this return with the preparer shown above? | | | 1-1 | | | Y Yes | |

Form 990 (2023) THE SANDBOX A HILTON HEAD

| Part III | | Service Accomplishments | |
|-----------------|--|--|--|
| | | | n this Part III |
| , | describe the organization's mission | | ELOPMENT OF YOUNG CHILDREN |
| | | | AT FOSTERS BOTH FAMILY AND |
| | JNITY. | | |
| | | | |
| | | cant program services during the year which we | |
| prior F | orm 990 or 990-EZ? | | Yes X N |
| | s," describe these new services on s | ട്chedule O. · make significant changes in how it conducts, a | ony program |
| | | | |
| If "Yes | s," describe these changes on Sche | dule O. | |
| | • | ce accomplishments for each of its three large | st program services, as measured by |
| expens | ses. Section 501(c)(3) and 501(c)(4 |) organizations are required to report the amou | int of grants and allocations to others, |
| the tot | al expenses, and revenue, if any, fo | or each program service reported. | |
| |) (Expenses \$ SANDBOX IS AN INTE IN THE LOWCOUNTE | |) (Revenue \$ 319,993 EUM AND IS THE ONLY ONE OF ITS S REGION-RELATED EXHIBITS AND |
| | | | RIOSITY, EVOKE CREATIVITY AND |
| | | CHILDREN AGED EIGHT AND | UNDER. WE BELIEVE THAT RTH THROUGH INTERACTIVE PLAY |
| | | GIVER. THIS IS ESPECI | |
| | | CHILDREN UNDER THE AGE | |
| * | | OR THESE RELATIONSHIPS | |
| | | | SETTING FOR CHILDREN AND THEI |
| CARE | GIVERS TO PLAY TO | OGETHER. | |
| | | | |
| 4h (Code: | · \/Evnences \$ | including grants of \$ |) (Revenue \$ |
| NT / 7A | | |) (Nevenue \$ |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| * | | | |
| * * * * * * * * | | | |
| 4c (Code: | :) (Expenses \$ | including grants of \$ |) (Revenue \$ |
| N/A | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| • • • • • • | | | |
| * | | | |
| * | | | |
| | | | |
| | | | |
| | | | |
| | program services (Describe on Sch | • | |
| (Exper | | | |
| | nses \$ program service expenses | including grants of \$ 389,372 |) (Revenue \$ |

Part IV Checklist of Required Schedules

| | | | Yes | No |
|--------------|--|------------|-----|--|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | X | <u> </u> |
| 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 | | | l |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | <u> </u> |
| 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 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | X | <u> </u> |
| b | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more | | | l |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | 444 | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d 11e | | X |
| e f | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 116 | | |
| ' | the organization's separate of consolidated infancial 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? <i>If</i> "Yes," complete | | | |
| 1 2 u | Schedule D, Parts XI and XII | 12a | | x |
| h | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i> | 124 | | |
| - | "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 | | х |
| 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? <i>If</i> "Yes," <i>complete Schedule H</i> | 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 | | | _ v |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | <u> X</u> |

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 X 22 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 X 23 **24a** Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X through 24d and complete Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 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 X persons? If "Yes," complete Schedule L, Part III 27 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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV X A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If X "Yes." complete Schedule L. Part IV 28c Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M X 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X complete Schedule N, Part II 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 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 or IV, and Part V, line 1 X **35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 X 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 X 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 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 2 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and X reportable gaming (gambling) winnings to prize winners? Form 990 (2023)

| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance (continu | ied) | | | 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 | s? | | 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 C | | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other au | thorit | y over, | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial a | ccou | nt)? | 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 Acceptable (1997). | count | s (FBAR). | | | |
| 5a | | | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | on? | | 5b | | X |
| С | | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | | 37 |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | | | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions | s or | | 01- | | |
| - | gifts were not tax deductible? | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go and services provided to the payor? | ous | | 7.0 | | |
| h | 15 West 2 did the consideration of the color | | | 7a 7b | | |
| b | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | 7.0 | | |
| С | required to file Form 93933 | | | 7c | | |
| d | • | 7d | | 76 | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con | | ? | 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 | | 9 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | | | | |
| | ananaging arganization baye ayang bysingg baldings at any time during the year? | - | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| а | 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: | | | | | |
| а | 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: | ı | | | | |
| а | | 11a | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources | | | | | |
| | / <u>-</u> | 11b | | | | |
| 12a | | 1 | | 12a | | |
| | | 12b | | _ | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| а | Note: See the instructions for additional information the organization must report on Schedule O. | | | . IJa | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | | | |
| | | 13b | | | | |
| С | Foton the appropriate of person can be used | 13c | | | | |
| 14a | Did the organization receive any neumants for indeer temping convices during the tay year? | | | 14a | | Х |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule | | | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations. | | | | | |
| | excess parachute payment(s) during the year? | | | 15 | | X |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment in | ncom | e? | 16 | | Х |
| | If "Yes," complete Form 4720, Schedule O. | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities | es | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | 17 | | |
| | If "Yes," complete Form 6069. | | | | | |

Form 990 (2023) THE SANDBOX A HILTON HEAD

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

| Sec | tion 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 | ar by th | ne following: | | | |
| а | The governing body? | | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | | | 37 |
| 800 | the organization's mailing address? If "Yes," provide the names and addresses on Schedule Otion B. Policies (This Section B requests information about policies not required by the Into | rnal | Povenue (| 9 | | X |
| Je c | tion B. Foncies (This Section B requests information about policies not required by the inte | iiiai | Neveriue C | ,oue., | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | 162 | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | 100 | | |
| - | 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 | | | 11a | | х |
| 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 | | Х |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris | e to co | nflicts? | 12b | | |
| С | 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 | | | | | |
| | $independent\ persons,\ comparability\ data,\ and\ contemporaneous\ substantiation\ of\ the\ deliberation\ and\ decision?$ | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | | X |
| b | Other officers or key employees of the organization | | | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process 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 | | |
| <u></u> | tion C. Disclosure | | | 100 | | |
| 17 | List the states with which a copy of this Form 900 is required to be filed | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (se | | 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 A Other (explain on Schedule O) | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter- | est po | licy, | | | |
| | 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 reco | rds. | | | | |
| ΑJ | LICIA POWELL 80 NASSAU STREET | | | | | |

HILTON HEAD ISLAND

SC 29928 843-842-7645

Form 990 (2023)

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.

X 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 | burs (do n box, u | | ss pei id a di | tion more rson i | than one s both a r/trustee | ın | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
|---------------------------|---|--------------------------------|-----------------------|-------------------|------------------------|-----------------------------------|--------|---|---|---|
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | from the organization and related organizations |
| (1) LINDA DREISBACH | | | | | | | | | | |
| DIRECTOR | 1.00 | x | | | | | | 0 | 0 | 0 |
| (2) LENORE GLEASON | | | | | | | | | | |
| DIDECTOR | 1.00 | x | | | | | | • | _ | 0 |
| OIRECTOR (3) JON HAMMOCK | 0.00 | A | | | | | | 0 | 0 | 0 |
| (3) DON TRAMMOCIT | 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 | 1.00 | x | | x | | | | 0 | 0 | 0 |
| (6) ALEXANDER KANARI | | ^ | | ^ | | | | 0 | 0 | 0 |
| (0) ALEXANDER TARAKI | 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 | 0.00 | - | | | | | | | | |
| (19) 22101122 5217 25 52 | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (11) JAMIE MITCHELL | | | | | | | | | | |
| | 0.00 | | | | | | | | | |
| TREASURER | 0.00 | | | X | | | | 0 | 0 | 0 |

| Pa | ITE VII Section A. Officers | s, Directors, Tru | Stee | :5, N | ey 🗅 | IIIPI | oyee | 5, a | ilu nigilest compensated | i Employees (continued) | | | | |
|----------|--|---|--------|---------|------------------------|--------|-----------------------------------|-------|--|--|----------|---|------------------------------|-------|
| | (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | bo | x, unle | Pos check ess pe | rson | than of s both r/trustor employee | an | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | c | of oth compens from t ganizati | amount er sation he | 5 |
| (12) | | 40.00 | | | | | <u>u</u> | | | | | | | |
| | ECUTIVE DIRECTOR | 0.00 | | _ | X | | | | 0 | 0 | | | | 0 |
| (13) | | 40.00 | | | | | | | | | | | | |
| | RMER EXEC DIRECTOR | 0.00 | | | x | | | | 0 | 0 | | | | 0 |
| (14) | | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | | |
| 1b | | | | | | | | | | | | | | |
| C | Total from continuation she | • | | | | | | | | | | | | |
| <u>d</u> | Total (add lines 1b and 1c) Total number of individuals (in | | | | | | | | who received more than | \$100,000 of | <u> </u> | | | |
| | reportable compensation from | the organization | 1 | 0 | | | | | | | | | Yes | Na |
| 3 | Did the organization list any fo | ormer officer, dir | ecto | r. tru | stee | . ke\ | emr | olove | ee. or highest compensate | d | | | 162 | No |
| | employee on line 1a? If "Yes," | " complete Sched | dule | J for | suci | h inc | lividu | ıal . | | | | 3 | | Х |
| 4 | For any individual listed on line organization and related organ | | | | | | | | | | | | | |
| _ | individual | | | | | | | | | | | 4 | | Х |
| 5 | Did any person listed on line 1 for services rendered to the or | | | | | | | | | | | 5 | | X |
| Sect | tion B. Independent Contracto | | | | | | | | • | | | | | |
| 1 | Complete this table for your five compensation from the organi | | | | | | | | | | oor | | | |
| | | (A) I business address | Jilip | CHSa | itiOii | ioi ti | ic ca | | | (B) tion of services | sai. | Co | (C) mpensat | ion |
| | ivalile allo | Dusiness address | | | | | | | | uion or services | | | препза | .1011 |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | _ | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent | contractors (inclu | ıdinç | but | not | limite | ed to | tho | se listed above) who | | | | | |
| | received more than \$100,000 | or compensation | ı tror | n the | e org | anız | ation | | | 0 | | | | |

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded (B) Related or exempt Unrelated business revenue Total revenue from tax under sections 512-514 Grants 1a Federated campaigns 1a **b** Membership dues 1b **c** Fundraising events 1c **d** Related organizations 1d e Government grants (contributions) 68,053 1e f All other contributions, gifts, grants, 51,212 1f and similar amounts not included above . . g Noncash contributions included in 1g 119,265 h Total. Add lines 1a-1f **Business Code** 611710 319,993 319,993 MUSEUM ADMISSIONS/PROGRAMS f All other program service revenue 319,993 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 8,023 8,023 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b 6c c Rental inc. or (loss) Net rental income or (loss) Gross amount from (ii) Other (i) Securities sales of assets other than inventory 7a **b** Less: cost or other basis and sales exps 7b 7с c Gain or (loss) d Net gain or (loss) **8a** Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses 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 2,410 **b** Less: cost of goods sold -2,410 -2,410c Net income or (loss) from sales of inventory **Business Code** All other revenue Total. Add lines 11a-11d 444,871 317,583 0 8,023 Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) (C) (D) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 46,142 6,953 trustees, and key employees 63,208 10,113 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 89,934 123,198 13,552 19,712 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 13,697 9,998 1,507 2,192 Payroll taxes 10 Fees for services (nonemployees): a Management **b** Legal 16,536 8,268 8,268 c Accounting **d** Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 29,857 29,857 (A) amount, list line 11g expenses on Schedule O.) 20,190 20,190 12 Advertising and promotion Office expenses 179 161 18 13 Information technology 14 Royalties 15 36,102 33,531 2,571 Occupancy 16 59 59 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 281 281 20 Payments to affiliates 64,000 64,000 21 Depreciation, depletion, and amortization 3,429 3,087 342 26,715 24,043 2,672 Insurance 23 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.) 37,822 37,822 EXHIBIT UPKEEP 12,157 12,157 PROGRAM COSTS ADMINISTRATION 11,947 11,947 9,909 9,909 TECHNOLOGY 10,123 12,410 1,699 588 All other expenses 389,372 481,696 59,719 32,605 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

| | | | | (A) Beginning of year | | (B) End of year | | | | |
|----------|--|--|---|---------------------------------|----------|---------------------------|--|--|--|--|
| 1 | Cash—non-interest-bearing | | | 117,926 | 1 | 234,865 | | | | |
| 2 | | | | 6,059 | | | | | | |
| 3 | | | | 3,000 | 3 | | | | | |
| 4 | A | | | | 4 | | | | | |
| 5 | | | | | - | | | | | |
| ľ | trustee, key employee, creator or founder, substanti | | | | | | | | | |
| | controlled entity or family member of any of these po | | | | 5 | | | | | |
| 6 | | | | | | | | | | |
| ľ | under section 4958(f)(1)), and persons described in | | | | 6 | | | | | |
| 7 | | | | 88,954 | 7 | | | | | |
| 8 | Inventories for sele or use | | | 00/301 | 8 | | | | | |
| 9 | Dronaid avacage and deferred charges | | | 1,500 | 9 | | | | | |
| | la Land, buildings, and equipment: cost or other | | | | | | | | | |
| 10 | basis. Complete Part VI of Schedule D | 102 | 178,994 | | | | | | | |
| ١, | la la cara de conservada de la decembra de distribuir. | 405 | 156,272 | 24,080 | 100 | 22,722 | | | | |
| 11 | | | | 24,000 | 11 | 22,122 | | | | |
| 12 | | | | | 12 | | | | | |
| 13 | Investments—program-related See Part IV line 11 | | | | 13 | | | | | |
| 14 | lutau vilala aasata | nvestments—program-related. See Part IV, line 11ntangible assets | | | | | | | | |
| 15 | | ntangible assets Other assets. See Part IV, line 11 | | | | | | | | |
| 16 | | | | 238,519 | 15 | 257,587 | | | | |
| 17 | | | | 9,460 | | 5,966 | | | | |
| 18 | | | 3,400 | 18 | 3,300 | | | | | |
| 19 | Deferred revenue | | | 19 | | | | | | |
| 20 | Tay exempt hand liabilities | | 1 | | 20 | | | | | |
| 21 | | | | | 21 | | | | | |
| 22 | | | ′ · · · · · · · · · · · · · · · · · · · | | <u> </u> | | | | | |
| 22 | trustee, key employee, creator or founder, substanti | | 350/ | | | | | | | |
| | controlled entity or family member of any of these pe | | | | 22 | | | | | |
| 23 | | | | | 23 | | | | | |
| 24 | | rd partice | 1 | | 24 | | | | | |
| 25 | • • | | - | | 24 | | | | | |
| 25 | parties, and other liabilities not included on lines 17- | | 1 | | | | | | | |
| | of Cobodula D | | | | 25 | | | | | |
| 26 | | | | 9,460 | 26 | 5,966 | | | | |
| 20 | Organizations that follow FASB ASC 958, check | | | J, 400 | | 3,300 | | | | |
| | and complete lines 27, 28, 32, and 33. | 11616 21 | | | | | | | | |
| 27 | Net enerte without deman martifations | | | 229,059 | 27 | 209,067 | | | | |
| 27 28 | Not accets with depar restrictions | | | 223,033 | 28 | 42,554 | | | | |
| 20 | Organizations that do not follow FASB ASC 958, | | | | | 12 / 00 1 | | | | |
| 29 | and complete lines 29 through 33. | | | | | | | | | |
| 29 | Capital stock or trust principal or current funda | | | 29 | | | | | | |
| 30 | • | mont fund | | | 30 | | | | | |
| 31 | | ····· | | 31 | | | | | | |
| 32 | | | | 229,059 | | 251,621 | | | | |
| 33 | | | | 238,519 | | 257,587 | | | | |

Form **990** (2023)

| Pa | rrt XI Reconciliation of Net Assets | | | ugo II |
|----|---|----------|---------|-----------|
| | 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 | | , 696 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | ,825 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | ,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 |
| Pa | rt XII Financial Statements and Reporting | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | 🔲 |
| | | | Yes | No 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? | | 2a | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | |
| | reviewed on a separate basis, consolidated basis, or both. | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | |
| | separate basis, consolidated basis, or both. | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | |
| | Schedule O. | | | |
| 3а | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | 1 |
| | 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 | <u> </u> | 3b | ᆚ |
| | | | Form 99 | 90 (2023) |

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

Open to Public Inspection

Name of the organization

THE SANDBOX A HILTON HEAD

Employer identification number 20-0301794

| Pa | art I | Reas | on for Public Charity | Status. (All organization: | s must o | complet | e this part.) See instructi | ions. |
|------|----------|------------------------------|---|---|------------------------|---------------------------|---|-----------------------------------|
| | | | | e it is: (For lines 1 through 12, o | | | <u> </u> | |
| 1 | | | • | ociation of churches described | | | , | |
| 2 | H | | • | A)(ii). (Attach Schedule E (Forn | | (5)(| .,,,-,,,, | |
| 3 | H | | | ce organization described in se | | (h)(1)(Δ)(| iii) | |
| 4 | H | | | d in conjunction with a hospital | | | | oenital'e name |
| - | Ш | | - · | a in conjunction with a nospital t | Jescribed | III Sectio | iii 170(b)(1)(A)(iii). Liitei tile ii | ospitars riame, |
| _ | П | city, and state | | of a college or university owned | or operat | | avernmental unit described in | |
| 5 | Ш | _ | | of a college or university owned | or operati | eu by a go | overnmental unit described in | |
| 6 | П | • | (b)(1)(A)(iv). (Complete Part | บ.) overnmental unit described in s | action 17 | '0/b\/4\/A | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | |
| 7 | H | • | | substantial part of its support fro | | . , . , . | , , | |
| ' | Ш | 0 | section 170(b)(1)(A)(vi). (Co | | Jili a gove | errini c ritai | unit of from the general public | , |
| 8 | П | | | 70(b)(1)(A)(vi). (Complete Part | : 11.) | | | |
| 9 | Ħ | | | cribed in section 170(b)(1)(A)(i | | ed in coni | unction with a land-grant collec | ne |
| | | - | _ | f agriculture (see instructions). | | - | | , |
| 10 | X | receipts from support from | activities related to its exem gross investment income ar |) more than 33 1/3% of its supp upt functions, subject to certain nd unrelated business taxable ir 0, 1975. See section 509(a)(2) | exception come (les | s; and (2) ss section | no more than 33 1/3% of its 1511 tax) from businesses | SS |
| 11 | | | • | exclusively to test for public safe | | | | |
| 12 | Ħ | • | | exclusively for the benefit of, to | - | | | ses of |
| | ш | - | | ons described in section 509(a | | | | |
| | | the box on lin | nes 12a through 12d that des | cribes the type of supporting or | ganizatio | n and con | nplete lines 12e, 12f, and 12g. | |
| | а | the suppo | orted organization(s) the pov | erated, supervised, or controlled wer to regularly appoint or elect complete Part IV, Sections A a | a majority | | | ng |
| | b | | | pervised or controlled in connec | | its suppo | rted organization(s), by having | |
| | | control or | r management of the suppor | ting organization vested in the s | same pers | ons that | control or manage the support | ed |
| | | organizat | tion(s). You must complete | Part IV, Sections A and C. | | | | |
| | С | | | upporting organization operated tructions). You must complete | | | | ith, |
| | d | Type III r | non-functionally integrated | . A supporting organization ope | erated in c | onnection | n with its supported organizatio | on(s) |
| | | that is no | t functionally integrated. The | e organization generally must sa | atisfy a dis | stribution | requirement and an attentivene | ess |
| | | requirem | ent (see instructions). You n | nust complete Part IV, Section | ns A and | D, and P | art V. | |
| | е | | | eived a written determination fro | | | s a Type I, Type II, Type III | |
| | | | | n-functionally integrated support | ting organ | ization. | | |
| | f | | mber of supported organizati | e supported organization(s). | | | | |
| ,: | g Nom | | (ii) EIN | | (iv) to the a | rganization | (v) Amount of monetary | (vi) Amount of |
| (1 | | e of supported ganization | (II) EIN | (iii) Type of organization (described on lines 1–10 | | ir governing | support (see | (vi) Amount of other support (see |
| | · | • | | above (see instructions)) | | ment? | instructions) | instructions) |
| | | | | | Yes | No | | |
| (A) | | | | | | | | |
| | | | | | | | | |
| (B) | | | | | | | | |
| | | | | | | | | |
| (C) | | | | | | | | |
| | | | | | | | | |
| (D) | | | | | | | | |
| | | | | | | | | |
| (E) | | | | | | | | |
| | | | | | | | | |
| _nta | | | | | | | | İ |

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.)

| Sec | tion A. Public Support | | | | | | | |
|------|---|-----------------------------|----------------------|----------------------|---------------------|--------------|----|-----------|
| Cale | ndar 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 | | | | | | | |
| Sec | tion B. Total Support | | | | | | | |
| Cale | ndar 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) | | | | L | 12 | |
| 13 | First 5 years. If the Form 990 is for the or | ganization's first, | second, third, fourt | h, or fifth tax year | as a section 501(d | :)(3) | | |
| | organization, check this box and stop her | | | | | | | |
| Sec | tion C. Computation of Public S | | | | | | | |
| 14 | Public support percentage for 2023 (line 6 | , column (f) divide | d by line 11, colum | nn (f)) | | | 14 | % |
| 15 | Public support percentage from 2022 School | | 0 11 | | | 1 | 15 | % |
| 16a | 33 1/3% support test — 2023. If the orga | nization did not ch | eck the box on line | e 13, and line 14 is | s 33 1/3% or more | , check this | | _ |
| | box and stop here. The organization qual | ifies as a publicly | supported organiza | ation | | | | |
| b | 33 1/3% support test — 2022. If the orga | nization did not ch | eck a box on line | 13 or 16a, and line | e 15 is 33 1/3% or | more, check | | _ |
| | this box and stop here. The organization | qualifies as a publ | icly supported orga | anization | | | | L |
| 17a | 10%-facts-and-circumstances test — 20 |)23. If the organiza | ation did not check | a box on line 13, | 16a, or 16b, and li | ne 14 is | | |
| | 10% or more, and if the organization meet | | | | | | | |
| | Part VI how the organization meets the fac | cts-and-circumsta | nces test. The orga | anization qualifies | as a publicly supp | orted | | |
| | organization | | | | | | | L |
| b | 10%-facts-and-circumstances test — 20 | _ | | | | | | |
| | 15 is 10% or more, and if the organization | | | | | | | |
| | in Part VI how the organization meets the | facts-and-circums | tances test. The o | rganization qualifi | es as a publicly su | pported | | _ |
| | organization | | | | | | | |
| 18 | Private foundation. If the organization did | d not check a box | on line 13, 16a, 16 | 6b, 17a, or 17b, ch | eck this box and s | ee | | _ |
| | instructions | | | | | | | |

Page 3

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

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

| Sec | ction A. Public Support | quality diluci ti | ic toolo noted i | bolow, piedoc e | ompiete i dit i | 1.) | |
|-----|--|----------------------|---------------------------------|---------------------------------------|--------------------|-----------------|-----------|
| | ndar 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 | , , | ` , | Ì | ì | ` , | |
| | 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 | | | | | | _ |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| 500 | tine 6.) | <u> </u> | | <u> </u> | | | 1,924,670 |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 9 | Amounta from line 6 | 367,812 | 177,543 | 378,666 | 561,391 | 439,258 | 1,924,670 |
| | | 307,812 | 177,543 | 378,000 | 361,391 | 439,238 | 1,924,070 |
| 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 | | | | | | |
| С | 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 or | - | econd, third, fourth | , or fifth tax year as | s a section 501(c) | (3) | |
| | organization, check this box and stop her | | | | | | |
| | ction C. Computation of Public Su | | | | | 1 1 | |
| 15 | Public support percentage for 2023 (line 8 | | | | | | 99.24% |
| 16 | Public support percentage from 2022 Scho | | | | | 16 | 99.62 % |
| | ction D. Computation of Investme | | | (0) | | 1 | - 0/ |
| 17 | Investment income percentage for 2023 (li | | | , column (f)) | | | 1 % |
| | Investment income percentage from 2022 S | | | | | | <u></u> |
| 19a | 33 1/3% support tests — 2023. If the org 17 is not more than 33 1/3%, check this bo | | | | | | X |
| b | 33 1/3% support tests — 2022. If the org | anization did not ch | eck a box on line | 14 or line 19a, and | line 16 is more th | an 33 1/3%, and | |
| 20 | line 18 is not more than 33 1/3%, check the Private foundation. If the organization did | | _ | | | - | |
| ~0 | i invate ivaniation. Il tile organization dit | a mor origina nay a | i iiio i i , iba, Ul | , , , , , , , , , , , , , , , , , , , | 555 11151146116 | ,,,o | |

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.)

S

| Seci | ion A. All Supporting Organizations | | | |
|------|---|------|-----|----|
| | And all of the communications are considered associated and the communications and the communications are considered as | | 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 | | | |
| 0- | 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 | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) | | | |
| 4- | 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 | 4- | | |
| | "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 | 41- | | |
| _ | despite being controlled or supervised by or in connection with its supported organizations. | _ 4b | | |
| С | 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 | | | |
| h | 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 | FL | | |
| _ | 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? <i>If "Yes," provide detail in Part VI</i> . | 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 | | | |
| 0- | 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? <i>If "Yes," provide detail in Part VI.</i> | _ 9b | | |
| С | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit | | | |
| 40- | 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 | 40 | | |
| | supporting organizations)? If "Yes," answer line 10b below. | 10a | | |

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.)

Page 5

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 11b **b** A family member of a person described on line 11a above? 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 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 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). Section D. All Type III Supporting Organizations Yes No 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 1 organization's governing documents in effect on the date of notification, to the extent not previously provided? 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 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 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). а The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. С The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) 2 Activities Test. Answer lines 2a and 2b below. Yes No 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 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 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.

Page **6**

| Pai | t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organic | <u>aniza</u> | ntions | | |
|---|--|----------------|--------------------------------|--------------------------------|--|
| 1 | | | | | |
| | instructions. All other Type III non-functionally integrated supporting organizations mus | t comp | olete Sections A through E. | | |
| Sect | ion 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 | | | |
| t | Average monthly cash balances | 1b | | | |
| c | Fair market value of other non-exempt-use assets | 1c | | | |
| c | 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 | | | |
| Sect | 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 | | | |
| | Check here if the current year is the ergenization's first as a pen functionally integrated. | Typo II | Loupporting organization | | |

Schedule A (Form 990) 2023

(see instructions).

| Schedu | te A (Form 990) 2023 | HILTON HEAD | 20-03 | 301 | 794 Page 7 |
|------------|---|----------------------------------|--------------------|-----|--------------------------|
| Part | V Type III Non-Functionally Integrated 509(| (a)(3) Supporting Organiza | itions (continued) |) | |
| Secti | on D – Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exemp | ot purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exempt p | 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—prov | vide 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 o | organization is responsive | | 8 | |
| | (provide details in Part VI). See instructions. | | | | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| | | (i) | (ii) | | (iii) |
| Secti | on E – Distribution Allocations (see instructions) | Excess Distributions | Underdistribution | ıs | Distributable |
| | | | Pre-2023 | | 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 | | | | |
| | From 2018 | | | | |
| b | From 2019 | | | | |
| | From 2020 | | | | |
| | From 2021 | | | | |
| е | From 2022 | | | | |
| f | Total of lines 3a through 3e | | | | |
| | Applied to underdistributions of prior years | | | | |
| | Applied to 2023 distributable amount | | | | |
| i | Carryover from 2018 not applied (see instructions) | | | | |
| <u>j</u> _ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2023 from | | | | |
| | Section D, line 7: \$ | | | | |
| | Applied to underdistributions of prior years | | | | |
| b | Applied to 2023 distributable amount | | | | |
| С | 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: | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| С | Excess from 2021 | | | | |

d Excess from 2022e Excess from 2023

| Schedule A (Fo | form 990) 2023 | Page 8 |
|----------------|--|---|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 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, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) | 17b; Part , Section s 1c, 2a, 2b, |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| • | | |
| • | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| · | | |
| | | |
| | | |
| | | |
| | | |
| • | | |
| • | | |
| · | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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.

OMB No. 1545-0047 2023 Open to Public Inspection

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

| ame | of the organization | | Employer identification number |
|-----|---|--|---------------------------------|
| T | HE SANDBOX A HILTON HEAD | | 20-0301794 |
| | organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on | nds or Other Similar Funds 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 excl | usive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in | | |
| | only for charitable purposes and not for the benefit of the donor or donor | or advisor, or for any other purpose | |
| | conferring impermissible private benefit? | | Yes No |
| Pa | 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 educ | ation) 🔲 Preservation of a historic | ally important land area |
| | Protection of natural habitat | Preservation of a certified | d historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conse | rvation contribution in the form of a co | onservation |
| | easement on the last day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| | Number of conservation easements on a certified historic structure incl | | 2c |
| d | Number of conservation easements included on line 2c acquired after | July 25, 2006, and not | |
| _ | | | |
| 3 | Number of conservation easements modified, transferred, released, ex | tinguished, or terminated by the orgar | nization during the |
| | tax year | | |
| 4 | Number of states where property subject to conservation easement is I | | |
| 5 | Does the organization have a written policy regarding the periodic moni | | ☐ Yes ☐ No |
| 6 | violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling o | f violations, and enforcing conservation | |
| Ŭ | | r violatione, and emoroting concervation | on easements daming the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of viol | ations, and enforcing conservation ea | sements during the year |
| | | | |
| 8 | Does each conservation easement reported on line 2d above satisfy the | | |
| _ | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation easem- | • | |
| | sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements. | tion's imancial statements that descri | des trie |
| P۵ | art III Organizations Maintaining Collections of Art, | Historical Treasures or Oth | nor Similar Assots |
| | Complete if the organization answered "Yes" on | | ici Olillidi Assets |
| 1a | If the organization elected, as permitted under FASB ASC 958, not to r | eport in its revenue statement and ba | lance sheet works |
| | of art, historical treasures, or other similar assets held for public exhibit | | |
| | service, provide in Part XIII the text of the footnote to its financial stater | | |
| b | If the organization elected, as permitted under FASB ASC 958, to repo | rt in its revenue statement and baland | ce sheet works of |
| | art, historical treasures, or other similar assets held for public exhibition | n, education, or research in furtheranc | e of public service, |
| | provide the following amounts relating to these items. | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | \$ |
| | (ii) Assats included in Forms COO Dort V | | Φ. |
| 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 | = | |
| | Revenue included on Form 990, Part VIII, line 1 | | |
| b | Assets included in Form 990, Part X | | \$ |

| Pa | art III Organizations Maintaining | Collections o | f Art, Historica | l Treasures, | or Other Sim | <u>illar Ass</u> | ets (conti | nuec | d) |
|---------|---|--------------------------------|-------------------------|-------------------|-----------------------------|------------------|------------|----------|------------|
| 3 | Using the organization's acquisition, accessic collection items (check all that apply). | on, and other record | ls, check any of the | following that m | ake significant us | e of its | | | |
| а | Public exhibition | d 🗌 | Loan or exchange | orogram | | | | | |
| b | Scholarly research | | Other | - | | | | | |
| С | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explain | n how they further th | ne organization's | s exempt purpose | in Part | | | |
| | XIII. | · | • | | | | | | |
| 5 | During the year, did the organization solicit o | r receive donations | of art, historical trea | sures, or other s | similar | | | | |
| | assets to be sold to raise funds rather than to | be maintained as p | part of the organizat | ion's collection? | | | T | es | No |
| Pa | art IV Escrow and Custodial Arr | angements | | | | | | | |
| | Complete if the organization 990, Part X, line 21. | n answered "Yes | s" on Form 990, | Part IV, line | 9, or reported | an amo | unt on Fo | rm | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | diary for contribution | s or other asset | s not | | _ | _ | |
| | included on Form 990, Part X? | | | | | | Y | es | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing table. | | | | | | |
| | | | | | | | Amour | nt | |
| | Beginning balance | | | | | 1c | | | |
| d | Additions during the year | | | | | 1d | | | |
| е | Distributions during the year | | | | | 1e | | | |
| f | | | | | | 1f | | | |
| | Did the organization include an amount on Fe | | | | | | | es | No |
| | If "Yes," explain the arrangement in Part XIII. | Check here if the e | xplanation has beer | n provided on Pa | art XIII | | <u></u> | <u> </u> | |
| Pa | art V Endowment Funds | | | | | | | | |
| | Complete if the organization | n answered "Yes | 1 | | | | | | |
| | | (a) Current year | (b) Prior year | (c) Two yea | rs back (d) Th | ree years bac | k (e) For | ur years | back |
| | | | | | | | | | |
| b | Contributions | | | | | | - | | |
| С | Net investment earnings, gains, and | | | | | | | | |
| | losses | | | | | | | | |
| | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities and | | | | | | | | |
| | programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| g | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | • | e (line 1g, column (| a)) held as: | | | | | |
| а | Board designated or quasi-endowment | | | | | | | | |
| | *************************************** | | | | | | | | |
| С | Term endowment % | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | • | | | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organiza | ation that are held a | nd administered | for the | | | | Т |
| | organization by: | | | | | | | Yes | No |
| | | | | | | | 3a(i) | ₩ | |
| | (ii) Related organizations? | | | | | | 3a(ii) | <u> </u> | |
| b | If "Yes" on line 3a(ii), are the related organiza | | | ? | | | 3b | <u></u> | |
| 4 D- | Describe in Part XIII the intended uses of the | | owment funds. | | | | | | |
| Pa | art VI Land, Buildings, and Equi | | ." on Farm 000 | Doubly Line | 110 0 5 | 000 D | 1amt V 15 | . 10 | |
| | Complete if the organization | | | | | | | | |
| | Description of property | (a) Cost or other (investment) | , , | or other basis | (c) Accumulate depreciation | | (d) Book | value | |
| | | (investment) | | (other) | depreciation | | | | |
| | Land | | | | | | | | |
| b | Buildings | | | 00 704 | 0.0 | 704 | | | |
| | Leasehold improvements | | | 88,794 | | ,794 | | | |
| | Equipment | | | 2,471 | | ,471 | | 22 | 722 |
| | Other | | 4 V line 40=!: | 87,729 | 65 | ,007 | | | 722 |
| ıota | II. Add lines 1a through 1e. (Column (d) must e | quai Form 990, Par | ام, iine 10c, coiumi | 'I (B)) | | | | <u> </u> | <u>722</u> |

| Schedule D (F | orm 990) 2023 THE SANDBOX A HILTON | READ | 20-0301794 | Page . |
|-----------------|---|--------------------|--------------------------------|------------------|
| 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 o Cost or end-of-ye | f valuation: |
| (1) Financial (| | | | |
| (1) Financial (| derivatives | | | |
| (2) Closely he | eld equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| | | | | |
| | | | | |
| | | | | |
| (=) | | | | |
| | | | | |
| | | | | |
| | | | | |
| | n (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 o | |
| | (a) Description of investment | (b) Book value | Cost or end-of-ye | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | _ | | |
| | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | n (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) | | | | |
| | n (b) must equal Form 990, Part X, line 15, col. (B)) | | | |
| Part X | Other Liabilities | | | |
| I dit A | Complete if the organization answered "Yes" on | Form 000 Part IV | line 11e or 11f See For | m 000 Part V |
| | line 25. | Form 990, Fartiv, | ille TTe of TTI. See Foll | |
| 1. | (a) Description of liability | | | (b) Book value |
| (1) Federal | income taxes | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total (Column | n (h) must equal Form 990. Part X. line 25. col. (R)) | | | |

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

| _ | Complete if the organization answered "Yes" on For | | T , T | |
|----------------------|---|---|---|--|
| 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: | ا م ا | | |
| а | Net unrealized gains (losses) on investments | 2a | | |
| D | Donated services and use of facilities | 2b | | |
| C | Recoveries of prior year grants | 2c | | |
| a | Other (Describe in Part XIII.) | 2d | | |
| | Add lines 2a through 2d | | | |
| 3 | Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | I I | | |
| 4 | | 40 | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | | | |
| | Other (Describe in Part XIII.) | | 40 | |
| 5 | Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 1 | | 4c | |
| | art XII Reconciliation of Expenses per Audited Financia | | | |
| | Complete if the organization answered "Yes" on For | | maca per return | |
| 1 | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | • | |
| | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| | Other (Describe in Part XIII.) | | | |
| | * | | | |
| С | Add lines 4a and 4b | | 4c | |
| С 5 | Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line</i> | | 4c 5 | |
| 5 | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information | | 4c 5 | |
| Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line | 18.) | 5 | |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information | 18.) 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |

| Schedule D (F | orm 990) 2023 | THE S | SANDBOX A | A HILTON inued) | HEAD | 20-0301794 | 4 | Page 5 |
|---|---------------|------------|--------------|-----------------|------|------------|---|---------------|
| Part XIII | Suppleme | ntal Infor | mation (cont | inued) | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| • | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| • | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| • | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE O (Form 990)

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

Employer identification number 20-0301794

Department of the Treasury Internal Revenue Service Name of the organization

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

THE SANDBOX A HILTON HEAD

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

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

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

Identifying number

20-0301794 THE SANDBOX A HILTON HEAD Business or activity to which this form relates INDIRECT DEPRECIATION Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,160,000 1 Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 2 2,890,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions ... 5 (a) Description of property 6 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 12 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. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 15 16 Other depreciation (including ACRS) 16 3,429 MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2023 0 17 17 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 (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction placed in period service only-see instructions) 19a 3-year property 5-year property С 7-year property d 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L g 27.5 yrs. MM S/I Residential rental property MM S/L 27.5 yrs. MM S/L 39 yrs. Nonresidential real property S/L MM Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/I b S/L 12-year 12 yrs. С 30-year 30 yrs. MM S/L 40-year MM S/L d 40 yrs. 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 3,429 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

THESANDBOX The Sandbox a Hilton Head 20-0301794 Federal Asset Report FYE: 12/31/2023 Form 990, Page 1

| <u>Asset</u> | Description | Date In Service | Cost | Bus Sec <u>%</u> 179 | B <u>onu</u> s | Basis for Depr | PerConv Meth | Prior | Current |
|---|---|---|---|-------------------------|----------------|---|--|--|--|
| <u>Prior</u> 21 22 | MACRS: flooring network camera | 12/15/11 11/15/11 _ | 4,200 2,230 6,430 | X X | X X | 0 0 | 5 HY 200DB 5 HY 200DB | 4,200 2,230 6,430 | 0 0 0 |
| Other 12 13 14 15 16 17 18 19 20 23 24 25 26 | COMPUTERS EXHIBITS - 2005 EXHIBITS - 2006 FURNITURE FURNITURE FURNITURE LEASEHOLD IMRPOVEMENTS FURNITURE COMPUTERS Racetrack Exhibit Grocery Store Exhibit NEW COLIGNY EXHIBITS Computers Total Other Depreciation | 11/15/05 12/31/05 4/01/06 12/15/05 4/08/06 4/26/06 11/15/05 3/30/06 6/15/08 7/15/15 1/15/16 1/01/21 5/21/23 | 1,575 26,070 1,568 3,923 168 378 88,794 525 896 23,448 23,000 148 2,071 | | - | 1,575 26,070 1,568 3,923 168 378 88,794 525 896 23,448 23,000 148 2,071 | 4 MO S/L 5 MO S/L 15 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 4 MO S/L 4 MO S/L | 1,575 26,070 1,568 3,923 168 378 88,794 525 896 11,724 10,733 59 0 | 0 0 0 0 0 0 0 0 1,563 1,534 30 302 3,429 |
| | Total ACRS and Other Depre | ciation _ | 172,564 | | : | 172,564 | | 146,413 | 3,429 |
| | Grand Totals Less: Dispositions and Transfo Less: Start-up/Org Expense Net Grand Totals | ers - = | 178,994 0 0 178,994 | | - | 172,564 0 0 172,564 | | 152,843 0 0 152,843 | 3,429 0 0 3,429 |

THESANDBOX The Sandbox a Hilton Head
20-0301794 Bonus Depreciation Report
FYE: 12/31/2023 Form 990, Page 1

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

| | | | | | | AMT |
|------|------|----------|--|------------|-----|-----------------------------|
| Form | Unit | Asset | Description | Tax | AMT | Adjustments/ Preferences |
| | | <u> </u> | There are no assets that meet the criteria of th | nis renort | | · |

THESANDBOX The Sandbox a Hilton Head
20-0301794 Future Depreciation Report
FYE: 12/31/2023 Form 990, Page 1 FYE: 12/31/24

| <u>Asset</u> | Description | Date In Service | Cost | Tax | AMT |
|--|---|---|---|--|---|
| Prior M | AACRS: | | | | |
| 21 22 | flooring network camera | 12/15/11 11/15/11 | 4,200 2,230 6,430 | 0 0 | 0 0 0 |
| Other I | Depreciation: | | | | |
| 12 13 14 15 16 17 18 19 20 23 24 25 26 | COMPUTERS EXHIBITS - 2005 EXHIBITS - 2006 FURNITURE FURNITURE FURNITURE LEASEHOLD IMRPOVEMENTS FURNITURE COMPUTERS Racetrack Exhibit Grocery Store Exhibit NEW COLIGNY EXHIBITS Computers Total Other Depreciation | 11/15/05 12/31/05 4/01/06 12/15/05 4/08/06 4/26/06 11/15/05 3/30/06 6/15/08 7/15/15 1/15/16 1/01/21 5/21/23 | 1,575 26,070 1,568 3,923 168 378 88,794 525 896 23,448 23,000 148 2,071 | 0 0 0 0 0 0 0 0 1,563 1,533 29 518 3,643 | 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| | Total ACRS and Other Depreciation | | 172,564 | 3,643 | 0 |
| | Grand Totals | | 178,994 | 3,643 | 0 |

Name

Event Income and Deduction Worksheet

THE SANDBOX A HILTON HEAD

Description OTHER

Taxpayer Identification Number 20-0301794

2023

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

| Income & Expense Summary: | Expense Details - Indirect Expense: |
|---|---|
| 1. Gross receipts or sales1. | Advertising and promotion |
| 2. Advertising income 2. | Office |
| 3. Circulation income 3. | Printing/publication/postage |
| 4. Other income 4. | Info technology/Maintenance |
| 5. Returns and allowances 5. | Royalties & License Fees |
| 6. Contributions received 6. | Occupancy/Real Estate Taxes |
| 7. Total revenue. Add lines 1 through 6 7. | Travel & Repairs |
| 8. Cost of Goods Sold 8. | Travel/entertainment (officials) |
| 9. Employment Expense 9. | Conferences/meetings |
| 10. Fees for services 10. | Interest |
| 11. Indirect Expense 11. | Insurance |
| 12. Depreciation Expense 12. | Total Indirect Expense |
| 13. Exempt Activity Expense 13. | • |
| 14. Fundraising Expense 14. | Expense Details - Depreciation Expense: |
| 15. Total expenses. Add lines 8 through 14 15. | · · · · · · · · · · · · · · · · · · · |
| 16. Net Income/Loss. Line 7 minus Line 1516. | On non-investment property |
| · · · · · · · · · · · · · · · · · · · | Amortization |
| | Depletion |
| Expense Details - Cost of Goods Sold: | Total Depreciation Expense |
| Beginning inventory | |
| Purchases | Expense Details - Exempt Activity Expense: |
| Labor | Repairs and Maintenance |
| Section 263A costs | Bad debts |
| Other costs | Taxes/licenses |
| Ending inventory | Charitable contributions |
| Total Cost of Goods Sold | Dividend recd deductions |
| Total 600t 01 60043 6014 | Readership costs |
| Expense Details - Employment Expense: | Other expenses |
| | Other expenses Total Exempt Activity Expense |
| Compensation of officers Other salaries and wages | Total Exempt Activity Expense |
| Other salaries and wages | Expense Details - Fundraising Expense: |
| Pension plan contributions Other employee henefits | · · · · · · · · · · · · · · · · · · · |
| Other employee benefits | Cash prizes |
| Payroll taxes | Non-cash prizes |
| Total Employment Expense | Rent and facility costs |
| Expense Details - Fees for Services: | Food & beverages (Part II only) |
| • | Entertainment (Part II only) |
| Management | Other direct expenses |
| Legal | Total Fundraising Expense |
| Accounting | |
| Lobbying | |
| Professional fundraising | |
| Investment management | |
| Other | |
| Total Fees for Services | |
| Information is indicated for use on Form 990-T, Schedule A: | Allocation of Expense to Program Service Accomplishments: |
| | • |
| Schedule A, UBIT Activity Code Seq # | First |
| Part V, Debt Financing | Second |
| Part VI, Controlled Org Income | Third |
| Part VII, Investments for C(7)(9)(17) | All other |
| Part VIII, Exploited Activities | |
| Part IX, Advertising Income | |

THE SANDBOX A HILTON HEAD

Name

Event Income and Deduction Worksheet

Description GIFT SHOP

Taxpayer Identification Number 20-0301794

2023

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

| Income & Expense Summary: | | Expense Details - Indirect Expense: |
|--|------------------|---|
| 1. Gross receipts or sales 1. | | Advertising and promotion |
| 2. Advertising income 2. | | Office |
| 3. Circulation income 3. | | Printing/publication/postage |
| 4. Other income 4. | | Info technology/Maintenance |
| 5. Returns and allowances 5. | | Royalties & License Fees |
| 6. Contributions received 6. | | Occupancy/Real Estate Taxes |
| 7. Total revenue. Add lines 1 through 6 7. | | Travel & Repairs |
| 8. Cost of Goods Sold 8. | | Travel/entertainment (officials) |
| 9. Employment Expense 9. | | Conferences/meetings |
| 10. Fees for services 10. | | Interest |
| 11. Indirect Expense 11. | | Insurance |
| 12. Depreciation Expense 12. | | Total Indirect Expense |
| 13. Exempt Activity Expense 13. | | |
| 14. Fundraising Expense 14. | | Expense Details - Depreciation Expense: |
| 15. Total expenses. Add lines 8 through 14 15. | 2.410 | On investment property |
| 16. Net Income/Loss. Line 7 minus Line 1516. | -2.410 | On non-investment property |
| The state of the s | | Amortization |
| | | Depletion |
| Expense Details - Cost of Goods Sold: | | Depletion Total Depreciation Expense |
| | | Total Depreciation Expense |
| Beginning inventory | | Expense Details - Exempt Activity Expense: |
| Purchases Labor | . ———— | Repairs and Maintenance |
| Labor Section 263A costs | . ———— | Rad debts |
| Section 263A costs Other costs | 2,410 | Bad debts |
| Other costs | | Taxes/licenses |
| Ending inventory | 2,410 | Charitable contributions |
| Total Cost of Goods Sold | 2,410 | Dividend recd deductions |
| Evnence Details - Employment Evnence | | Readership costs |
| Expense Details - Employment Expense: | | Other expenses |
| Compensation of officers | · | Total Exempt Activity Expense |
| Other salaries and wages | | Forman D. Acille - Formal adult in a Forman |
| Pension plan contributions | | Expense Details - Fundraising Expense: |
| Other employee benefits | · | Cash prizes |
| Payroll taxes | · | Non-cash prizes |
| Total Employment Expense | | Rent and facility costs |
| | | Food & beverages (Part II only) |
| Expense Details - Fees for Services: | | Entertainment (Part II only) |
| Management | . | Other direct expenses |
| Legal | | Total Fundraising Expense |
| Accounting | | |
| Lobbying | . | |
| | | |
| Investment management | | |
| Other | | |
| Total Fees for Services | | |
| Information is indicated for use on Form 9 | 90-T Schodulo A: | Allocation of Expense to Program Service Accomplishments: |
| Schedule A, UBIT Activity Code | | |
| Part V, Debt Financing | Seq # | First |
| | | Second |
| Part VII, Investments for C(7)(0)(47) | | Third |
| Part VIII, Investments for C(7)(9)(17) | | All other |
| Part VIII, Exploited Activities | | |
| Part IX Advertising Income | | |

Name

Two Year Comparison Report

ending

2022 & 2023

mum camprou a urimon uman

For calendar year 2023, or tax year beginning

Taxpayer Identification Number

| 7 | HE SANDBOX A HILTON HEAD | | | | 20-0 | 301794 |
|-------------------|---|-----|---------|------|-------|--------------------|
| | | | 2022 | 2023 | | Differences |
| | 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 | 3,053 | -64,776 |
| n e | 4. Program service revenue | 4. | 351,101 | 319 | ,993 | -31,108 |
| ⊑ | 5. Investment income | 5. | 3 | 8 | 3,023 | 8,020 |
| > | 6. Proceeds from tax exempt bonds | 6. | | | | |
| R e | 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 | 2,410 | -2,410 |
| | 11. Other revenue | 11. | | | | |
| | 12. Total revenue. Add lines 1 through 11 | 12. | 560,537 | 444 | 871 | -115,666 |
| | 13. Grants and similar amounts paid | 13. | | | | |
| | 14. Benefits paid to or for members | 14. | | | | |
| S | 15. Compensation of officers, directors, trustees, etc. | 15. | 78,000 | 63 | 3,208 | -14,792 -41,014 |
| n S | 16. Salaries, other compensation, and employee benefits | 16. | 177,909 | 136 | ,895 | -41,014 |
| Ф | 17. Professional fundraising fees | 17. | | | | |
| х р | 18. Other professional fees | 18. | 6,393 | | 393 | 40,000 |
| Ш | 19. Occupancy, rent, utilities, and maintenance | 19. | 72,592 | | ,102 | -36,490 |
| | 20. Depreciation and Depletion | 20. | 3,125 | | ,429 | 304 |
| | 21. Other expenses | 21. | 127,140 | | ,669 | 68,529 |
| | 22. Total expenses. Add lines 13 through 21 | 22. | 465,159 | | .,696 | 16,537 |
| | 23. Excess or (Deficit). Subtract line 22 from line 12 | 23. | 95,378 | | ,825 | -132,203 |
| | 24. Total exempt revenue | 24. | 560,537 | 444 | 871 | -115,666 |
| _ | 25. Total unrelated revenue | 25. | | | | |
| tion | 26. Total excludable revenue | 26. | 351,104 | | ,606 | -25,498 |
| Other Information | 27. Total assets | 27. | 238,519 | | ,587 | 19,068 |
| for | 28. Total liabilities | 28. | 9,460 | | ,966 | -3,494 |
| ī | 29. Retained earnings | 29. | 229,059 | | .,621 | 22,562 |
| the | 30. Number of voting members of governing body | 30. | 15 | 15 | | |
| 0 | 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 | | |

Name

Form 990 Tax Return History 2023

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 | | | | | | |
| nvestment 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 | |
| Fotal 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 | |

THESANDBOX The Sandbox a Hilton Head
20-0301794 Federal Statements

5/1/2025

FYE: 12/31/2023

Taxable Interest on Investments

| _ | | | |
|---------|-----|-----|------|
| - 11 | 000 | rın | tion |
| $ \cup$ | esc | ıw | uon |
| _ | | | |

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

THESANDBOX The Sandbox a Hilton Head

1

Federal Statements

5/1/2025

FYE: 12/31/2023

20-0301794

| | Form 990, Part IX. | <u>, Line 11g - Othe</u> | <u>r Fees for Service</u> | (Non-employee) |
|--|--------------------|--------------------------|---------------------------|----------------|
|--|--------------------|--------------------------|---------------------------|----------------|

| Description | E | Total xpenses | Program Service | _ ` | gement & eneral | Fund aising |
|-------------------|----|------------------|------------------------|-----|--------------------|----------------|
| 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 | E | Total xpenses | Program Service | agement & General | Fund Raising |
|---|----|---------------------------------------|-----------------------------|----------------------|-----------------|
| MISCELLANEOUS BANK & CREDIT CARD EXPENS ASSOCIATION DUES & LICENS FUNDRAISING EXECUTIVE DIRECTOR EXPENS | \$ | 5,302 4,484 1,699 588 337 | \$ 5,302 4,484 337 | \$ 1,699 | \$ 588 |
| TOTAL | \$ | 12,410 | \$ 10,123 | \$ 1,699 | \$ 588 |

THESANDBOX The Sandbox a Hilton Head 20-0301794

Federal Statements

5/1/2025

FYE: 12/31/2023

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

Schedule A, Part III, Line 2(e)

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

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

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

Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning

, and ending

20-0301794

| THE SAND | BOX A HILTON | HEAD | | |
|--|--------------------------|-----------------------------|--------------------------|----------------|
| Net Asset / Fund Balance at Beginn | ing of Year | | | 229,059 |
| Revenue | | | | |
| Contributions | | 119,265 | | |
| Program service revenue | | 119,265 319,993 8,023 | | |
| Investment income | | 8,023 | | |
| Capital gain / loss | | | | |
| Fundraising / Gaming: | | | | |
| Gross revenue | | | | |
| Direct expenses | | | | |
| Net income | | | | |
| Other income | | -2,410 | | |
| Total revenue | | | 444,87 | <u>1</u> |
| Expenses | | | | |
| Program services | | 389,372 | | |
| Management and general | | 59,719 | | |
| Fundraising | | 32,605 | | _ |
| Total expenses | | | 481,69 | |
| Excess / (deficit) | | | | <u>-36,825</u> |
| Changes | | | | 59,387 |
| Ğ | | | | <u> </u> |
| | | | | |
| Reconciliation of Re | | | | on of Expenses |
| otal revenue per financial statements_ | | | rpenses per financial st | atements |
| ess: | | Less: | | |
| Unrealized gains | | | nated services | |
| Donated services | | | or year adjustments | |
| Recoveries | | | ses | |
| Other _ | | Oth | er | |
| us: | | Plus: | 4 4 | |
| Investment expenses | | | estment expenses | |
| Other | 444,871 | Oth | eturn 481,696 | |
| Total revenue per return | 444,071 | | Total expenses per re | |
| | | Balance She | et | |
| | Beginning | Ending | Differ | ences |
| Assets _ | 238,519 | 257, | | |
| Liabilities 9,460 | | 5, | | |
| Net assets = | 229,059 | 251, | 621 2 | 22,562 |
| | Miscellaneous | s Information | | |
| | Amended return | | | |
| | Return / extended due da | ate <u>11/15</u> | $\frac{1}{24}$ | |
| | Failure to file penalty | | , | |

EOF 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

| OIVIE | DINO. | 1343-0047 |
|-------|-------|-----------|
| | | |

For calendar year 2023, or fiscal year beginning

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. 2023

FIN or SSN Name of filer THE SANDBOX A HILTON HEAD 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. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) 1a Form 990 check here **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) 3a Form 1120-POL check here 4a Form 990-PF check here **b** Tax based on investment income (Form 990-PF, Part V, line 5) 5a Form 8868 check here b Balance due (Form 8868, line 3c) 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here 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) 10a Form 8038-CP check here Amount of credit payment requested (Form 8038-CP, Part III, line 22) **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name and that I have examined a copy of the , (EIN) 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 JUNECPA Lauthorize to enter my PIN as my signature ERO firm name Enter five numbers, but 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. 05/01/25 Signature of officer or person subject to tax **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 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. PAMELA JUNE, CPA 05/01/25 ERO's signature **ERO Must Retain This Form — See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So

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

| <u>A</u> | For the | е 2023 с | alendar year, or tax year beginning | , and ending | | | | | | |
|-------------------|--------------------------------|-------------------------|--|---------------------------------------|-------------------|------------------------|------------------|---------------------|----------------|---|
| В | Check if a | pplicable: | C Name of organization | | | | D Emplo | yer identific | ation number | • |
| | Address c | change | THE SANDBOX | A HILTON HEAD | | | | | | |
| | Name cha | ange | Doing business as | | | | | 03017 | | |
| \equiv | | • | Number and street (or P.O. box if mail is not delivered to 80 NASSAU STREET | o street address) | | Room/suite | | one number -842- | | |
| $\overline{}$ | Initial return Final return | | City or town, state or province, country, and ZIP or foreign | gn postal code | | | 043 | 042 | 7043 | |
| | terminated | | | • | | | - 0 | | 445 | 7 201 |
| | Amended | return | F Name and address of principal officer: | 29928 | | | G Gross r | eceipts\$ | 44 | 7,281 |
| $\overline{\Box}$ | Application | n pending | ALICIA POWELL | | | H(a) Is this a gr | oup return fo | r subordinate | s? Yes | X No |
| | | | 80 NASSAU STREET | | | H(b) Are all su | hardinatas in | oludod? | Yes | No |
| | | | | cc 20020 | | | ," attach a lis | | | |
| | | | HILTON HEAD ISLAND | SC 29928 | | 11 140 | , attaon a ne | n. occ mana | Clions | |
| <u></u> | | mpt status: | X 501(c)(3) 501(c) () (insert r | no.) 4947(a)(1) or | 527 | | | | | |
| J | Website | | WW.THESANDBOX.ORG | | T | H(c) Group exe | | | | - 00 |
| | | organization: | | Other | L Ye | ar of formation: 2 | 2003 | M State | of legal domic | ile: SC |
| | art I | | mmary | | | | | | | |
| • | 1 1 | - | scribe the organization's mission or most sign SANDBOX IS DEDICATED TO TH | | OPMENT OF | YOUNG C | HTTDR | F.N | | |
| Governance | | | UGH EDUCATIONAL PLAY IN AN | | | | | | | |
| rna | | | UNITY. | | | | | | | |
| Ş. | 2 (| Check th | · · · · · · · · · · · · · · · · · · · | operations or disposed of r | | | | | | |
| ŏ | | | | · · · · · · · · · · · · · · · · · · · | | | م ا | 15 | | |
| ფ | | | of voting members of the governing body (Par | | | | | 15 | | |
| iţie | - 1 | Total nun | of independent voting members of the govern | : 2022 (Port V line 20) | | | 4 | 31 | | |
| Activities & | | | nber of individuals employed in calendar year | | | | ٠ ١ | 15 | | |
| ĕ | | | nber of volunteers (estimate if necessary) | | | | ··· | 1 | | 0 |
| | | | elated business revenue from Part VIII, colum | | | | 7a 7b | - | | 0 |
| | D I | vet unrei | ated business taxable income from Form 990 | J-1, Part I, line 11 | | Prior Ye | | | Current Year | |
| | 8 (| Contribut | ions and grants (Part VIII, line 1h) | | | | 9,800 | | | ,265 |
| Jue | | | | | I | | 1,101 | | | ,993 |
| Revenue | | | nt income (Part VIII, column (A), lines 3, 4, ai | nd 7d) | | | | 3 | | ,023 |
| 8 | | | enue (Part VIII, column (A), lines 5, 6d, 8c, 9 | | | | -367 | | | ,410 |
| | | | enue – add lines 8 through 11 (must equal Pa | | | 56 | 0,537 | | | ,871 |
| | | | nd similar amounts paid (Part IX, column (A), | | | | 0,00 | <u>'</u> | | <u>, , , , , , , , , , , , , , , , , , , </u> |
| | | | paid to or for members (Part IX, column (A), li | | | | | 1 | | 0 |
| | | | | | | 25 | 5,909 | <u>a</u> | 200 | ,103 |
| ses | 162 | Daiai ies, Professio | other compensation, employee benefits (Part nal fundraising fees (Part IX, column (A), line draising expenses (Part IX, column (D), line 2 | 11A, Column (A), inles 5—10) | ′ ····· ⊢ | | <i>3 , 3</i> 0 . | | | , 103 |
| xpense | h 7 | Total fun | draising evaposes (Part IX, column (D) line 2 | 75) 32 (| 605 | | | | | |
| Ä | 17 (| Other evi | penses (Part IX, column (A), lines 11a–11d, 1 | 45 04-1 | | 20 | 9,250 |) | 281 | ,593 |
| | | | enses. Add lines 13–17 (must equal Part IX, | | ····· | | 5,159 | | | , 696 |
| | | | less expenses. Subtract line 18 from line 12 | Column (A), line 25) | | | 5,378 | | | , 825 |
| - a | 3 | Teveriue | less expenses. Subtract line 10 from line 12 | | | Beginning of Cu | | 1 | End of Year | |
| Net Assets or | 20 7 | Total ass | ets (Part X, line 16) | | | | 8,519 | 9 | | ,587 |
| Ass | 21 7 | | """ (D ()(" 00) | | I | | 9,460 | | | ,966 |
| E SE | 22 1 | | s or fund balances. Subtract line 21 from line | | | | 9,059 | | | ,621 |
| | art II | | gnature Block | | | | | | | |
| | | | perjury, I declare that I have examined this return, i | including accompanying schedu | ules and statemer | ts. and to the b | est of mv | knowledae | and belief. | it is |
| | | | omplete. Declaration of preparer (other than officer | | | | | | | |
| | | | | | | | | | | |
| Siç | gn | Signature | of officer | | | | Dat | e | | |
| He | re | LIN | DSAY HARTMAN | PRE | SIDENT | | | | | |
| | | Type or p | rint name and title | | | | | | | |
| | | Print/Type | e preparer's name Pr | reparer's signature | | Date | Chec | k if | PTIN | |
| Pai | d | PAMELA | . JUNE, CPA PA | AMELA JUNE, CPA | | 05/01 | ./25 self- | employed | P006367 | 03 |
| Pre | parer | Firm's na | me JUNECPA | | | | Firm's EIN | 20 | -4046 | 229 |
| Use | Only | | 99 MAIN STREET | | | | | | | |
| | | Firm's ad | HITTMON HEAD TOT | AND, SC 29926 | 5 | | Phone no. | 843 | -842- | 6500 |
| May | the IR | | s this return with the preparer shown above? | | | 1-1 | | | Y Yes | |

Form 990 (2023) THE SANDBOX A HILTON HEAD

| Part III | | Service Accomplishments | |
|-----------------|--|--|--|
| | | | n this Part III |
| , | describe the organization's mission | | ELOPMENT OF YOUNG CHILDREN |
| | | | AT FOSTERS BOTH FAMILY AND |
| | JNITY. | | |
| | | | |
| | | cant program services during the year which we | |
| prior F | orm 990 or 990-EZ? | | Yes X N |
| | s," describe these new services on s | ട്chedule O. · make significant changes in how it conducts, a | ony program |
| | | | |
| If "Yes | s," describe these changes on Sche | dule O. | |
| | • | ce accomplishments for each of its three large | st program services, as measured by |
| expens | ses. Section 501(c)(3) and 501(c)(4 |) organizations are required to report the amou | int of grants and allocations to others, |
| the tot | al expenses, and revenue, if any, fo | or each program service reported. | |
| |) (Expenses \$ SANDBOX IS AN INTE IN THE LOWCOUNTE | |) (Revenue \$ 319,993 EUM AND IS THE ONLY ONE OF ITS S REGION-RELATED EXHIBITS AND |
| | | | RIOSITY, EVOKE CREATIVITY AND |
| | | CHILDREN AGED EIGHT AND | UNDER. WE BELIEVE THAT RTH THROUGH INTERACTIVE PLAY |
| | | GIVER. THIS IS ESPECI | |
| | | CHILDREN UNDER THE AGE | |
| * | | OR THESE RELATIONSHIPS | |
| | | | SETTING FOR CHILDREN AND THEI |
| CARE | GIVERS TO PLAY TO | OGETHER. | |
| | | | |
| 4h (Code: | · \/Evnenses \$ | including grants of \$ |) (Revenue \$ |
| NT / 7A | | |) (Nevenue \$ |
| / | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| * | | | |
| * * * * * * * * | | | |
| 4c (Code: | :) (Expenses \$ | including grants of \$ |) (Revenue \$ |
| N/A | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| • • • • • • • | | | |
| * | | | |
| * | | | |
| | | | |
| | | | |
| | | | |
| | program services (Describe on Sch | • | |
| (Exper | | | |
| | nses \$ program service expenses | including grants of \$ 389,372 |) (Revenue \$ |

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-----|-----|--|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> 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 | 3 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | 3 | | |
| 7 | 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, | | | <u> </u> |
| • | the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> | 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 | | <u> </u> |
| 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, VIII, IX, or X, as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes," | | | |
| _ | complete Schedule D, Part VI | 11a | x | <u> </u> |
| 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 | | <u> </u> |
| С | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u> </u> |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | 444 | | v |
| _ | reported in Part X, line 16? If "Yes," complete Schedule D, Part X | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 11e | | |
| f | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | x |
| 12a | | | | ** |
| | 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 | | <u> </u> |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | ٠,, |
| 40 | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | <u> </u> |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 16 | | |
| 17 | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u> </u> |
| 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 | | v |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | 17 | | <u> </u> |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | x |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| . • | If "Yes," complete Schedule G, Part III | 19 | | x |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | T |
| 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 |

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 X 22 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 X 23 **24a** Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X through 24d and complete Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 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 X persons? If "Yes," complete Schedule L, Part III 27 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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV X A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If X "Yes." complete Schedule L. Part IV 28c Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M X 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X complete Schedule N, Part II 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 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 or IV, and Part V, line 1 X **35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 X 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 X 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 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 2 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and X reportable gaming (gambling) winnings to prize winners? Form 990 (2023)

| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance (continu | ied) | | | 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 | s? | | 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 C | | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other au | thorit | y over, | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial a | ccou | nt)? | 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 Acceptable (1997). | count | s (FBAR). | | | |
| 5a | | | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | on? | | 5b | | X |
| С | | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | | 37 |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | | | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions | s or | | 01- | | |
| - | gifts were not tax deductible? | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go and services provided to the payor? | ous | | 7.0 | | |
| h | 15 West 2 did the consideration of the color | | | 7a 7b | | |
| b | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | 7.0 | | |
| С | required to file Form 93933 | | | 7c | | |
| d | • | 7d | | 76 | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con | | ? | 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 | | 9 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | | | | |
| | ananaging arganization baye ayang bysingg baldings at any time during the year? | - | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| а | 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: | | | | | |
| а | 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: | ı | | | | |
| а | | 11a | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources | | | | | |
| | / <u> </u> | 11b | | | | |
| 12a | | 1 | | 12a | | |
| | | 12b | | _ | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| а | Note: See the instructions for additional information the organization must report on Schedule O. | | | . IJa | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | | | |
| | | 13b | | | | |
| С | Foton the appropriate of passenger are bound | 13c | | | | |
| 14a | Did the organization receive any neumants for indeer temping convices during the tay year? | | | 14a | | Х |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule | | | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations. | | | | | |
| | excess parachute payment(s) during the year? | | | 15 | | X |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment in | ncom | e? | 16 | | Х |
| | If "Yes," complete Form 4720, Schedule O. | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities | es | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | 17 | | |
| | If "Yes," complete Form 6069. | | | | | |

Form 990 (2023) THE SANDBOX A HILTON HEAD

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

| Sec | tion A. Governing Body and Management | | | | | |
|------------------------|--|-----------|---------------|------|-----|----------|
| | <u> </u> | | | | 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 | | Х |
| 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 | | <u> </u> |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | ar by t | ne following: | | | |
| а | 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 | | | | | •• |
| <u> </u> | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | | <u> </u> |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Inte | arriai | Revenue C | oue. | Vaa | No. |
| 102 | Did the organization have local chapters, branches, or affiliates? | | | 10a | Yes | No X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | IUa | | |
| b | 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 | | | 11a | | Х |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | , 1110 10 | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No " go to line 13 | | | 12a | | X |
| b | | | | 12b | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> | | | | | |
| | describe on Schedule O how this was done | | | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | | Х |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | | | |
| | $independent\ persons,\ comparability\ data,\ and\ contemporaneous\ substantiation\ of\ the\ deliberation\ and\ decision?$ | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | | X |
| b | Other officers or key employees of the organization | | | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process 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 | | | | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | 40L | | |
| 202 | organization's exempt status with respect to such arrangements? tion C. Disclosure | | | 16b | | |
| 3 e c 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 (se | ection | 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 A Other (explain on Schedule O) | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter | est po | licy, | | | |
| | 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 reco | rds. | | | | |
| ΑI | LICIA POWELL 80 NASSAU STREET | | | | | |

HILTON HEAD ISLAND

SC 29928 843-842-7645

Form 990 (2023)

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.

X 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 | box | k, unle | ss pei id a di | tion more rson i | than one s both a r/trustee | ın | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
|---------------------------|---|--------------------------------|-----------------------|-------------------|------------------------|-----------------------------------|--------|---|---|---|
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | from the organization and related organizations |
| (1) LINDA DREISBACH | | | | | | | | | | |
| DIRECTOR | 1.00 | x | | | | | | 0 | 0 | 0 |
| (2) LENORE GLEASON | | | | | | | | | | |
| DIDECTOR | 1.00 | x | | | | | | • | _ | 0 |
| OIRECTOR (3) JON HAMMOCK | 0.00 | A | | | | | | 0 | 0 | 0 |
| (3) DON TRAMMOCIT | 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 | 1.00 | x | | x | | | | 0 | 0 | 0 |
| (6) ALEXANDER KANARI | | ^ | | ^ | | | | 0 | 0 | 0 |
| (0) ALEXANDER TARAKI | 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 | 0.00 | - | | | | | | | | |
| (19) 22101122 5217 25 52 | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (11) JAMIE MITCHELL | | | | | | | | | | |
| | 0.00 | | | | | | | | | |
| TREASURER | 0.00 | | | X | | | | 0 | 0 | 0 |

| Pa | ITE VII Section A. Officers | s, Directors, Tru | Stee | :5, N | ey 🗅 | IIIPI | oyee | 5, a | ilu nigilest compensated | i Employees (continued) | | | | |
|----------|--|---|--------|---------|------------------------|--------|-----------------------------------|-------|--|--|----------|---|------------------------------|-------|
| | (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | bo | x, unle | Pos check ess pe | rson | than of s both r/trustor employee | an | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | c | of oth compens from t ganizati | amount er sation he | 5 |
| (12) | | 40.00 | | | | | <u>u</u> | | | | | | | |
| | ECUTIVE DIRECTOR | 0.00 | | _ | X | | | | 0 | 0 | | | | 0 |
| (13) | | 40.00 | | | | | | | | | | | | |
| | RMER EXEC DIRECTOR | 0.00 | | | x | | | | 0 | 0 | | | | 0 |
| (14) | | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | | |
| 1b | | | | | | | | | | | | | | |
| C | Total from continuation she | • | | | | | | | | | | | | |
| <u>d</u> | Total (add lines 1b and 1c) Total number of individuals (in | | | | | | | | who received more than | \$100,000 of | <u> </u> | | | |
| | reportable compensation from | the organization | 1 | 0 | | | | | | | | | Yes | Na |
| 3 | Did the organization list any fo | ormer officer, dir | ecto | r. tru | stee | . ke\ | emr | olove | ee. or highest compensate | d | | | 162 | No |
| | employee on line 1a? If "Yes," | " complete Sched | dule | J for | suci | h inc | lividu | ıal . | | | | 3 | | X |
| 4 | For any individual listed on line organization and related organ | | | | | | | | | | | | | |
| _ | individual | | | | | | | | | | | 4 | | X |
| 5 | Did any person listed on line 1 for services rendered to the or | | | | | | | | | | | 5 | | X |
| Sect | tion B. Independent Contracto | | | | | | | | • | | | | | |
| 1 | Complete this table for your five compensation from the organi | | | | | | | | | | oor | | | |
| | | (A) I business address | Jilip | CHSa | itiOii | ioi ti | ic ca | | | (B) tion of services | sai. | Co | (C) mpensat | ion |
| | ivalile allo | Dusiness address | | | | | | | | uion or services | | | препза | .1011 |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | _ | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent | contractors (inclu | ıdinç | but | not | limite | ed to | tho | se listed above) who | | | | | |
| | received more than \$100,000 | or compensation | ı tror | n the | e org | anız | ation | | | 0 | | | | |

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded (B) Related or exempt Unrelated business revenue Total revenue from tax under sections 512-514 Grants 1a Federated campaigns 1a **b** Membership dues 1b **c** Fundraising events 1c **d** Related organizations 1d e Government grants (contributions) 68,053 1e f All other contributions, gifts, grants, 51,212 1f and similar amounts not included above . . g Noncash contributions included in 1g 119,265 h Total. Add lines 1a-1f **Business Code** 611710 319,993 319,993 MUSEUM ADMISSIONS/PROGRAMS f All other program service revenue 319,993 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 8,023 8,023 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b 6c c Rental inc. or (loss) Net rental income or (loss) Gross amount from (ii) Other (i) Securities sales of assets other than inventory 7a **b** Less: cost or other basis and sales exps 7b 7с c Gain or (loss) d Net gain or (loss) **8a** Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses 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 2,410 **b** Less: cost of goods sold -2,410 -2,410c Net income or (loss) from sales of inventory **Business Code** All other revenue Total. Add lines 11a-11d 444,871 317,583 0 8,023 Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) (C) (D) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 46,142 6,953 trustees, and key employees 63,208 10,113 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 89,934 123,198 13,552 19,712 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 13,697 9,998 1,507 2,192 Payroll taxes 10 Fees for services (nonemployees): a Management **b** Legal 16,536 8,268 8,268 c Accounting **d** Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 29,857 29,857 (A) amount, list line 11g expenses on Schedule O.) 20,190 20,190 12 Advertising and promotion Office expenses 179 161 18 13 Information technology 14 Royalties 15 36,102 33,531 2,571 Occupancy 16 59 59 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 281 281 20 Payments to affiliates 64,000 64,000 21 Depreciation, depletion, and amortization 3,429 3,087 342 26,715 24,043 2,672 Insurance 23 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.) 37,822 37,822 EXHIBIT UPKEEP 12,157 12,157 PROGRAM COSTS ADMINISTRATION 11,947 11,947 9,909 9,909 TECHNOLOGY 10,123 12,410 1,699 588 All other expenses 389,372 481,696 59,719 32,605 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

| | | | | (A) Beginning of year | | (B) End of year | | |
|----------|--|---|---|---------------------------------|----------|---------------------------|--|--|
| 1 | Cash—non-interest-bearing | | | 117,926 | 1 | 234,865 | | |
| 2 | | | | 6,059 | | | | |
| 3 | | | | 3,000 | 3 | | | |
| 4 | A | | | | 4 | | | |
| 5 | | | | | - | | | |
| ľ | trustee, key employee, creator or founder, substanti | | | | | | | |
| | controlled entity or family member of any of these po | | | | 5 | | | |
| 6 | | | | | | | | |
| ľ | under section 4958(f)(1)), and persons described in | | | | 6 | | | |
| 7 | | | | 88,954 | 7 | | | |
| 8 | Inventories for sele or use | | | 00/301 | 8 | | | |
| 9 | Dranaid avacases and deferred charges | | | 1,500 | 9 | | | |
| | la Land, buildings, and equipment: cost or other | | | | | | | |
| '0 | basis. Complete Part VI of Schedule D | 102 | 178,994 | | | | | |
| ١, | la la cara de conservada de la decembra de distribuir. | 405 | 156,272 | 24,080 | 100 | 22,722 | | |
| 11 | | | | 24,000 | 11 | 22,122 | | |
| 12 | | | | | 12 | | | |
| 13 | | | | | 13 | | | |
| 14 | lutau vilala aasata | | | 14 | | | | |
| 15 | | | | | 15 | | | |
| 16 | | | | 238,519 | | 257,587 | | |
| 17 | | | | 9,460 | | 5,966 | | |
| 18 | | | 3,400 | 18 | 3,300 | | | |
| 19 | Deferred revenue | | | 19 | | | | |
| 20 | Tay exempt hand liabilities | | 1 | | 20 | | | |
| 21 | | | | | 21 | | | |
| 22 | | | ′ · · · · · · · · · · · · · · · · · · · | | <u> </u> | | | |
| 22 | trustee, key employee, creator or founder, substanti | | 350/ | | | | | |
| | controlled entity or family member of any of these pe | | | | 22 | | | |
| 23 | | | | | 23 | | | |
| 24 | | rd partice | 1 | | 24 | | | |
| 25 | • • | | - | | 24 | | | |
| 25 | parties, and other liabilities not included on lines 17- | | 1 | | | | | |
| | of Cobodula D | | | | 25 | | | |
| 26 | | | | 9,460 | 26 | 5,966 | | |
| 20 | Organizations that follow FASB ASC 958, check | | | J, 400 | | 3,300 | | |
| | and complete lines 27, 28, 32, and 33. | 11616 21 | | | | | | |
| 27 | Net enerte without deman martifations | | | 229,059 | 27 | 209,067 | | |
| 27 28 | Not assets with depar restrictions | | | 223,033 | 28 | 42,554 | | |
| 20 | Organizations that do not follow FASB ASC 958, | | | | | 12 / 00 1 | | |
| 29 | and complete lines 29 through 33. | | | | | | | |
| 29 | Capital stock or trust principal or current funda | | | | 29 | | | |
| 30 | • | mont fund | | | 30 | | | |
| 31 | | etained earnings, endowment, accumulated income, or other funds | | | | | | |
| 32 | | | | 229,059 | 31 | 251,621 | | |
| 33 | | | | 238,519 | | 257,587 | | |

Form **990** (2023)

| Pa | rrt XI Reconciliation of Net Assets | | | ugo II |
|----|---|----------|---------|-----------|
| | 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 | | , 696 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | ,825 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | ,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 |
| Pa | rt 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? | | 2a | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | |
| | reviewed on a separate basis, consolidated basis, or both. | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | |
| | separate basis, consolidated basis, or both. | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | |
| | Schedule O. | | | |
| 3а | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | 1 |
| | 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 | <u> </u> | 3b | ᆚ |
| | | | Form 99 | 90 (2023) |

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

Open to Public Inspection

Name of the organization

THE SANDBOX A HILTON HEAD

Employer identification number 20-0301794

| Pa | art I | Reas | on for Public Charity | Status. (All organization: | s must o | complet | e this part.) See instructi | ions. |
|------|----------|-------------------------------|---|--|------------------------|--------------------------|---|-----------------------------------|
| | | | | e it is: (For lines 1 through 12, o | | | <u> </u> | |
| 1 | | | • | ociation of churches described | | | , | |
| 2 | H | | • | A)(ii). (Attach Schedule E (Forn | | (5)(| .,,,-,,,, | |
| 3 | H | | | ce organization described in se | | (h)(1)(Δ)(| iii) | |
| 4 | H | | | d in conjunction with a hospital | | | | oenital'e name |
| - | Ш | | - · | a in conjunction with a nospital t | aescribed | III Sectio | iii 170(b)(1)(A)(iii). Liitei tile ii | ospitars riame, |
| _ | П | city, and state | | of a college or university owned | or operat | | avernmental unit described in | |
| 5 | Ш | _ | | of a college or university owned | or operati | eu by a go | overnmental unit described in | |
| 6 | П | • | (b)(1)(A)(iv). (Complete Part | บ.) overnmental unit described in s | action 17 | '0/b\/4\/A | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | |
| 7 | H | • | | substantial part of its support fro | | . , . , . | , , | |
| ' | Ш | 0 | section 170(b)(1)(A)(vi). (Co | | Jili a gove | errini c inai | unit of from the general public | , |
| 8 | П | | | 70(b)(1)(A)(vi). (Complete Part | : 11.) | | | |
| 9 | Н | | | cribed in section 170(b)(1)(A)(i | | ed in coni | unction with a land-grant collec | ne |
| | | - | _ | f agriculture (see instructions). | | - | | , |
| 10 | X | receipts from support from | activities related to its exem gross investment income ar |) more than 33 1/3% of its supp upt functions, subject to certain and unrelated business taxable in 0, 1975. See section 509(a)(2) | exception come (les | s; and (2) ss section | no more than 33 1/3% of its 1511 tax) from businesses | SS |
| 11 | | | • | exclusively to test for public safe | | | | |
| 12 | Ħ | • | | exclusively for the benefit of, to | - | | | ses of |
| | ш | - | _ | ons described in section 509(a | | | | |
| | | the box on lin | nes 12a through 12d that des | cribes the type of supporting or | ganizatio | n and con | nplete lines 12e, 12f, and 12g. | |
| | а | the suppo | orted organization(s) the pov | erated, supervised, or controlled wer to regularly appoint or elect complete Part IV, Sections A a | a majority | | | ng |
| | b | | | pervised or controlled in connec | | its suppo | rted organization(s), by having | |
| | | control or | r management of the suppor | ting organization vested in the s | same pers | ons that | control or manage the support | ed |
| | | organizat | tion(s). You must complete | Part IV, Sections A and C. | | | | |
| | С | | | upporting organization operated tructions). You must complete | | | | ith, |
| | d | Type III r | non-functionally integrated | . A supporting organization ope | erated in c | onnection | n with its supported organizatio | on(s) |
| | | that is no | t functionally integrated. The | e organization generally must sa | atisfy a dis | stribution | requirement and an attentivene | ess |
| | | requirem | ent (see instructions). You n | nust complete Part IV, Section | ns A and | D, and P | art V. | |
| | е | | | eived a written determination fro | | | s a Type I, Type II, Type III | |
| | | | | n-functionally integrated support | ting organ | ization. | | |
| | f | | mber of supported organizati | e supported organization(s). | | | | |
| ,: | g Nom | | (ii) EIN | | (iv) to the a | rganization | (v) Amount of monetary | (vi) Amount of |
| (1 | | e of supported ganization | (II) EIN | (iii) Type of organization (described on lines 1–10 | | ir governing | support (see | (vi) Amount of other support (see |
| | · | • | | above (see instructions)) | | ment? | instructions) | instructions) |
| | | | | | Yes | No | | |
| (A) | | | | | | | | |
| | | | | | | | | |
| (B) | | | | | | | | |
| | | | | | | | | |
| (C) | | | | | | | | |
| | | | | | | | | |
| (D) | | | | | | | | |
| | | | | | | | | |
| (E) | | | | | | | | |
| | | | | | | | | |
| _nta | | | | | | | | İ |

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.)

| Sec | tion A. Public Support | | | | | | | |
|------|---|-----------------------------|----------------------|----------------------|---------------------|--------------|----|-----------|
| Cale | ndar 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 | | | | | | | |
| Sec | tion B. Total Support | | | | | | | |
| Cale | ndar 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) | | | | L | 12 | |
| 13 | First 5 years. If the Form 990 is for the or | ganization's first, | second, third, fourt | h, or fifth tax year | as a section 501(d | :)(3) | | |
| | organization, check this box and stop her | | | | | | | |
| Sec | tion C. Computation of Public S | | | | | | | |
| 14 | Public support percentage for 2023 (line 6 | , column (f) divide | d by line 11, colum | nn (f)) | | | 14 | % |
| 15 | Public support percentage from 2022 School | | 0 11 | | | 1 | 15 | % |
| 16a | 33 1/3% support test — 2023. If the orga | nization did not ch | eck the box on line | e 13, and line 14 is | s 33 1/3% or more | , check this | | _ |
| | box and stop here. The organization qual | ifies as a publicly | supported organiza | ation | | | | |
| b | 33 1/3% support test — 2022. If the orga | nization did not ch | eck a box on line | 13 or 16a, and line | e 15 is 33 1/3% or | more, check | | _ |
| | this box and stop here. The organization | qualifies as a publ | icly supported orga | anization | | | | L |
| 17a | 10%-facts-and-circumstances test — 20 |)23. If the organiza | ation did not check | a box on line 13, | 16a, or 16b, and li | ne 14 is | | |
| | 10% or more, and if the organization meet | | | | | | | |
| | Part VI how the organization meets the fac | cts-and-circumsta | nces test. The orga | anization qualifies | as a publicly supp | orted | | |
| | organization | | | | | | | L |
| b | 10%-facts-and-circumstances test — 20 | _ | | | | | | |
| | 15 is 10% or more, and if the organization | | | | | | | |
| | in Part VI how the organization meets the | facts-and-circums | tances test. The o | rganization qualifi | es as a publicly su | pported | | _ |
| | organization | | | | | | | |
| 18 | Private foundation. If the organization did | d not check a box | on line 13, 16a, 16 | 6b, 17a, or 17b, ch | eck this box and s | ee | | _ |
| | instructions | | | | | | | |

Schedule A (Form 990) 2023

Page 3

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

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

| Sec | ction A. Public Support | quality diluci ti | ic toolo noted i | bolow, piedoc e | ompiete i dit i | , | |
|-----|--|----------------------|---------------------------------|---------------------------------------|--------------------|-----------------|-----------|
| | ndar 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 | , , | ` , | Ì | ì | ` , | |
| | 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 | | | | | | _ |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| 500 | tine 6.) | <u> </u> | | <u> </u> | | | 1,924,670 |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 9 | Amounta from line 6 | 367,812 | 177,543 | 378,666 | 561,391 | 439,258 | 1,924,670 |
| | | 307,812 | 177,543 | 378,000 | 361,391 | 439,238 | 1,924,070 |
| 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 | | | | | | |
| С | 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 or | - | econd, third, fourth | , or fifth tax year as | s a section 501(c) | (3) | |
| | organization, check this box and stop her | | | | | | |
| | ction C. Computation of Public Su | | | | | 1 1 | |
| 15 | Public support percentage for 2023 (line 8 | | | | | | 99.24% |
| 16 | Public support percentage from 2022 Scho | | | | | 16 | 99.62 % |
| | ction D. Computation of Investme | | | | | 11 | - 0/ |
| 17 | Investment income percentage for 2023 (li | | | , column (f)) | | | 1 % |
| | Investment income percentage from 2022 S | | | | | | <u></u> |
| 19a | 33 1/3% support tests — 2023. If the org 17 is not more than 33 1/3%, check this bo | | | | | | X |
| b | 33 1/3% support tests — 2022. If the org | anization did not ch | eck a box on line | 14 or line 19a, and | line 16 is more th | an 33 1/3%, and | |
| 20 | line 18 is not more than 33 1/3%, check the Private foundation. If the organization did | | _ | | | - | |
| ~0 | i invate ivaniation. Il tile organization dit | a mor origina nay a | i iiio i i , iba, Ul | , , , , , , , , , , , , , , , , , , , | 555 11151146116 | ,,,o | |

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.)

S

| Seci | ion 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 | | | |
| 20 | 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 | 3. | | |
| b c | lines 3b and 3c below. | 3a | | |
| | 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 | | | |
| | | 3b | | |
| | organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) | 30 | | |
| | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3c | | |
| | Was any supported organization not organized in the United States ("foreign supported organization")? If | 30 | | |
| 4a b | "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. | 4a | | |
| | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign | 4a | | |
| | 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 | | |
| | | 40 | | |
| С | 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) | | | |
| | | 4c | | |
| 5a | purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," | 40 | | |
| Ja | 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 | Ja | | |
| | designated in the organization's organizing document? | 5b | | |
| С | 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 | _ 30_ | | |
| ь | 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, (ii) individuals that are part of the chantable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or | | | |
| | benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | 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 | · | | |
| Ü | 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 | | | |
| Ju | 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 c 10a | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which | _ 9a_ | | |
| | the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | | |
| | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit | 30 | | |
| | from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | 9c | | |
| | Was the organization subject to the excess business holdings rules of section 4943 because of section | 30 | | |
| IVa | 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated | | | |
| | supporting organizations)? If "Yes," answer line 10b below. | 10a | | |
| | Supporting Significations; in 100, another the 100 below. | iva | | |

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.)

Schedule A (Form 990) 2023

Page 5

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 11b **b** A family member of a person described on line 11a above? 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 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 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). Section D. All Type III Supporting Organizations Yes No 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 1 organization's governing documents in effect on the date of notification, to the extent not previously provided? 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 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 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). а The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. С The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) 2 Activities Test. Answer lines 2a and 2b below. Yes No 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 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 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.

Schedule A (Form 990) 2023

Page **6**

| Pai | t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organic | <u>aniza</u> | ntions | |
|------|--|----------------|---|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov | v. 20, | 1970 (explain in Part VI). S | ee |
| | instructions. All other Type III non-functionally integrated supporting organizations mus | t comp | olete Sections A through E. | |
| Sect | ion 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 | | |
| Sect | ion 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 | | |
| t | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| c | 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 | | |
| Sect | ion 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 | | |
| | Check here if the current year is the ergenization's first as a pen functionally integrated. | Typo II | Loupporting organization | |

Schedule A (Form 990) 2023

(see instructions).

| Schedu | te A (Form 990) 2023 THE SANDBOX A | HILTON HEAD | 20-03 | 301 | 794 Page 7 |
|------------|---|----------------------------------|--------------------|-----|--------------------------|
| Part | V Type III Non-Functionally Integrated 509(| (a)(3) Supporting Organiza | itions (continued) |) | |
| Secti | on D – Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exemp | ot purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exempt p | 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—prov | vide 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 o | organization is responsive | | 8 | |
| | (provide details in Part VI). See instructions. | | | | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| | | (i) | (ii) | | (iii) |
| Secti | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistribution | ıs | Distributable |
| | | | Pre-2023 | | 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 | | | | |
| | From 2018 | | | | |
| b | From 2019 | | | | |
| | From 2020 | | | | |
| | From 2021 | | | | |
| е | From 2022 | | | | |
| f | Total of lines 3a through 3e | | | | |
| | Applied to underdistributions of prior years | | | | |
| | Applied to 2023 distributable amount | | | | |
| i | Carryover from 2018 not applied (see instructions) | | | | |
| <u>j</u> _ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2023 from | | | | |
| | Section D, line 7: \$ | | | | |
| | Applied to underdistributions of prior years | | | | |
| b | Applied to 2023 distributable amount | | | | |
| С | 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: | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| С | Excess from 2021 | | | | |

Schedule A (Form 990) 2023

d Excess from 2022e Excess from 2023

| Schedule A (For | m 990) 2023 | THE S | SANDBOX A | HILTON | HEAD | 20-0301794 | Page 8 |
|---|--|---|--|--|---|---|-------------------------------------|
| Part VI | Supplemental Int III, line 12; Part IV B, lines 1 and 2; F 3a, and 3b; Part V | formation. , Section A Part IV, Section 1; Paction 1; Paction 1; Paction 1. | Provide the e to, lines 1, 2, 3 tion C, line 1 ort V, Section | explanations b, 3c, 4b, 4c, ; Part IV, Sec B, line 1e; Pa | required by Part II, li 5a, 6, 9a, 9b, 9c, 11 tion D, lines 2 and 3 | ne 10; Part II, line 17a or a, 11b, and 11c; Part IV, ; Part IV, Section E, lines s 5, 6, and 8; and Part V, | 17b; Part Section 1c, 2a, 2b, |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| • | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| • | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| · | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| • | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| • | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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.

OMB No. 1545-0047 2023 Open to Public Inspection

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

| ame | of the organization | | Employer identification number |
|-----|---|--|---------------------------------|
| T | HE SANDBOX A HILTON HEAD | | 20-0301794 |
| | organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on | nds or Other Similar Funds 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 excl | usive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in | | |
| | only for charitable purposes and not for the benefit of the donor or donor | or advisor, or for any other purpose | |
| | conferring impermissible private benefit? | | Yes No |
| Pa | 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 educ | ation) 🔲 Preservation of a historic | ally important land area |
| | Protection of natural habitat | Preservation of a certified | d historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conse | rvation contribution in the form of a co | onservation |
| | easement on the last day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| | Number of conservation easements on a certified historic structure incl | | 2c |
| d | Number of conservation easements included on line 2c acquired after | July 25, 2006, and not | |
| _ | | | |
| 3 | Number of conservation easements modified, transferred, released, ex | tinguished, or terminated by the orgar | nization during the |
| | tax year | | |
| 4 | Number of states where property subject to conservation easement is I | | |
| 5 | Does the organization have a written policy regarding the periodic moni | | ☐ Yes ☐ No |
| 6 | violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling o | f violations, and enforcing conservation | |
| Ŭ | | r violatione, and emoroting concervation | on easements daming the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of viol | ations, and enforcing conservation ea | sements during the year |
| | | | |
| 8 | Does each conservation easement reported on line 2d above satisfy the | | |
| _ | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation easem- | • | |
| | sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements. | tion's imancial statements that descri | des trie |
| P۵ | art III Organizations Maintaining Collections of Art, | Historical Treasures or Oth | nor Similar Assots |
| | Complete if the organization answered "Yes" on | | ici Olillidi Assets |
| 1a | If the organization elected, as permitted under FASB ASC 958, not to r | eport in its revenue statement and ba | lance sheet works |
| | of art, historical treasures, or other similar assets held for public exhibit | | |
| | service, provide in Part XIII the text of the footnote to its financial stater | | |
| b | If the organization elected, as permitted under FASB ASC 958, to repo | rt in its revenue statement and baland | ce sheet works of |
| | art, historical treasures, or other similar assets held for public exhibition | n, education, or research in furtheranc | e of public service, |
| | provide the following amounts relating to these items. | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | \$ |
| | (ii) Assats included in Forms COO Dort V | | Φ. |
| 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 | = | |
| | Revenue included on Form 990, Part VIII, line 1 | | |
| b | Assets included in Form 990, Part X | | \$ |

| Pa | art III Organizations Maintaining | Collections o | f Art, Historica | l Treasures, | or Other Sim | <u>illar Ass</u> | ets (conti | nuec | d) |
|---------|---|--------------------------------|-------------------------|-------------------|-----------------------------|------------------|------------|----------|------------|
| 3 | Using the organization's acquisition, accessic collection items (check all that apply). | on, and other record | ls, check any of the | following that m | ake significant us | e of its | | | |
| а | Public exhibition | d 🗌 | Loan or exchange | orogram | | | | | |
| b | Scholarly research | | Other | - | | | | | |
| С | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explain | n how they further th | ne organization's | s exempt purpose | in Part | | | |
| | XIII. | · | • | | | | | | |
| 5 | During the year, did the organization solicit o | r receive donations | of art, historical trea | sures, or other s | similar | | | | |
| | assets to be sold to raise funds rather than to | be maintained as p | part of the organizat | ion's collection? | | | T | es | No |
| Pa | art IV Escrow and Custodial Arr | angements | | | | | | | |
| | Complete if the organization 990, Part X, line 21. | n answered "Yes | s" on Form 990, | Part IV, line | 9, or reported | an amo | unt on Fo | rm | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | diary for contribution | s or other asset | s not | | _ | _ | |
| | included on Form 990, Part X? | | | | | | Y | es | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing table. | | | | | | |
| | | | | | | | Amour | nt | |
| | Beginning balance | | | | | 1c | | | |
| d | Additions during the year | | | | | 1d | | | |
| е | Distributions during the year | | | | | 1e | | | |
| f | | | | | | 1f | | | |
| | Did the organization include an amount on Fe | | | | | | | es | No |
| | If "Yes," explain the arrangement in Part XIII. | Check here if the e | xplanation has beer | n provided on Pa | art XIII | | <u></u> | <u> </u> | |
| Pa | art V Endowment Funds | | | | | | | | |
| | Complete if the organization | n answered "Yes | 1 | | | | | | |
| | | (a) Current year | (b) Prior year | (c) Two yea | rs back (d) Th | ree years bac | k (e) For | ur years | back |
| | | | | | | | | | |
| b | Contributions | | | | | | - | | |
| С | Net investment earnings, gains, and | | | | | | | | |
| | losses | | | | | | | | |
| | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities and | | | | | | | | |
| | programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| g | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | • | e (line 1g, column (| a)) held as: | | | | | |
| а | Board designated or quasi-endowment | | | | | | | | |
| | *************************************** | | | | | | | | |
| С | Term endowment % | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | • | | | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organiza | ation that are held a | nd administered | for the | | | | Т |
| | organization by: | | | | | | | Yes | No |
| | | | | | | | 3a(i) | ₩ | |
| | (ii) Related organizations? | | | | | | 3a(ii) | <u> </u> | |
| b | If "Yes" on line 3a(ii), are the related organiza | | | ? | | | 3b | <u></u> | |
| 4 D- | Describe in Part XIII the intended uses of the | | owment funds. | | | | | | |
| Pa | art VI Land, Buildings, and Equi | | ." on Farm 000 | Doubly Line | 110 0 5 | 000 D | 1amt V 15 | . 10 | |
| | Complete if the organization | | | | | | | | |
| | Description of property | (a) Cost or other (investment) | , , | or other basis | (c) Accumulate depreciation | | (d) Book | value | |
| | | (investment) | | (other) | depreciation | | | | |
| | Land | | | | | | | | |
| b | Buildings | | | 00 704 | 0.0 | 704 | | | |
| | Leasehold improvements | | | 88,794 | | ,794 | | | |
| | Equipment | | | 2,471 | | ,471 | | 22 | 722 |
| | Other | | 4 V line 40=!: | 87,729 | 65 | ,007 | | | 722 |
| ıota | II. Add lines 1a through 1e. (Column (d) must e | quai Form 990, Par | ام, iine 10c, coiumi | 'I (B)) | | | | <u> </u> | <u>722</u> |

| Schedule D (F | orm 990) 2023 THE SANDBOX A HILTON | READ | 20-0301794 | Page . |
|-----------------|---|--------------------|--------------------------------|------------------|
| 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 o Cost or end-of-ye | f valuation: |
| (1) Financial (| | | | |
| (1) Financial (| derivatives | | | |
| (2) Closely he | eld equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| | | | | |
| | | | | |
| | | | | |
| (=) | | | | |
| | | | | |
| | | | | |
| | | | | |
| | n (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 o | |
| | (a) Description of investment | (b) Book value | Cost or end-of-ye | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | _ | | |
| | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | n (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) | | | | |
| | n (b) must equal Form 990, Part X, line 15, col. (B)) | | | |
| Part X | Other Liabilities | | | |
| I art A | Complete if the organization answered "Yes" on | Form 000 Part IV | line 11e or 11f See For | m 000 Port V |
| | line 25. | Form 990, Fartiv, | ille TTe of TTI. See Foll | |
| 1. | (a) Description of liability | | | (b) Book value |
| (1) Federal | income taxes | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total (Column | n (h) must equal Form 990. Part X. line 25. col. (R)) | | | |

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

| _ | Complete if the organization answered "Yes" on For | | T , T | |
|----------------------|---|---|---|--|
| 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: | ا م ا | | |
| а | Net unrealized gains (losses) on investments | 2a | | |
| D | Donated services and use of facilities | 2b | | |
| C | Recoveries of prior year grants | 2c | | |
| a | Other (Describe in Part XIII.) | 2d | | |
| | Add lines 2a through 2d | | | |
| 3 | Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | I I | | |
| 4 | | 40 | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | | | |
| | Other (Describe in Part XIII.) | | 40 | |
| 5 | Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 1 | | 4c | |
| | art XII Reconciliation of Expenses per Audited Financia | | | |
| | Complete if the organization answered "Yes" on For | | maca per return | |
| 1 | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | • | |
| | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| | Other (Describe in Part XIII.) | | | |
| | * | | | |
| С | Add lines 4a and 4b | | 4c | |
| С 5 | Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line</i> | | 4c 5 | |
| 5 | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information | | 4c 5 | |
| Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line | 18.) | 5 | |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information | 18.) 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |
| Pa Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 4; Part IV, lines 1b and 2b; Pa | rt V, line 4; Part X, line | |

| Schedule D (F | orm 990) 2023 | THE S | SANDBOX A | A HILTON inued) | HEAD | 20-0301794 | 4 | Page 5 |
|---|---------------|------------|--------------|-----------------|------|------------|---|---------------|
| Part XIII | Suppleme | ntal Infor | mation (cont | inued) | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| • | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| • | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| • | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE O (Form 990)

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

Employer identification number 20-0301794

Department of the Treasury Internal Revenue Service Name of the organization

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

THE SANDBOX A HILTON HEAD

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

Form **4562**

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

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

Identifying number

20-0301794 THE SANDBOX A HILTON HEAD Business or activity to which this form relates INDIRECT DEPRECIATION Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,160,000 1 Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 2 2,890,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions ... 5 (a) Description of property 6 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 12 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. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 15 16 Other depreciation (including ACRS) 16 3,429 MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2023 0 17 17 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 (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction placed in period service only-see instructions) 19a 3-year property 5-year property С 7-year property d 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L g 27.5 yrs. MM S/I Residential rental property MM S/L 27.5 yrs. MM S/L 39 yrs. Nonresidential real property S/L MM Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/I b S/L 12-year 12 yrs. С 30-year 30 yrs. MM S/L 40-year MM S/L d 40 yrs. 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 3,429 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

THESANDBOX The Sandbox a Hilton Head 20-0301794 Federal Asset Report FYE: 12/31/2023 Form 990, Page 1

| <u>Asset</u> | Description | Date In Service | Cost | Bus Sec <u>%</u> 179 | B <u>onu</u> s | Basis for Depr | PerConv Meth | Prior | Current |
|---|---|---|---|-------------------------|----------------|---|--|--|--|
| <u>Prior</u> 21 22 | MACRS: flooring network camera | 12/15/11 11/15/11 _ | 4,200 2,230 6,430 | X X | X X | 0 0 | 5 HY 200DB 5 HY 200DB | 4,200 2,230 6,430 | 0 0 0 |
| Other 12 13 14 15 16 17 18 19 20 23 24 25 26 | COMPUTERS EXHIBITS - 2005 EXHIBITS - 2006 FURNITURE FURNITURE FURNITURE LEASEHOLD IMRPOVEMENTS FURNITURE COMPUTERS Racetrack Exhibit Grocery Store Exhibit NEW COLIGNY EXHIBITS Computers Total Other Depreciation | 11/15/05 12/31/05 4/01/06 12/15/05 4/08/06 4/26/06 11/15/05 3/30/06 6/15/08 7/15/15 1/15/16 1/01/21 5/21/23 | 1,575 26,070 1,568 3,923 168 378 88,794 525 896 23,448 23,000 148 2,071 | | - | 1,575 26,070 1,568 3,923 168 378 88,794 525 896 23,448 23,000 148 2,071 | 4 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 15 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 4 MO S/L 4 MO S/L | 1,575 26,070 1,568 3,923 168 378 88,794 525 896 11,724 10,733 59 0 | 0 0 0 0 0 0 0 0 1,563 1,534 30 302 3,429 |
| | Total ACRS and Other Depre | ciation _ | 172,564 | | : | 172,564 | | 146,413 | 3,429 |
| | Grand Totals Less: Dispositions and Transfo Less: Start-up/Org Expense Net Grand Totals | ers - = | 178,994 0 0 178,994 | | - | 172,564 0 0 172,564 | | 152,843 0 0 152,843 | 3,429 0 0 3,429 |

FYE: 12/31/2023

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

Form 990, Page 1

Tax Cost Tax Sec 179 Exp Tax - Basis for Depr Date In Bus Current Prior **Property Description** Service Pct Bonus Bonus <u>Asset</u> 4,200 2,230 21 flooring22 network camera 12/15/11 11/15/11 4,200 2,230 $_{0}^{0}$ 0 0 0 0 0 0 6,430 0 **Grand Total**

| | | | | | | AMT |
|------|------|----------|--|------------|-----|-----------------------------|
| Form | Unit | Asset | Description | Tax | AMT | Adjustments/ Preferences |
| | | <u> </u> | There are no assets that meet the criteria of th | nis renort | | · |

THESANDBOX The Sandbox a Hilton Head
20-0301794 Future Depreciation Report
FYE: 12/31/2023 Form 990, Page 1 FYE: 12/31/24

| <u>Asset</u> | Description | Date In Service | Cost | Tax | AMT |
|--|---|---|---|--|---|
| Prior M | AACRS: | | | | |
| 21 22 | flooring network camera | 12/15/11 11/15/11 | 4,200 2,230 6,430 | 0 0 | 0 0 0 |
| Other I | Depreciation: | | | | |
| 12 13 14 15 16 17 18 19 20 23 24 25 26 | COMPUTERS EXHIBITS - 2005 EXHIBITS - 2006 FURNITURE FURNITURE FURNITURE LEASEHOLD IMRPOVEMENTS FURNITURE COMPUTERS Racetrack Exhibit Grocery Store Exhibit NEW COLIGNY EXHIBITS Computers Total Other Depreciation | 11/15/05 12/31/05 4/01/06 12/15/05 4/08/06 4/26/06 11/15/05 3/30/06 6/15/08 7/15/15 1/15/16 1/01/21 5/21/23 | 1,575 26,070 1,568 3,923 168 378 88,794 525 896 23,448 23,000 148 2,071 | 0 0 0 0 0 0 0 0 1,563 1,533 29 518 3,643 | 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| | Total ACRS and Other Depreciation | | 172,564 | 3,643 | 0 |
| | Grand Totals | | 178,994 | 3,643 | 0 |

Form **990**

Name

Two Year Comparison Report

ending

2022 & 2023

mum camprou a urimon uman

For calendar year 2023, or tax year beginning

Taxpayer Identification Number

| 7 | THE SANDBOX A HILTON HEAD | | | | | 20-0301794 | | |
|---------------|---|-----|---------|------|-------|--------------------|--|--|
| | | | 2022 | 2023 | | Differences | | |
| | 1. Contributions, gifts, grants | 1. | 76,971 | 51 | ,212 | -25,759 | | |
| e n u e | 2. Membership dues and assessments | 2. | · | | • | · | | |
| | 3. Government contributions and grants | 3. | 132,829 | 68 | 3,053 | -64,776 | | |
| | 4. Program service revenue | 4. | 351,101 | 319 | ,993 | -31,108 | | |
| | 5. Investment income | 5. | 3 | 8 | 3,023 | 8,020 | | |
| > | 6. Proceeds from tax exempt bonds | 6. | | | | | | |
| Re | 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 | 2,410 | -2,410 | | |
| | 11. Other revenue | 11. | | | | | | |
| | 12. Total revenue. Add lines 1 through 11 | 12. | 560,537 | 444 | 871 | -115,666 | | |
| | 13. Grants and similar amounts paid | 13. | | | | | | |
| | 14. Benefits paid to or for members | 14. | | | | | | |
| S | 15. Compensation of officers, directors, trustees, etc. | 15. | 78,000 | 63 | 3,208 | -14,792 -41,014 | | |
| n S | 16. Salaries, other compensation, and employee benefits | 16. | 177,909 | 136 | ,895 | -41,014 | | |
| Ф | 17. Professional fundraising fees | 17. | | | | | | |
| х р | 18. Other professional fees | 18. | 6,393 | | 393 | 40,000 | | |
| Ш | 19. Occupancy, rent, utilities, and maintenance | 19. | 72,592 | | ,102 | -36,490 | | |
| | 20. Depreciation and Depletion | 20. | 3,125 | | ,429 | 304 | | |
| | 21. Other expenses | 21. | 127,140 | | ,669 | 68,529 | | |
| | 22. Total expenses. Add lines 13 through 21 | 22. | 465,159 | | .,696 | 16,537 | | |
| | 23. Excess or (Deficit). Subtract line 22 from line 12 | 23. | 95,378 | | ,825 | -132,203 | | |
| | 24. Total exempt revenue | 24. | 560,537 | 444 | 871 | -115,666 | | |
| _ | 25. Total unrelated revenue | 25. | | | | | | |
| r Information | 26. Total excludable revenue | 26. | 351,104 | | ,606 | -25,498 | | |
| | 27. Total assets | 27. | 238,519 | | ,587 | 19,068 | | |
| | 28. Total liabilities | 28. | 9,460 | | ,966 | -3,494 | | |
| | 29. Retained earnings | 29. | 229,059 | | .,621 | 22,562 | | |
| the | 30. Number of voting members of governing body | 30. | 15 | 15 | | | | |
| 0 | 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 | | | | |

Name

Form 990 Tax Return History 2023

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 | | | | | | |
| nvestment 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 | |
| Fotal 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 | |

THESANDBOX The Sandbox a Hilton Head
20-0301794 Federal Statements

5/1/2025

FYE: 12/31/2023

Taxable Interest on Investments

| _ | | | |
|---------|-----|-----|------|
| - 11 | 000 | rın | tion |
| $ \cup$ | esc | ıw | ион |
| _ | | | |

| | Amount | Unrelated Exclusion Business Code | r US Obs (\$ or %) | |
|-------------------|-------------|-----------------------------------|-----------------------|--|
| INVESTMENT INCOME | | | | |
| BANK INTEREST | \$ 7,448 | 14 | | |
| | 575 | 14 | | |
| TOTAL | \$ 8,023 | | | |

THESANDBOX The Sandbox a Hilton Head

1

Federal Statements

5/1/2025

FYE: 12/31/2023

20-0301794

| | Form 990, Part IX. | <u>, Line 11g - Othe</u> | <u>r Fees for Service</u> | (Non-employee) |
|--|--------------------|--------------------------|---------------------------|----------------|
|--|--------------------|--------------------------|---------------------------|----------------|

| Description | E | Total xpenses | Program Service | _ ` | gement & eneral | Fund aising |
|-------------------|----|------------------|------------------------|-----|--------------------|----------------|
| 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 | E | Total xpenses | Program Service | agement & General | Fund Raising |
|---|----|---------------------------------------|-----------------------------|----------------------|-----------------|
| MISCELLANEOUS BANK & CREDIT CARD EXPENS ASSOCIATION DUES & LICENS FUNDRAISING EXECUTIVE DIRECTOR EXPENS | \$ | 5,302 4,484 1,699 588 337 | \$ 5,302 4,484 337 | \$ 1,699 | \$ 588 |
| TOTAL | \$ | 12,410 | \$ 10,123 | \$ 1,699 | \$ 588 |

THESANDBOX The Sandbox a Hilton Head 20-0301794

Federal Statements

5/1/2025

FYE: 12/31/2023

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

Schedule A, Part III, Line 2(e)

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

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

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

THESANDBOX The Sandbox a Hilton Head 20-0301794 ph:843-842-7645 Platform Version: 22.3.4 Federal Version: 22.3.4

2022

Federal Diagnostics

Prepared by: Pamela June, CPA 11/15/2023 01:35 PM dfish

| 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 Exclude Schedule B from income option marked in Contributor Information window (View > 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

| 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 | | _ | 56 | 50,537 | | |
| Expenses | | | | | | |
| Program services | | 367,114 | | | | |
| Management and general | | 367,114 57,099 | | | | |
| Fundraising | | 40,946 | | | | |
| Total expenses | | | 46 | 55,159 | | |
| Excess / (deficit) | | _ | | | | 95,378 |
| | | | | | _ | -27,961 |
| Changes | | | | | | |
| Changes | | | | | | |
| Changes Net Asset / Fund Bal | lance at End of Year | | | | | 229,059 |
| Net Asset / Fund Bal Reconciliation of Re | venue | Total evo | | conciliation of | f Expenses | 229,059 |
| Net Asset / Fund Bal Reconciliation of Re otal revenue per financial statements | venue | | | conciliation of | f Expenses | 229,059 |
| Net Asset / Fund Bal Reconciliation of Re otal revenue per financial statements _ ess: | venue | Less: | enses per fi | nancial stateme | f Expenses | 229,059 |
| Net Asset / Fund Bal Reconciliation of Re otal revenue per financial statements _ ess: Unrealized gains | venue | Less: Dona | enses per fi | nancial stateme | f Expenses | 229,059 |
| Net Asset / Fund Bal Reconciliation of Re otal revenue per financial statements _ ess: Unrealized gains Donated services | venue | Less: Dona Prior | enses per fi ated services year adjustr | nancial stateme | f Expenses | 229,059 |
| Net Asset / Fund Bal Reconciliation of Re otal revenue per financial statements _ ess: Unrealized gains _ Donated services _ Recoveries | venue | Less: Dona Prior Loss | enses per fi ated services year adjustr es | nancial stateme | f Expenses | 229,059 |
| Reconciliation of Reconciliati | venue | Less: Dona Prior Loss Othe | enses per fi ated services year adjustr es | nancial stateme | f Expenses | 229,059 |
| Reconciliation of Re otal revenue per financial statements _ ess: Unrealized gains Donated services Recoveries Other | venue | Less: Dona Prior Loss Othe Plus: | eenses per fi ated services year adjustr es r | nancial stateme s ments | f Expenses | 229,059 |
| Reconciliation of Reconciliati | venue | Less: Dona Prior Loss Othe Plus: Inves | eenses per fi ated services year adjustr es r | nancial stateme s ments | f Expenses | 229,059 |
| Reconciliation of Reconciliati | venue | Less: Dona Prior Loss Othe Plus: Inves | eenses per fi ated services year adjustr es r stment exper | nancial stateme | f Expenses | 229,059 |
| Reconciliation of Re otal revenue per financial statements _ ess: Unrealized gains Donated services Recoveries Other lus: Investment expenses | venue | Less: Dona Prior Loss Othe Plus: Inves | eenses per fi ated services year adjustr es r stment exper | nancial stateme s ments | f Expenses | 229,059 |
| Reconciliation of Re otal revenue per financial statements _ ess: Unrealized gains Donated services Recoveries Other Ius: Investment expenses Other | venue | Less: Dona Prior Loss Othe Plus: Inves | eenses per fi ated services year adjustr es r stment exper r rotal expen s | nancial stateme | f Expenses | 229,059 |
| Reconciliation of Reconciliati | 560,537 | Less: Dona Prior Loss Othe Plus: Inves Othe | eenses per fi ated services year adjustr es r stment exper r rotal expen s | nancial stateme nents nses ses per return | f Expenses | 229,059 |
| Reconciliation of Re otal revenue per financial statements _ ess: Unrealized gains Donated services Recoveries Other lus: Investment expenses Other Total revenue per return | 560,537 Beginning | Less: Dona Prior Loss Othe Plus: Inves Othe | eenses per fi ated services year adjustr es r stment exper r Total expen s | nancial stateme | f Expenses | 229,059 |
| Reconciliation of Reconciliation of Reconciliation of Reconciliation of Recotal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Investment expenses Other Total revenue per return Assets | 560,537 Beginning 341,498 | Less: Dona Prior Loss Othe Plus: Inves Othe | eenses per fi ated services year adjustr es r stment exper r Total expens | nancial stateme nents nses ses per return | f Expenses | 229,059 |
| Reconciliation of Re otal revenue per financial statements _ ess: Unrealized gains Donated services Recoveries Other lus: Investment expenses Other Total revenue per return Assets Liabilities | 560,537 Beginning 341,498 179,856 | Less: Dona Prior Loss Othe Plus: Inves Othe | enses per file ated services year adjustres restment experient fotal expension to the first services the fir | nancial stateme s ments nses ses per return Differences | f Expenses | 229,059 |
| Reconciliation of Reconciliation of Reconciliation of Reconciliation of Recotal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Investment expenses Other Total revenue per return Assets | 560,537 Beginning 341,498 | Less: Dona Prior Loss Othe Plus: Inves Othe | enses per file ated services year adjustres restment experient fotal expension to the first services the fir | nancial stateme nents nses ses per return | f Expenses | 229,059 |

| Amended return | |
|----------------------------|-----------------------|
| Return / extended due date | $11/15/2\overline{3}$ |
| 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

| OMR | No. | 1545-004 | |
|-----|-----|----------|--|
| | | | |

Department of the Treasury Internal Revenue Service

Name of filer

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.

2022

| Name of filer | | EIN or SSN |
|---|---|--|
| | THE SANDBOX A HILTON HEAD | 20-0301794 |
| Name and title of officer or person subject to tax | LICIA POWELL | , |
| E | XECUTIVE DIRECTOR | |
| Part I Type of Return and | d Return Information | |
| | are using this Form 8879-TE and enter the applicable amount, | if any, from the return. Form |
| - | dollars and cents. For all other forms, enter whole dollars only. I | - |
| | and the amount on that line for the return being filed with this for | |
| | ever is applicable, blank (do not enter -0-). But, if you entered -0 | |
| applicable line below. Do not complete m | | |
| 1a Form 990 check here | | , line 12) 1b560 , 537 |
| 2a Form 990-EZ check here | | · · · · · · · · · · · · · · · · · · · |
| 3a Form 1120-POL check here | T 14 (F 4400 BOL 00) | • |
| 4a Form 990-PF check here | b Tax based on investment income (Form 990-PF, Pa | |
| 5a Form 8868 check here | | |
| 6a Form 990-T check here | b Total tay (Form 000 T Part III line 4) | 6b |
| 7a Form 4720 check here | | |
| 8a Form 5227 check here | | · · · · · · · · · · · · · · · · · · · |
| | b Tax due (Form 5330, Part II, line 19) | • |
| 9a Form 5330 check here | | - |
| 10a Form 8038-CP check here Part II Declaration and Signature | <u> </u> | |
| Under penalties of perjury, I declare that | | |
| of entity) | (EIN) | erson subject to tax with respect to (name and that I have examined a copy of the |
| | schedules and statements, and, to the best of my knowledge ar | |
| . , , | nt in Part I above is the amount shown on the copy of the electron | |
| | , or electronic return originator (ERO) to send the return to the IR | |
| • | rejection of the transmission, (b) the reason for any delay in pro | ` , |
| | norize the U.S. Treasury and its designated Financial Agent to in | |
| | on account indicated in the tax preparation software for payment | |
| return, and the financial institution to debi | t the entry to this account. To revoke a payment, I must contact t | 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 ta | axes to receive confidential information necessary to answer inqu | uiries and resolve issues related to |
| the payment. I have selected a personal i | dentification number (PIN) as my signature for the electronic retu | urn and, if applicable, the consent to |
| electronic funds withdrawal. | | |
| PIN: check one box only | | |
| X I authorizeJUNECPA | to ente | er my PIN 12335 as my signature |
| | ERO firm name | Enter five numbers, but |
| | | do not enter all zeros |
| on the tax year 2022 electronicall | y filed return. If I have indicated within this return that a copy of t | the return is being filed with a state |
| agency(ies) regulating charities a | s part of the IRS Fed/State program, I also authorize the aforem | entioned ERO to enter my PIN on the |
| return's disclosure consent scree | n. | |
| As an officer or person subject to | tax with respect to the entity, I will enter my PIN as my signature | e on the tax year 2022 electronically |
| | hin this return that a copy of the return is being filed with a state | agency(ies) regulating charities as part |
| | ill enter my PIN on the return's disclosure consent screen. | Date 11/15/23 |
| Signature of officer or person subject to tax | and and and and | Date TI/IJ/ZJ |
| Part III Certification and A | | |
| ERO's EFIN/PIN. Enter your six-digit elect number (EFIN) followed by your five-digit | | 57175462291 |
| number (EFIIV) followed by your five-digit | self-selected File. | |
| Logitify that the above numeric entry is my | y PIN, which is my signature on the 2022 electronically filed retu | Do not enter all zeros |
| , | y PIN, which is my signature on the 2022 electronically filed retu vith the requirements of Pub. 4163, Modernized e-File (MeF) Info | |
| Providers for Business Returns. | in the requirements of 1 up. +100, would mize a 6-1 lie (Mer) lille | ormation for Authorized INO 6-III6 |
| PAMELA JUNE | CDA | Date 11/15/23 |
| ERO's signature PAMELA JUNE | , CFA | Date 11/13/23 |
| | EDO Must Datain This Form - Cas Instrus | tions |

THESANDBOX 11/15/2023

Form **990**

Department of the Treasury Internal Revenue Service

Under section 501(c), 527,

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.

2022
Open to Public Inspection

For the 2022 calendar year, or tax year beginning and ending D Employer identification number Check if applicable: C Name of organization THE SANDBOX A HILTON HEAD Address change Doing business as 20-0301794 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 843-842-7645 Initial return **80 NASSAU STREET** Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated HILTON HEAD ISLAND SC 29928 561,394 G Gross receipts\$ Amended return Name and address of principal officer: X No H(a) Is this a group return for subordinates? Application pending ALICIA POWELL 80 NASSAU STREET H(b) Are all subordinates included? If "No " attach a list. See instructions HILTON HEAD ISLAND SC 29928 **X** 501(c)(3) 501(c) (Tax-exempt status:) (insert no.) 4947(a)(1) or WWW.THESANDBOX.ORG Website: H(c) Group exemption number Form of organization: X Corporation Trust Year of formation: 2003 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 Activities & Governance 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. 15 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 15 4 29 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 15 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7a 0 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11. 7b **Current Year** 8 Contributions and grants (Part VIII, line 1h) 154,970 209,800 Revenue 9 Program service revenue (Part VIII, line 2g) 481 351,101 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) **11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -3673,751 377,206 560,537 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 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)

40,946 209,250 **17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 121,687 465,159 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 268,024 19 Revenue less expenses. Subtract line 18 from line 12 109,182 95,378 Beginning of Current Year End of Year 341,498 238,519 20 Total assets (Part X, line 16) 9,460 21 Total liabilities (Part X, line 26) 179,856 161,642 229,059 22 Net assets or fund balances. Subtract line 21 from line 20 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 Signature of officer Here ALICIA POWELL EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature PTIN Check Paid PAMELA JUNE, CPA PAMELA JUNE, CPA 11/15/23 self-employed P00636703 **Preparer** JUNECPA 20-4046229 Firm's EIN Firm's name **Use Only** 99 MAIN STREET 843-842-6500 29926 HILTON HEAD ISLAND,

May the IRS discuss this return with the preparer shown above? See instructions

Form 990 (2022) THE SANDBOX A HILTON HEAD

Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III 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 Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program Yes X No services? If "Yes," describe these changes on Schedule O. 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. 367,114 including grants of \$ **351,101**) 4a (Code:) (Revenue \$) (Expenses \$ 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. STRIVE TO PROVIDE A STIMULATION, PROGRESSIVE SETTING FOR CHILDREN AND THEIR CARE GIVERS TO PLAY TOGETHER. **4b** (Code: including grants of \$ N/A 4c (Code: including grants of \$ N/A 4d Other program services (Describe on Schedule O.) including grants of \$) (Revenue \$ (Expenses \$ 367,114 **4e** Total program service expenses

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 | 2 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | | |
| 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) | - | | |
| 7 | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | х |
| 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 | | Х |
| 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | X | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u>X</u> |
| 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 | | <u>X</u> |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | <u>X</u> |
| 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 | J , 1 | | | |
| | 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 | | <u>X</u> |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | <u>X</u> |
| 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 | 446 | | v |
| 4- | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | <u>X</u> |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 45 | | v |
| 46 | 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 | 46 | | v |
| 4- | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u> </u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | 47 | | v |
| 19 | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | 17 | | <u>X</u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | 18 | | x |
| 10 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 10 | | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 19 | | x |
| 20a | If "Yes," complete Schedule G, Part III | 20a | | X |
| ∠ua b | If "Vee" to line 200 did the expenientian attack a convertite audited financial attachments to this veture? | 20a | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | |
| - ' | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | х |
| | anneal gerenment erri art 174, commit (17), mo 1: n 100, complete concedure i, i arte i and n | | | |

X

Part IV **Checklist of Required Schedules** (continued) Yes No 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 X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X through 24d and complete Schedule K. If "No," go to line 25a 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If X "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 32 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 X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, X or IV, and Part V, line 1 34 Х Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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 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 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and X 19? Note: All Form 990 filers are required to complete Schedule O. 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 2 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance (continu | ıed) | | | 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 return | s? | | 2b | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C | | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other au | | | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial a | ccour | nt)? | 4a | | Х |
| 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 Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Foreign Bank and Financial Actions for FinCEN Foreign Bank and Financial Actions for Financial Actions | count | s (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \dots | | | 5a | | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | on? | | 5b | | Х |
| С | 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 | s or | | | | |
| _ | gifts were not tax deductible? | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go | ods | | - - | | |
| l. | 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 | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | 70 | | |
| ч | required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | 7c | | |
| d e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor | | | 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 Forr | | as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizati | | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | , | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| а | 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 | | |
| 0 | Section 501(c)(7) organizations. Enter: | ı | | | | |
| а | 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 | | | | |
| 1 | Section 501(c)(12) organizations. Enter: | ı | 1 | | | |
| а | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources | | | | | |
| • | against amounts due or received from them.) | 11b | | | | |
| 2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | , | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| а | 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 | | | | |
| С | Foton the agreement of processing on bound | 13c | | | | |
| 4a | Did the experimental processing any payments for indeed tenning complete during the tay year? | | | 14a | | х |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule | | | 14b | | |
| 5 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera | | | | | |
| | excess parachute payment(s) during the year? | | | 15 | | X |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | | | |
| 6 | Is the organization an educational institution subject to the section 4968 excise tax on net investment in | come | ? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | | | |
| 7 | Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activity | ies | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | 17 | | |
| | If "Yes," complete Form 6069. | | | | | |

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

| <u> </u> | tion 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 | | 162 | 140 |
| ıa | If there are material differences in voting rights among members of the governing body, or | ia | | <u> </u> | | |
| | 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 | | х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | | | |
| | or a financial section of afficient discretion and the section of the section of a financial section of a financial section of the section of | | | 3 | | х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | Х |
| 6 | Did the organization have members or stockholders? | | | _ | | Х |
| 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 | | Х |
| 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 | | | | | |
| а | The governing body? | - | _ | | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | Oh | Х | |
| 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 |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Inte | rnal R | evenue | 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? | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing | the forr | n? | 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 conf | licts? | 12b | | |
| С | 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 | | Х |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | | Х |
| 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 | | | I . | - | X |
| b | Other officers or key employees of the organization | | | 15b | | Х |
| | 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 | | | | | v |
| | with a taxable entity during the year? | | | 16a | | X |
| D | 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 | | | 404 | | |
| 800 | organization's exempt status with respect to such arrangements? | | | 16b | | |
| | List the states with which a copy of this Form 000 is required to be filed. | | | | | |
| 17 19 | 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 (se | วแบท 50 |) I (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 | Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest or schedule O whether (and if so, how) the organization made its governing documents, conflict of interest or schedule O whether (and if so, how) the organization made its governing documents, conflict of interest or schedule O whether (and if so, how) the organization made its governing documents, conflict of interest or schedule O whether (and if so, how) the organization made its governing documents, conflict of interest or schedule O whether (and if so, how) the organization made its governing documents, conflict of interest or schedule O whether (and if so, how) the organization made its governing documents, conflict of interest or schedule O whether (and if so, how) the organization made its governing documents, conflict of interest or schedule O whether (and if so, how) the organization made its governing documents, conflict or schedule O whether (and if so, how) the organization made its governing documents, conflict or schedule O whether (and if so, how) the organization made its governing documents or schedule O whether (and if so, how) the organization made its governing documents or schedule O whether (and if so, how) the organization made its governing documents or schedule O whether (and if so, how) the organization or schedule O whether (and if so, how) the organization or schedule O whether (and if so, how) the organization or schedule O whether (and if so, how) the organization or schedule O whether (and if so, how) the organization or schedule O whether (and if so, how) the organization or schedule O whether (and if so, how) the organization or schedule O whether (and if so, how) the organization or schedule O whether (and if so, how) the organization or schedule O whether (and if so, how) the organization or schedule O whether (and if so, how) the organization or schedule O whether (and if so, how) the | et noli | N/ | | | |
| ıJ | and financial statements available to the public during the tax year. | sat hou | у, | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and record | 40 | | | | |

ALICIA POWELL

80 NASSAU STREET

SC 29928

843-842-7645

Form 990 (2022) THE SANDBOX A HILTON HEAD Part VII Companyation of Officers Directors Trustoes Key Emplo

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 | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | is both a or/truste | an e) | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation | | |
|----------------------------------|---|--|-----------------------|---------|------------------------|------------------------------|--|---|--|---|--|
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | from the organization and related organizations | |
| (1) NANCY FOWLER | | | | | | | | | | | |
| | 40.00 | | | | | | | | _ | _ | |
| EXEC DIRECTOR (2022) | 0.00 | | | Х | | | | 78,000 | 0 | 0 | |
| (2) TARA ANDERSON | 1 00 | | | | | | | | | | |
| | 1.00 | ٠, | | | | | | | 0 | 0 | |
| DIRECTOR | 0.00 | X | | | | \vdash | | 0 | 0 | 0 | |
| (3) DENNIS CULLEN | 1.00 | | | | | | | | | | |
| DIRECTOR | 0.00 | x | | | | | | 0 | 0 | 0 | |
| (4) SUSIE DOLAN | 0.00 | ^ | | | | | | 0 | 0 | <u> </u> | |
| (+) 5 0511 5 01111 | 1.00 | | | | | | | | | | |
| DIRECTOR | 0.00 | х | | | | | | 0 | 0 | 0 | |
| (5) LINDA DREISBACH | 0.00 | | | | | | | | | | |
| (3) | 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 | | Х | | | | 0 | 0 | 0 | |
| (9) QUEATA JACKSON | 1 00 | | | | | | | | | | |
| | 1.00 | ٠, | | x | | | | | 0 | 0 | |
| SECRETARY (10) ALEXANDER KANARF | 0.00 | X | | X | | | | 0 | 0 | 0 | |
| (10) ALEXANDER KANARE | 1.00 | | | | | | | | | | |
| DIRECTOR | 0.00 | x | | | | | | 0 | 0 | 0 | |
| (11) LYNN KING | 3.00 | 1 | | | | 1 1 | | | U | <u> </u> | |
| () | 1.00 | | | | | | | | | | |
| DIRECTOR | 0.00 | х | | | | | | 0 | 0 | 0 | |
| · | | | | | | | | | | - 000 | |

| (A) Name and title | (B) Average hours per week | bo | x, unle | Pos check ess pe | rson | than o | an | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation | | | |
|--|---|--------------------------------|-----------------------|------------------------|--------------|------------------------------|--------|---|---|--|--------------------------------------|-----------------|--------|
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | org | from the ganization ed organiz | e n and | |
| (12) KERI OLIVETTI | | | | | | | | | | | | | |
| DIRECTOR | 1.00 | х | | | | | | 0 | 0 | | | | 0 |
| (13) LAURIE SAVIDO | | | | | | | | | . | | | | |
| | 1.00 | | | | | | | | | | | | _ |
| DIRECTOR (14) CHUCK SCHWART | 0.00 | Х | | | | | | 0 | 0 | | | | 0 |
| (14) CHOCK BOHMING | 1.00 | | | | | | | | | | | | |
| PRESIDENT | 0.00 | Х | | Х | | | | 0 | 0 | | | | 0 |
| (15) SETH TILTON | 1.00 | | | | | | | | | | | | |
| DIRECTOR | 0.00 | х | | | | | | 0 | 0 | | | | 0 |
| (16) JOEY VARIN | | | | | | | | | | | | | |
| DIDECTOR | 1.00 | 3,5 | | | | | | | 0 | | | | ^ |
| DIRECTOR (17) ALICIA POWELI | 0.00 | Х | | | | | | 0 | 0 | | | | 0 |
| (11) | 40.00 | | | | | | | | | | | | |
| EXECUTIVE DIRECTOR | 0.00 | | | X | | | | 0 | 0 | | | | 0 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 78,000 | | | | | |
| c Total from continuation she | | | | | | | | · | | | | | |
| d Total (add lines 1b and 1c) . Total number of individuals (in | | | | | | | | 78,000 | 2100 000 of | | | | |
| reportable compensation from | • | | 0 | 11056 | 1150 | eu ai | | e) who received more than q | 5100,000 01 | | | | |
| 3 Did the organization list any fo | rmer officer dire | ector | trus | tee | kev | emn | ove | e or highest compensated | | | <u> </u> | Yes | No |
| employee on line 1a? If "Yes," | complete Sched | lule J | for | such | indi | vidua | al. | | | | 3 | | X |
| 4 For any individual listed on line organization and related organ | | | | | | | | | | | | | |
| individual | | | | | | | | | | | 4 | | X |
| 5 Did any person listed on line 1 for services rendered to the or | | | | | | | | | | | 5 | | x |
| Section B. Independent Contracto | | | | | | | | | | | | | |
| 1 Complete this table for your five compensation from the organization | | | | | | | | | | ır. | | | |
| Name and | (A) business address | | | | | | | Descrip | (B) tion of services | | Com | (C) pensatio | n |
| | | | | | | | | | | | | | |
| | | | | | | | | | | - | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | -+ | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent of | contractors (inclu | dina | but | not li | mite | d to 1 | thos | se listed above) who | | | | | |
| received more than \$100,000 | | | | | | | | -, | 0 | | F | 990 | (2022) |

20-0301794 Form 990 (2022) THE SANDBOX A HILTON HEAD Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII. (D) Revenue excluded (B) Related or exempt Unrelated Total revenue from tax under sections 512-514 function revenue business revenue 1a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c **d** Related organizations e Government grants (contributions) 132,829 1e **f** All other contributions, gifts, grants, and similar amounts not included above 76,971 g Noncash contributions included in 1g h Total. Add lines 1a-1f 209,800 **Business Code** 611710 351,101 351,101 MUSEUM ADMISSIONS/PROGRAMS **f** All other program service revenue g Total. Add lines 2a-2f 351,101 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory Other Revenue **b** Less: cost or other basis and sales exps. 7с c Gain or (loss) d Net gain or (loss) **8a** Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 490 **b** Less: direct expenses 857 -367 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** iscellaneous Revenue

560,537

351,101

0

d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions

Part IX Statement of Functional Expenses

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

| | Check if Schedule O contains a respo | onse or note to any line in th | is Part IX | | |
|----|---|--------------------------------|------------------------------------|---|--------------------------------|
| | ot include amounts reported on lines 6b, 7b, b, 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): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | 6,393 | 3,196 | 3,197 | |
| d | Lobbying | | | | |
| е | 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.) | | | | |
| а | DESIGN EXPENSE | 30,014 | 30,014 | | |
| b | EXHIBIT UPKEEP | 23,886 | 23,886 | | |
| С | PROGRAM COSTS | 11,524 | 11,524 | <u> </u> | |
| d | TECHNOLOGY | 9,745 | | 9,745 | |
| е | 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) (B) Beginning of year End of year 117,926 Cash—non-interest-bearing 140,880 Savings and temporary cash investments 34,017 6,059 2 2 Pledges and grants receivable, net 9,402 3 3 Accounts receivable, net 3,880 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 88,954 88,954 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 7,146 1,500 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 179,467 10a **b** Less: accumulated depreciation 10b 27,205 155,387 24,080 10c Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 14 Intangible assets 30,014 15 Other assets. See Part IV, line 11 341,498 238,519 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 9,460 Accounts payable and accrued expenses 19,510 17 17 Grants payable 18 18 120,171 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 40,175 of Schedule D 179,856 9,460 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here **Fund Balances** and complete lines 27, 28, 32, and 33. Net assets without donor restrictions -157,016 229,059 27 27 318,658 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. ō Capital stock or trust principal, or current funds 29 Net Assets 30 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 31 229,059 161,642 32 Total net assets or fund balances 32 Total liabilities and net assets/fund balances . 341,498 238,519

Form **990** (2022)

| orm | 1 990 (2022) THE SANDBOX A HILTON HEAD 20-0301794 | | | Pa | ge 1 2 |
|-----|---|-------|----|-----|---------------|
| Pa | rt 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 | 5 | 60, | 537 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4 | 65, | 159 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 1 2 1 | | 95, | 378 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1 | 61, | 642 |
| 5 | Net unrealized gains (losses) on investments | | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | | | | |
| 8 | Prior period adjustments | | -: | 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 | 2 | 29, | 059 |
| Pa | rt 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? | | 2a | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | | |
| | Schedule O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | |

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

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

Name of the organization

THE SANDBOX A HILTON HEAD

Employer identification number 20-0301794

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R 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 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). g (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) (A) (B) (C) (D) (E)

Section A. Public Support

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.)

| Caler | idar 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 | | | | | | |
| | tion B. Total Support | | | | | | _ |
| | idar 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) | | | | | |
| 13 | First 5 years. If the Form 990 is for the org | | | • | , , , | , | |
| 800 | organization, check this box and stop here | | | | | | |
| | tion C. Computation of Public Su | | | · (f\) | | 144 | % |
| 14 | Public support percentage for 2022 (line 6 | | | | | 4 - | |
| 15 162 | Public support percentage from 2021 Sche 33 1/3% support test—2022. If the organ | | | | 2 1/2% or more of | | <u></u> |
| 16a | box and stop here. The organization quali | | | | 3 1/3% of more, cr | ieck this | |
| b | 33 1/3% support test—2021. If the organ | | | | 5 is 33 1/3% or mo | re check | Ц |
| J | this box and stop here . The organization of | | | ni-ation | | | |
| 17a | 10%-facts-and-circumstances test—202 | | | | | | Ц |
| | 10% or more, and if the organization meet | _ | | | | | |
| | Part VI how the organization meets the factorganization | ts-and-circumstan | ces test. The orgar | ization qualifies as | s a publicly suppor | ted | |
| b | 10%-facts-and-circumstances test—202 15 is 10% or more, and if the organization in Part VI how the organization meets the torganization | 21. If the organizati meets the facts-ar facts-and-circumstand-circumstand-circumstand-circumstand | ion did not check and-circumstances te tances test. The org | box on line 13, 16 est, check this box anization qualifies | a, 16b, or 17a, and and stop here. Exas a publicly supp | l line xplain orted | |
| 18 | Private foundation. If the organization did | | | | | | |
| | instructions | | | | | | Ц |
| | | | | | | Schedule | A (Form 990) 2022 |

Part III

Schedule A (Form 990) 2022

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

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

| Sec | tion A. Public Support | , , | | · • | • | , | |
|-----------|--|------------------------------|---------------------|------------------------|--------------------|----------|-----------|
| Cale | ndar 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.) | | | | | | 1 760 057 |
| Sec | tion B. Total Support | | | | | | 1,760,257 |
| | ndar 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 | | -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 | | | | | | |
| С | 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 org | ganization's first, sec | cond, third, fourth | , or fifth tax year as | a section 501(c)(3 | () | |
| | organization, check this box and stop here | | | | | | |
| Sec | tion C. Computation of Public Su | • • | | | | | |
| 15 | Public support percentage for 2022 (line 8 | | | | | | 99.62% |
| 16 | Public support percentage from 2021 Scho | | | | | 16 | 99.11% |
| | tion D. Computation of Investme | | | | | 47 | |
| 17 10 | Investment income percentage for 2022 (li | | C 47 | | | 40 | % |
| 18 19a | Investment income percentage from 2021 3 33 1/3% support tests—2022. If the orga | | | 14 and line 15 is n | | | 1 % |
| | 17 is not more than 33 1/3%, check this bo | ox and stop here. The | he organization qu | ualifies as a publicly | y supported organi | zation | X |
| b | 33 1/3% support tests—2021. If the orgal line 18 is not more than 33 1/3%, check the | | | | | | |
| 20 | Private foundation. If the organization did | | | | | | |

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. A | All Supporting | Organizations |
|--------------|----------------|---------------|
| | | |

Yes Nο 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 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 2 organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 3a 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 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. 3с 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 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 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 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 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 5c **Substitutions only.** Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or 6 benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity 7 with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 8 7? If "Yes," complete Part I of Schedule L (Form 990). Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. Did one or more disqualified persons (as defined 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 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

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

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer line 10b below.

determine whether the organization had excess business holdings.)

10a

10b

10a

| Par | TIV Supporting Organizations (continued) | — | | |
|-------|--|--------|------|-----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, | | | |
| Cooti | provide detail in Part VI. | 11c | | |
| Secti | on 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, | | | |
| 04 | supervised, or controlled the supporting organization. | 2 | | |
| Secti | ion C. Type II Supporting Organizations | | ., 1 | |
| | | | 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 | | | |
| Secti | the supported organization(s). ion D. All Type III Supporting Organizations | 1 | | - |
| Occi | on B. 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 | | 162 | INU |
| • | 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 | _ | | |
| J | 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 | | |
| Secti | ion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruct | ions). | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | · | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in 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. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? If "Yes" or "No," provide details in 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.

20-0301794

| Schedu | tle A (Form 990) 2022 THE SANDBOX A HILTON HEAD | | 20-0301 | 794 Page 6 |
|--------|--|-----------|---|--------------------------------|
| _Par | t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga | niza | tions | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. | 20, 19 | 970 (explain in Part VI). Se | e |
| | instructions. All other Type III non-functionally integrated supporting organizations must | compl | ete Sections A through E. | |
| Sect | ion 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 | | |
| Sect | ion 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 | | |
| k | Average monthly cash balances | 1b | | |
| | Fair market value of other non-exempt-use assets | 1c | | |
| | 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 | | |
| Sect | ion 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 Ty | /pe III s | supporting organization | |

Schedule A (Form 990) 2022

(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 Amounts paid to acquire exempt-use assets 4 4 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 8 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 9 Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount 10 10 (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required-explain in Part VI). See instructions. 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) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 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. 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. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020

Schedule A (Form 990) 2022

d Excess from 2021e Excess from 2022

| Schedule A (For | m 990) 2022 | THE S | ANDBOX A | HILTON | HEAD | 2 | 20-0301794 | Page 8 |
|-----------------|--|---|---|---|--|---|--|-------------------------------------|
| Part VI | Supplemental Inf III, line 12; Part IV B, lines 1 and 2; F 3a, and 3b; Part V lines 2, 5, and 6. | formation. , Section A, Part IV, Sect /, line 1; Par | Provide the extended lines 1, 2, 3b tion C, line 1; It V, Section E | xplanations , 3c, 4b, 4c Part IV, Sec s, line 1e; Pa | required by Pa , 5a, 6, 9a, 9b, ction D, lines 2 art V, Section I | art II, line 10; F 9c, 11a, 11b, and 3; Part IV D, lines 5, 6, a | Part II, line 17a or and 11c; Part IV, , Section E, lines nd 8; and Part V, | 17b; Part Section 1c, 2a, 2b, |
| | | | | | | | | |
| | | | | | | | | |
| • | | | | | | | | |
| • | | | | | | | | |
| • | | | | | | | | |
| • | | | | | | | | |
| • | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| · | | | | | | | | |
| • | | | | | | | | |
| • | | | | | | | | |
| • | | | | | | | | |
| • | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

THE SANDBOX A HILTON HEAD

20-0301794

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2022

Employer identification number

| THE SANDBOX | A HILTON HEAD | 20-0301794 |
|--|--|---|
| Organization type (check | one): | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private founda | ntion |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |
| , , | is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a S | Special Rule. See |
| General Rule | | |
| | n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions or property) from any one contributor. Complete Parts I and II. See instructions to contributions. | - |
| Special Rules | | |
| regulations under 16b, and that rece | n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % s sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Paived from any one contributor, during the year, total contributions of the greater cunt on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts | art II, line 13, 16a, or of (1) \$5,000; or |
| contributor, during | n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recein the year, total contributions of more than \$1,000 exclusively for religious, charitational purposes, or for the prevention of cruelty to children or animals. Complete F instead of the contributor name and address), II, and III. | able, scientific, |
| contributor, during contributions totale during the year for General Rule app | n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recein the year, contributions exclusively for religious, charitable, etc., purposes, but noted more than \$1,000. If this box is checked, enter here the total contributions that an exclusively religious, charitable, etc., purpose. Don't complete any of the paralles to this organization because it received nonexclusively religious, charitable, more during the year | o such It were received Its unless the etc., contributions |
| Caution: An organization must answer "No" on Part | that isn't covered by the General Rule and/or the Special Rules doesn't file Sche IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on it neet the filing requirements of Schedule B (Form 990). | edule B (Form 990), but it |

PAGE 1 OF 1

Page 2

Name of organization

Schedule B (Form 990) (2022)

THE SANDBOX A HILTON HEAD

Employer identification number 20-0301794

| Part I | Contributors (see instructions). Use duplicate copies of Pa | art I if additional space is ne | eded. |
|------------|--|---------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| .1 | 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.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | BREEDLOVE FOUNDATION 528 PATTERSON ROAD HENDERSONVILLE NC 28739 | \$ 10,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | GLEASON FAMILY FOUNDATION 67 MARK DRIVE SAN RAFAEL CA 94903 | \$ 20,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | LONG COVE CLUB 399 LONG COVE HILTON HEAD ISLAND SC 29928 | \$ 50,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | BURR & FORMAN 23-B SHELTER COVE LANE HILTON HEAD SC 29928 | \$ 5,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | 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 Open to Public Inspection

Name of the organization

Employer identification number

| TI | HE SANDBOX A HILTON HEAD | | 20-0301794 |
|----|--|--|---------------------------------|
| Pa | Int I Organizations Maintaining Donor Advised Fu | nds or Other Similar Funds or A | |
| | Complete if the organization answered "Yes" on F | Form 990. Part IV. line 6. | to o a month of |
| | - 1 | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | (7) |
| 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 exclu | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in v | | |
| • | only for charitable purposes and not for the benefit of the donor or donor | • • | |
| | conferring impermissible private benefit? | | Yes No |
| Pa | ert II Conservation Easements. | | |
| | Complete if the organization answered "Yes" on F | Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization (check a | | |
| | Preservation of land for public use (for example, recreation or education of land for public use) | | important land area |
| | Protection of natural habitat | Preservation of a certified his | • |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation | vation contribution in the form of a conser | vation |
| | easement on the last day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | | | |
| С | Number of conservation easements on a certified historic structure inclu | ided in (a) | 2c |
| d | | | |
| | historic structure listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, released, exti | | on during the |
| | tax year | | |
| 4 | Number of states where property subject to conservation easement is lo | cated | |
| 5 | Does the organization have a written policy regarding the periodic monit | oring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it holds? \dots | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of | violations, and enforcing conservation ea | sements during the year |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of viola | ations, and enforcing conservation easeme | ents during the year |
| | | | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the | | |
| | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservation easeme | • | |
| | balance sheet, and include, if applicable, the text of the footnote to the c | organization's financial statements that des | scribes the |
| D. | organization's accounting for conservation easements. Int III Organizations Maintaining Collections of Art, | Historical Traceures or Other 6 | Similar Assets |
| Га | organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on F | Form 990 Part IV line 8 | Sillilai Assets. |
| 4- | If the organization elected, as permitted under FASB ASC 958, not to re | | about works |
| ıa | of art, historical treasures, or other similar assets held for public exhibition | | |
| | service, provide in Part XIII the text of the footnote to its financial statem | | or public |
| h | If the organization elected, as permitted under FASB ASC 958, to report | | eet works of |
| ~ | art, historical treasures, or other similar assets held for public exhibition, | | |
| | provide the following amounts relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | \$ |
| | | | |
| 2 | If the organization received or held works of art, historical treasures, or or | | |
| _ | following amounts required to be reported under FASB ASC 958 relating | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | \$ |
| | Assets included in Form 990, Part X | | |

Schedule D (Form 990) 2022

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

| Pa | art III Organizations Maintainin | g Collections o | f Art, His | storical T | reasures, | or Other Simi | lar Ass | sets (con | <u>tinue</u> | d) |
|----|---|------------------------|---------------|-----------------|-----------------|---------------------|-------------|-----------|--------------|----------|
| 3 | Using the organization's acquisition, access collection items (check all that apply): | on, and other record | s, check a | ny of the follo | owing that ma | ıke significant use | of its | | | |
| а | Public exhibition | d 🗌 | Loan or e | xchange pro | gram | | | | | |
| b | Scholarly research | e 🗌 | | | - | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | n how they | further the o | organization's | exempt purpose i | n Part | | | |
| | XIII. | ' | , | | 5 | | | | | |
| 5 | During the year, did the organization solicit of | or receive donations | of art. histo | rical treasur | es. or other si | imilar | | | | |
| | assets to be sold to raise funds rather than t | | | | | | | | Yes | No |
| Pa | art IV Escrow and Custodial Ar | | | | | | | | | |
| | Complete if the organizatio 990, Part X, line 21. | | s" on For | m 990, Pa | art IV, line 9 | 9, or reported a | an amo | unt on Fo | orm | |
| 1a | Is the organization an agent, trustee, custod | an or other intermed | iary for cor | ntributions o | r other assets | not | | | | |
| | included on Form 990, Part X? | | | | | | | 📙 | Yes | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing tab | le: | | | | | | |
| | | | | | | | | Amo | ount | |
| С | Beginning balance | | | | | | 1c | | | |
| d | Additions during the year | | | | | | 1d | | | |
| е | Distributions during the year | | | | | | 1e | | | |
| f | Ending balance | | | | | | 1f | | | |
| 2a | Did the organization include an amount on F | orm 990, Part X, line | 21, for es | crow or cust | odial account | liability? | | | Yes | No |
| b | If "Yes," explain the arrangement in Part XIII | . Check here if the ex | cplanation | has been pr | ovided on Par | t XIII | | | | |
| Pa | art V Endowment Funds. | | | | | | | | | |
| | Complete if the organizatio | n answered "Yes | on For | m 990, Pa | art IV, line 1 | 10. | | | | |
| | - | (a) Current year | (b) F | rior year | (c) Two yea | ars back (d) Th | ree years b | ack (e) | Four yea | ars back |
| | | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| С | Net investment earnings, gains, and | | | | | | | | | |
| | losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities and | | | | | | | | | |
| | programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the cur | • | e (line 1g, | column (a)) | held as: | | | | | |
| а | Board designated or quasi-endowment | % | | | | | | | | |
| b | Permanent endowment % | | | | | | | | | |
| С | Term endowment % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | ould equal 100%. | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiza | ation that a | re held and | administered | for the | | | _ | ı |
| | organization by: | | | | | | | _ | Ye | s No |
| | (i) Unrelated organizations | | | | | | | 3a | (i) | |
| | (ii) Related organizations | | | | | | | | (ii) | |
| b | If "Yes" on line 3a(ii), are the related organiz | | | | | | | 3 | b | |
| 4 | Describe in Part XIII the intended uses of the | | wment fun | ds. | | | | | | |
| Pa | art VI Land, Buildings, and Equ | - | . – | 000 5 | (D / P | | 000 5 | | 40 | |
| | Complete if the organizatio | | | | | | T I | | | |
| | Description of property | (a) Cost or other | | (b) Cost or | | (c) Accumulate | | (d) E | Book valu | ie |
| | | (investment | , | (oth | iei) | depreciation | | | | |
| | Land | | | | | | | | | |
| | Buildings | | | | 00.704 | 22 | 704 | | | |
| | Leasehold improvements | | | | 88,794 | | ,794 | | | |
| | Equipment | | | | 5,015 | | ,015 | | | 000 |
| е | Other | . 1 | | | 85,658 | ρŢ | ,578 | | 2 4 | ,080 |

24,080

| Part VII | Investments – Other Securities. Complete if the organization answered "Yes" on F | Form 990, Part IV, lii | ne 11b. See Form 990, F | Part X, line 12. |
|-----------------|---|------------------------|-------------------------|------------------|
| | (a) Description of security or category | (b) Book value | (c) Method o | |
| | (including name of security) | | Cost or end-of-ye | ar market value |
| (1) Financial d | lerivatives | | | |
| | Id equity interests | | | |
| (6) 64 | | | | |
| (Λ) | | | | |
| | | | | |
| (B) | | | | |
| (C) | | | | |
| | | | | |
| (E) | | | | |
| (F) | | | | |
| | | | | |
| | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII | Investments – Program Related. | Form 000 Dort IV lie | 00 110 Coo Form 000 F | Oort V line 12 |
| | Complete if the organization answered "Yes" on F (a) Description of investment | (b) Book value | (c) Method o | |
| | (a) becompain or investment | (b) Book value | Cost or end-of-ye | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | (1) (5 000 D (1)(1/D) (1 10) | | | |
| | (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. | 000 Dowt IV I iv | 11d C F 000 F | Dowt V. line 45 |
| | Complete if the organization answered "Yes" on F | form 990, Part IV, III | ne 11a. See Form 990, F | |
| | (a) Description | | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | (b) must equal Form 990, Part X, col. (B) line 15.) | | | |
| Part X | Other Liabilities. | | | |
| | Complete if the organization answered "Yes" on F | Form 990, Part IV, lii | ne 11e or 11f. See Form | 990, Part X, |
| | line 25. | | | - |
| 1. | (a) Description of liability | | | (b) Book value |
| (1) Federal i | ncome taxes | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | n (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.

| Pa | If XI Reconciliation of Revenue per Audited Financial S | | | |
|--------------|---|--|-------------------------|--|
| | Complete if the organization answered "Yes" on Form | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 11 | | |
| а | 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 | | |
| | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | | | |
| | Other (Describe in Part XIII.) | | 4.5 | |
| C 5 | Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 | | 4c 5 | |
| | rt XII Reconciliation of Expenses per Audited Financial | | | |
| Г | Complete if the organization answered "Yes" on Form | | inses per keturn. | |
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | ····· | |
| | Donated services and use of facilities | 2a | | |
| a h | Prior year adjustments | 2b | | |
| c | Prior year adjustments Other losses | 2c | | |
| | Other losses Other (Describe in Part XIII.) | | | |
| | 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: | | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| | | | | |
| | Other (Describe in Part XIII.) | 4b | | |
| | Other (Describe in Part XIII.) Add lines 4a and 4b | | 4c | |
| С | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 | | 4c 5 | |
| с 5 | Add lines 4a and 4b | | 4c 5 | |
| c 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 1 | 8.) | 5 | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. | 8.) i; Part IV, lines 1b and 2b; Par | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |

| Schedule D (Fe | orm 990) 2022 | THE S | SANDBOX A | A HILTON | HEAD | 20-0301794 | l | Page 5 |
|----------------|---------------|------------|-------------|----------|------|------------|---|---------------|
| Part XIII | Supplemer | ntal Infor | mation (con | tinued) | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| * | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| • | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE 0 (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Name of the organization

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

Open to Public Inspection Employer identification number

| THE SANDBOX A HILTON HEAD | 20-0301794 |
|--|----------------------|
| FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS ! | TO REVIEW FORM 990 |
| FORM 990 WAS REVIEWED BY BOTH THE EXECUTIVE DIRECTOR A | AND TREASURER BEFORE |
| IT WAS FILED. | |
| | |
| FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISC | |
| THESE DOCUMENTS ARE AVAILABLE UPON REQUEST AND ARE POS | STED ON THE |
| GUIDESTAR.ORG WEBSITE. | |
| FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSE | IS EXPLANATION |
| ROUNDING | \$ 0 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Department of the Treasury

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

Internal Revenue Service Name(s) shown on return Identifying number THE SANDBOX A HILTON HEAD 20-0301794 Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1,080,000 1 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,700,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 5 (a) Description of property 6 (b) Cost (business use only) Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 3,125 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property. See instructions.) 0 MACRS deductions for assets placed in service in tax years beginning before 2022 17 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 (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 19a 3-year property 5-year property h 7-year property С 10-year property d 15-year property 20-year property S/L q 25-year property 25 yrs. 27.5 yrs. S/L Residential rental property 27.5 yrs. MM S/L 39 yrs. MM S/L Nonresidential real property MM S/L Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System Class life S/L

12 yrs.

30 yrs.

40 yrs.

MM

MM

40-year Part IV Summary (See instructions.)

Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter

here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

3,125

S/L

S/L

S/L

21

b

С

d

12-year

30-year

THESANDBOX The Sandbox a Hilton Head 20-0301794 Federal Asset Report FYE: 12/31/2022 Form 990, Page 1

11/15/2023

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

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

11/15/2023

FYE: 12/31/2022

| i oiiii ooo, i age i | Form | 990, | Page | 1 |
|----------------------|-------------|------|-------------|---|
|----------------------|-------------|------|-------------|---|

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

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

11/15/2023

Form Unit Asset

FYE: 12/31/2022

Description

There are no assets that meet the criteria of this report

Tax

AMT

AMT Adjustments/ Preferences

THESANDBOX The Sandbox a Hilton Head
20-0301794 Future Depreciation Report
FYE: 12/31/2022 Form 990, Page 1 FYE: 12/31/23

11/15/2023

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

Form **990**

Name

Event Income and Deduction Worksheet

Description OTHER

Description

THE SANDBOX A HILTON HEAD

2022

Taxpayer Identification Number 20-0301794

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

| ncome & Expense Summary: | | Expense Details - Indirect Expense: |
|---|--|---|
| 1. Gross receipts or sales 1. | 490 | Advertising and promotion |
| 2. Advertising income 2. | | Office |
| 3. Circulation income 3. | | Printing/publication/postage |
| I. Other income 4. | | Info technology/Maintenance |
| 5. Returns and allowances 5. | | Royalties & License Fees |
| 6. Contributions received 6. | | Occupancy/Real Estate Taxes |
| 7. Total revenue . Add lines 1 through 6 | 490 | Travel & Repairs |
| 3. Cost of Goods Sold 8. | | Travel/entertainment (officials) |
| Employment Expense 9. | | Conferences/meetings |
| Fees for services 10 | | Conferences/meetings |
| | | Interest |
| Indirect Expense 11 | | Insurance |
| Depreciation Expense 12 | | Total Indirect Expense |
| Exempt Activity Expense 13 | • | France Details - Democristics Frances |
| Fundraising Expense 14 | . 857 | Expense Details - Depreciation Expense: |
| . Total expenses. Add lines 8 through 14 15 | ` | On investment property |
| . Net Income/Loss. Line 7 minus Line 15 16 | . <u>-367</u> | On non-investment property |
| | | Amortization |
| | | Depletion |
| pense Details - Cost of Goods Sold: | | Total Depreciation Expense |
| Beginning inventory | | |
| Purchases | 857 | Expense Details - Exempt Activity Expense: |
| _abor | | Repairs and Maintenance |
| Section 263A costs | | Bad debts |
| Other costs | | Taxes/licenses |
| Ending inventory | · · · | Charitable contributions |
| Total Cost of Goods Sold | 857 | Dividend recd deductions |
| | | Readership costs |
| cpense Details - Employment Expense: | | Other expenses |
| Compensation of officers | | Total Exempt Activity Expense |
| Other salaries and wages | | |
| Pension plan contributions | · · · | Expense Details - Fundraising Expense: |
| Other employee benefits | · · | |
| Other employee benefits | · · | Cash prizes |
| Payroll taxes | ————— | Non-cash prizes |
| Total Employment Expense | | Rent and facility costs |
| | | Food & beverages (Part II only) |
| pense Details - Fees for Services: | | Entertainment (Part II only) |
| Management | | Other direct expenses |
| _egal | | Total Fundraising Expense |
| Accounting | · · · · · · · · · · · · · · · · · · · | |
| _obbying | · · · · · · · · · · · · · · · · · · · | |
| Professional fundraising | · · - · · · · · · · · · · · · · · · · · | |
| nvestment management | | |
| Other | · · · - · · · · · · · · · · · · · · · · | |
| Total Fees for Services | | |
| Information is indicated for use on Form 9 | 990-T Schadula A: | Allocation of Expense to Program Service Accomplishments: |
| | Seq# | |
| Part V, Debt Financing | Эе ч # | First |
| | | Second |
| Part VI, Controlled Org Income | | Third |
| Part VII, Investments for C(7)(9)(17) | | All other |
| Part VIII, Exploited Activities | | |
| Part IX Advertising Income | | |

Form **990**

Name

Two Year Comparison Report

2021 & 2022

For calendar year 2022, or tax year beginning

, ending

Taxpayer Identification Number

| 7 | CHI | E SANDBOX A HILTON HEAD | | | | 20-0 | 301794 |
|-------------------|-----|---|-----|---------|------|-------|-------------|
| | | | | 2021 | 2022 | | Differences |
| | 1. | Contributions, gifts, grants | 1. | 112,575 | 76 | 5,971 | -35,604 |
| | 2. | Membership dues and assessments | 2. | | | | |
| | | Government contributions and grants | 3. | 42,395 | 132 | 2,829 | 90,434 |
| n e | 4. | 4. Program service revenue | | 218,481 | 353 | L,101 | 132,620 |
| e u | 5. | Investment income | 5. | 4 | | 3 | -1 |
| Reve | 6. | Proceeds from tax exempt bonds | 6. | | | | |
| | | 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 |
| | 13. | Grants and similar amounts paid | 13. | | | | |
| | 14. | Benefits paid to or for members | 14. | | | | |
| S | 15. | Compensation of officers, directors, trustees, etc. | 15. | 78,000 | | 3,000 | |
| ŝ | 16. | Salaries, other compensation, and employee benefits | 16. | 68,337 | 177 | 7,909 | 109,572 |
| e | 17. | Professional fundraising fees | 17. | | | | |
| α× | 18. | Other professional fees | 18. | 4,478 | | 5,393 | 1,915 |
| ш | 19. | Occupancy, rent, utilities, and maintenance | 19. | 28,801 | | 2,592 | 43,791 |
| | 20. | Depreciation and Depletion | 20. | 3,126 | | 3,125 | -1 |
| | 21. | Other expenses | 21. | 85,282 | 127 | 7,140 | 41,858 |
| | 22. | Total expenses. Add lines 13 through 21 | 22. | 268,024 | 465 | 5,159 | 197,135 |
| | 23. | Excess or (Deficit). Subtract line 22 from line 12 | 23. | 109,182 | 9! | 5,378 | -13,804 |
| | 24. | Total exempt revenue | 24. | 377,206 | 560 | 537 | 183,331 |
| | 25. | Total unrelated revenue | 25. | | | | |
| ion | 26. | Total excludable revenue | 26. | 218,524 | | L,104 | 132,580 |
| nat | 27. | Total assets | 27. | 341,498 | | 3,519 | |
| Гот | 28. | Total liabilities | 28. | 179,856 | | 9,460 | -170,396 |
| Other Information | 29. | Retained earnings | 29. | 161,642 | | 059 | 67,417 |
| ihei | 30. | Number of voting members of governing body | 30. | 16 | 15 | | |
| ō | 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 | | |

Name

Form 990 Tax Return History 2022

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 | | | | | | |
| nvestment 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 | | 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 | |
| | | | | | | |
| Fotal exempt revenue | 271,344 | 368,352 | 176,582 | 377,206 | 560,537 | |
| otal unrelated revenue | | | | | | |
| Total excludable revenue | 127,068 | 209,958 | 81,204 | 218,524 | 351,104 | |
| 「otal 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 | |

THESANDBOX The Sandbox a Hilton Head 11/15/2023 20-0301794 **Federal Statements**

FYE: 12/31/2022

Taxable Interest on Investments

| L | Description | | | | | |
|------------|-------------|---------------|------------------|-------------------|------------------------|---------------------|
| | | Amount | | Exclusion Code | Acquired after 6/30/75 | US Obs (\$ or %) |
| INVESTMENT | INCOME - I | NTEREST \$ | 3 | 14 | | |
| INVESTMENT | INCOME - GA | IN LOSS | | 14 | | |
| TOTAL | | \$ | 3 | | | |

THESANDBOX The Sandbox a Hilton Head

20-0301794

Federal Statements

FYE: 12/31/2022

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

| Description | E | Total Expenses | | Program Service | | agement & General | Fund Raising | |
|---|----|-------------------|----|-----------------|----|----------------------|-----------------|---|
| ADMINISTRATION BANK & CREDIT CARD EXPENS | \$ | 7,966 4,735 | \$ | 4,735 | \$ | 7,966 | \$ | |
| EXECUTIVE DIRECTOR EXPENS ASSOCIATION DUES & LICENS | | 2,313 1,228 | | 2,313 | | 1,228 | | |
| TOTAL | \$ | 16,242 | \$ | 7,048 | \$ | 9,194 | \$ | 0 |

11/15/2023

THESANDBOX The Sandbox a Hilton Head 20-0301794

Federal Statements

11/15/2023

FYE: 12/31/2022

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

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

| Description | _ | Amount |
|--|----|--------|
| INVESTMENT INCOME - INTEREST INVESTMENT INCOME - GAIN LOSS | \$ | 3 |
| 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 Exempt Charitable Entity Annual Reporting, Federal 990/990PF/990EZ Annual Reporting, Federal 990N with Financial Report | South Carolina registration number Initial Application Initial Fee Renewal X |
| SC990-T, Unrelated Business Income Amended (SC990-T) Return due date/ Extended due date | Return due date/ Extended due date |
| UNRELATED BUSINESS INC | OME |
| 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: [] Ir | nitial Registration | [X |] Renewal | | |
| | Current Fiscal Year Date | es 01/01/20 | 23 | to 12/31/ | 2023 | |
| | ourient riscar rear batt | (mo/day/yea | | (mo/day/ | | _ |
| Enter Federal Employer's Ide | entification Number: 2 | 0-0301794 | | Charity Pu | ublic ID: | |
| | | _ | | - | | (Renewal only) |
| Legal Name of Organization: | THE SANDBOX | A HILTON H | EAD | | | |
| a. Doing Business As (DBA |) Names: | | | | | |
| | | (If applicable) | | | | |
| b. Former Names Used by | the Charity: | (16 11 11) | | | | |
| c. Organization's Website: | WWW.THESANDE | (If applicable) | | | | |
| c. Organization 3 Website. | | (If applicable) | | | | |
| d. Please provide a contact | person for your organization | ` '' ' | | | | |
| | | | | | | |
| ALICIA POWELL | | | | | | |
| Name 80 NASSAU STRE | 2m | HILTON | Title | TCT AND | sc | 29928 |
| Address, City, State, Zip | | HILION | пеар | ISLAND | _ SC | 29920 |
| 843-842-7645 | Code | APOWELL@THI | ESAND | BOX.ORG | | |
| Daytime Phone | | Email | | | | |
| | | | | | | |
| 2. Purpose for which this organi | zation was formed. Attach a | statement if necessar | у. | | | |
| THE SANDBOX IS DE | DICATED TO THE P | OSITIVE DEVEL | OPMEN' | T OF YOUNG | CHILDI | REN |
| THROUGH EDUCATION COMMUNITY. | AL PLAY IN AN AT | MOSPHERE THAT | FOST | ERS BOTH FAM | MILY A | AND |
| 3. Tax-exempt status under the | Internal Revenue Code: | [X]YES []N | 10 | | | |
| If "Yes," please provide a | | | | able organization's | s tax-ex | empt |
| status from the Internal Re | venue Service and any ch | anges, amendments | , or revo | cations to that let | ter. | |

THESANDBOX 11/15/2023 THE SANDBOX A HILTON HEAD

20-0301794

| Enter the state and country in whi | ch the organization was legally | established, as well as the date of | of establishment: |
|--|---|--------------------------------------|--------------------------|
| State | Country | Date | |
| | | | (mo/day/year) |
| Form of organization. Check one: | | des all nonprofit [i.e. 501(c)3] and | for profit corporations) |
| | [] Association [] | Other(Please Specify) | |
| ** All corporations must provide | de a name and street addres | | |
| Name (This cannot be the name of | of the organization) | | |
| Street Address (PO Box cannot b | e accepted) | City | State Zip Code |
| Complete A or B, whichever appli | | et address, not a PO Box) | |
| A. Principal address of the organ80 NASSAU STREET | | HILTON HEAD ISLAND | SC 29928 |
| Street Address, City, State, Zip Co | | | 20 23320 |
| B. If the organization does not m of the organization's financial Name | | and marine and address of the pe | J. Son Having Sustouy |
| Ivaille | | | |
| Street Address, City, State, Zip Co | ode | | |
| Addresses of any of your organiza | ation's <u>offices in South Carolin</u> | a. Attach a list if necessary. | |
| Name | Addre | ss, City, State, Zip Code | |
| Names and addresses of any chancessary. | upters, branches or affiliates of | your organization in South Carolir | na. Attach a list if |
| Name | Addre | ss, City, State, Zip Code | |
| For the current fiscal year, pleatrustees, and board members. Att | | resses of your organization's offic | ers, directors, |
| 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 | ΑZ | CA | CO | СТ | DC | | DE | |
|----|----|----|----|----|----|----|----|---|----|--|
| FL | GA | HI | IA | ₽ | ⊒ | IN | KS | | KY | |
| LA | MA | MD | ME | MI | MN | МО | MS | | MT | |
| NC | ND | NE | NH | Ŋ | NM | NV | NY | | ОН | |
| ОК | OR | РА | 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.

| 1. (| Check up to three boxes below that best describe | e th | e general purpose for which solicited contribution | ons a | are t | o be used. |
|------|---|------------|--|-----------------|----------------|---|
| A. | Arts, Culture, Humanities | L. | Housing, Shelter | | T. | Philanthropy, Volunteerism, |
| | (inc. historical) | | (inc. senior citizen housing) | | | Grant-making (inc. foundations) |
| B. | Educational Institutions | M. | Public Safety, Disaster | | U. | Science and Technology |
| | (inc. literacy) | | Preparedness and Relief | | | Research Institutes |
| C. | Environment, Beautification | | (inc. rescue squads, auto safety) | | | (inc. computer science, engineering) |
| | (inc. gardening, outdoor education) | N. | Recreation, Sports, Leisure, | | V. | Social Sciences Institutes |
| D. | Animal-Related | | Athletics | | | (inc. institutes for studies on populat |
| | (inc. wildlife sanctuaries) | | (inc. social clubs, Special Olympics) | _ | | minorities and economics) |
| E. | Health-General, Rehabilitative | Ο. | Youth Development | | W. | Public Affairs, Society Benefit |
| | (inc. nursing, family planning) | P. | Human Services | | | (inc. citizen participation, con- |
| F. | Mental Health, Crisis Intervention | | (inc. thrift stores, YMCAs and YWCAs, | | | sumer protection, veterans' |
| | (inc. alcoholism, services for rape and abuse | | hearing- or sight-impaired orgs.) | _ | | orgs., leadership development) |
| | victims) | Q. | International, Foreign Affairs, | | X. | Religion, Spiritual Development |
| G. | Disease, Disorders, Medical Disciplines | | National Security (inc. cultural | | | (inc. religious broadcasters and |
| H. | Medical Research | | exchange) | _ | | interfaith coalitions) |
| I. | Crime, Legal-Related | R. | Civil Rights, Social Action, | | Υ. | Mutual / Membership Benefit |
| | (inc. prevention of abuse, delinquency) | | Advocacy (inc. right to life and | | | (inc. fraternal organizations, |
| J. | Employment, Job-Related | | right to die, reproductive rights) | | | cemeteries) |
| | (inc. voc. rehabilitation, unions) | S. | Community Improvement, | | Z. | Unknown, Other |
| K. | Agriculture, Food, Nutrition | | Capacity Building | | | Please Specify: |
| | (inc. livestock breeding) | | (inc. neighborhood associations, | | | |
| | | | service clubs, bus. development) | | | |
| f | s your organization currently, or has it in the past charitable solicitation, fundraising campaign, or c dederal governmental authority including, but not njunctions or suspensions? [] YES [X | am Iimi | paign with a commercial co-venturer by anothe | r loc ial, f | al, si nes, | ate or |
| i | Have any of the organization's officers, directors, ncluding guilty or nolo contendere pleas, involving statement in a jursidiction within the United State date of any such conviction. | ng a | ny charitable solicitations act, fraud, dishonest | , or | false |) |
| | f any of the charitable organization's officers, direntariage or adoption, please provide a statement | | | ne a | noth | er by blood, |
| á | f any of the charitable organization's officers, director or officer of a professional charitable organization, please provide a statement | fun | draising counsel or professional solicitor under | | | · · |

| | | sional fundraising counsel, or commercia contact information. Attach a list if neces | |
|--|--|---|-----------------------|
| Name | | Phone | |
| Address, City, State, Zip C | ode | | |
| ne best of my knowledge, inforr onstitute a misdemeanor carryi nprisonment for not more than | nation and belief. I understand that th ng a penalty upon conviction of a fine one year, or both, for a first offense. A | ed supplementary information is true and e giving of false or incorrect information r of not more than two thousand dollars or a second or subsequent offense may cone thousand dollars or imprisonment of no | nay · stitute a |
| CHIEF FINANCIAL OFFIC | ER / TREASURER | CHIEF EXECUTIVE OFFIC | CER / PRESIDENT |
| | | ALICIA POWELL | |
| Print Name | | Print Name | |
| Signature | Date | Signature | Date |
| | | 80 NASSAU STREET | • |
| Mailing Address | | Mailing Address | SLAND |
| City, State, Zip | | City, State, Zip | |
| | | 843-842-7645 | |
| Phone Number | | Phone Number | |

 $^{^{\}star}$ 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

FYE: 12/31/2022

20-0301794

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

Address Title

City

State

Zip

CHUCK SCHWARTZ

PRESIDENT

LINDSEY HARTMAN

VICE PRESIDENT

Name

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

THESANDBOX 11/15/2023

Form **990**

Department of the Treasury Internal Revenue Service

Under section 501(c), 527,

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.

2022
Open to Public Inspection

For the 2022 calendar year, or tax year beginning and ending D Employer identification number Check if applicable: C Name of organization THE SANDBOX A HILTON HEAD Address change Doing business as 20-0301794 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 843-842-7645 Initial return **80 NASSAU STREET** Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated HILTON HEAD ISLAND SC 29928 561,394 G Gross receipts\$ Amended return Name and address of principal officer: X No H(a) Is this a group return for subordinates? Application pending ALICIA POWELL 80 NASSAU STREET H(b) Are all subordinates included? If "No " attach a list. See instructions HILTON HEAD ISLAND SC 29928 **X** 501(c)(3) 501(c) (Tax-exempt status:) (insert no.) 4947(a)(1) or WWW.THESANDBOX.ORG Website: H(c) Group exemption number Form of organization: X Corporation Trust Year of formation: 2003 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 Activities & Governance 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. 15 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 15 4 29 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 15 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7a 0 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11. 7b **Current Year** 8 Contributions and grants (Part VIII, line 1h) 154,970 209,800 Revenue 9 Program service revenue (Part VIII, line 2g) 481 351,101 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) **11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -3673,751 377,206 560,537 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 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)

40,946 209,250 **17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 121,687 465,159 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 268,024 19 Revenue less expenses. Subtract line 18 from line 12 109,182 95,378 Beginning of Current Year End of Year 341,498 238,519 20 Total assets (Part X, line 16) 9,460 21 Total liabilities (Part X, line 26) 179,856 161,642 229,059 22 Net assets or fund balances. Subtract line 21 from line 20 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 Signature of officer Here ALICIA POWELL EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature PTIN Check Paid PAMELA JUNE, CPA PAMELA JUNE, CPA 11/15/23 self-employed P00636703 **Preparer** JUNECPA 20-4046229 Firm's EIN Firm's name **Use Only** 99 MAIN STREET 843-842-6500 29926 HILTON HEAD ISLAND,

May the IRS discuss this return with the preparer shown above? See instructions

Form 990 (2022) THE SANDBOX A HILTON HEAD

Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III 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 Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program Yes X No services? If "Yes," describe these changes on Schedule O. 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. 367,114 including grants of \$ **351,101**) 4a (Code:) (Revenue \$) (Expenses \$ 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. STRIVE TO PROVIDE A STIMULATION, PROGRESSIVE SETTING FOR CHILDREN AND THEIR CARE GIVERS TO PLAY TOGETHER. including grants of \$ **4b** (Code: N/A 4c (Code: including grants of \$ N/A 4d Other program services (Describe on Schedule O.) including grants of \$) (Revenue \$ (Expenses \$ 367,114 **4e** Total program service expenses

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 | 2 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | 3 | | |
| 7 | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 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 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| · | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | X | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u>X</u> |
| 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 | | <u>X</u> |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | <u>X</u> |
| 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 | | <u> </u> |
| 12a | J , 1 | | | |
| | 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 | | <u>X</u> |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | <u>X</u> |
| 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 | 446 | | v |
| 4- | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | <u>X</u> |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 45 | | v |
| 46 | 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 | 46 | | v |
| 47 | 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 | 17 | | x |
| 12 | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | 11 | | |
| 18 | Port VIII lines to and 900 If IIVan II complete Calendula C. Port II | 18 | | х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 10 | | |
| 13 | If "Yes," complete Schedule G, Part III | 19 | | х |
| 20a | Did the approximation appears and approximate facilities Off (Vac " approximate Cabadyda II | 20a | | X |
| zua b | If "Vee" to line 200 did the expenientian attack a convertite audited financial statements to this vertice? | 20a | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | |
| - ' | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | х |
| | anneal gerenment erri art 174, commit (14), mile 11 in 1700, complete contestate i, i and i and ii | | | |

X

Part IV **Checklist of Required Schedules** (continued) Yes No 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 X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X through 24d and complete Schedule K. If "No," go to line 25a 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If X "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 32 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 X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, X or IV, and Part V, line 1 34 Х Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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 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 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and X 19? Note: All Form 990 filers are required to complete Schedule O. 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 2 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance (continu | ıed) | | | 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 | s? | | 2b | Х | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | | Х | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C | | | 3b | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other au | | | | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial a | ccour | nt)? | 4a | | Х | |
| 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 Ac | count | s (FBAR). | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \dots | | | 5a | | Х | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | on? | | 5b | | Х | |
| С | 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 | s or | | | | | |
| _ | gifts were not tax deductible? | | | 6b | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go | ods | | - - | | | |
| h | 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 | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | 70 | | | |
| ٨ | required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | 7c | | | |
| d e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor | | | 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 Forr | | as required? | 7g | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | | 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? | | | | | | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | | | | |
| а | 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 | | | |
| 0 | Section 501(c)(7) organizations. Enter: | | | | | | |
| а | 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 | | | | | |
| 1 | Section 501(c)(12) organizations. Enter: | ı | 1 | | | | |
| а | Gross income from members or shareholders | 11a | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources | | | | | | |
| _ | against amounts due or received from them.) | 11b | | | | | |
| 2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | , | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | | |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | 42- | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | | |
| b | Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which | | | | | | |
| | the organization is licensed to issue qualified health plans | 13b | | | | | |
| С | Foton the agreement of processing on bound | 13c | | | | | |
| 4a | Did the expenientian receive any negments for indeed tenning consider during the tay year? | | | 14a | | Х | |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> | | | 14b | | | |
| 5 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera | | | | | | |
| excess parachute payment(s) during the year? | | | | | | | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | | | | |
| 6 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | | | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | |
| 7 | Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activity | ies | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | 17 | | | |
| | If "Yes," complete Form 6069. | | | | | | |

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

| <u> </u> | tion 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 | | 162 | 140 |
| ıa | If there are material differences in voting rights among members of the governing body, or | ia | | | | |
| | 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 | | х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | | | |
| | or a financial section of afficient discretion and the section of the section of a financial section of a financial section of the section of | | | 3 | | х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | Х |
| 6 | Did the organization have members or stockholders? | | | _ | | Х |
| 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 | | Х |
| 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 | | | | | |
| а | The governing body? | - | _ | | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | Oh | Х | |
| 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 |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Inte | rnal R | evenue | 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? | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing | the forr | n? | 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 conf | licts? | 12b | | |
| С | 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 | | Х |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | | Х |
| 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 | | | 1 | - | X |
| b | Other officers or key employees of the organization | | | 15b | | Х |
| | 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 | | | | | v |
| | with a taxable entity during the year? | | | 16a | | X |
| D | 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 | | | 466 | | |
| 800 | organization's exempt status with respect to such arrangements? | | | 16b | | |
| | List the states with which a copy of this Form 000 is required to be filed. | | | | | |
| 17 19 | 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 (se | วแบท 50 |) I (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 | Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest of the schedule of the sched | et noli | N/ | | | |
| ıJ | and financial statements available to the public during the tax year. | sat hou | у, | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and record | 40 | | | | |

ALICIA POWELL

80 NASSAU STREET

SC 29928

843-842-7645

Form 990 (2022) THE SANDBOX A HILTON HEAD Part VII Companyation of Officers Directors Trustoes Key Emplo

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 | off | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation | | | |
|----------------------------------|---|--------------------------------|--|---------|--|---|---|---|--|---|
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | from the organization and related organizations |
| (1) NANCY FOWLER | | | | | | | | | | |
| | 40.00 | | | | | | | | _ | _ |
| EXEC DIRECTOR (2022) | 0.00 | | | Х | | | | 78,000 | 0 | 0 |
| (2) TARA ANDERSON | 1 00 | | | | | | | | | |
| | 1.00 | ٠, | | | | | | | 0 | 0 |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (3) DENNIS CULLEN | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | x | | | | | | 0 | 0 | 0 |
| (4) SUSIE DOLAN | 0.00 | | | | | | | 0 | 0 | <u> </u> |
| (+) 5 0511 5 01111 | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | х | | | | | | 0 | 0 | 0 |
| (5) LINDA DREISBACH | 0.00 | | | | | | | | | |
| (3) | 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 | | Х | | | | 0 | 0 | 0 |
| (9) QUEATA JACKSON | 1 00 | | | | | | | | | |
| | 1.00 | 3,5 | | x | | | | | 0 | 0 |
| SECRETARY (10) ALEXANDER KANARF | 0.00 | X | | X | | | | 0 | 0 | 0 |
| (IV)ALEAANDER RANARF | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | x | | | | | | 0 | 0 | 0 |
| (11) LYNN KING | 3.00 | | | | | | | | <u> </u> | |
| () | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | х | | | | | | 0 | 0 | 0 |
| · | | | | | | | | | | - 000 |

| (A) Name and title | (B) Average hours per week | Position (do not check more than on box, unless person is both a officer and a director/trustee | | | | | th an Reportable compensation from the | | (E) Reportable compensation from related | (F) Estimated amount of other compensation | | | |
|---|---|---|--------------------|-------|------|--------------------------------------|--|--------------------------------|---|--|-----|-----------------|--------|
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Individual trustee | | org | from the ganization ed organiz | e n and | | | | | | |
| (12) KERI OLIVETTI | | | | | | | | | | | | | |
| DIRECTOR | 1.00 | х | | | | | | 0 | 0 | | | | 0 |
| (13) LAURIE SAVIDO | | | | | | | | | . | | | | |
| | 1.00 | | | | | | | | | | | | _ |
| DIRECTOR (14) CHUCK SCHWART | 0.00 | X | | | | | | 0 | 0 | | | | 0 |
| (14) CHOCK BOHMING | 1.00 | | | | | | | | | | | | |
| PRESIDENT | 0.00 | X | | Х | | | | 0 | 0 | | | | 0 |
| (15) SETH TILTON | 1.00 | | | | | | | | | | | | |
| DIRECTOR | 0.00 | х | | | | | | 0 | 0 | | | | 0 |
| (16) JOEY VARIN | | | | | | | | | | | | | |
| DIDECTOR | 1.00 | 3,5 | | | | | | | 0 | | | | ^ |
| DIRECTOR (17) ALICIA POWELI | 0.00 | Х | | | | | | 0 | 0 | | | | 0 |
| (11) | 40.00 | | | | | | | | | | | | |
| EXECUTIVE DIRECTOR | 0.00 | | | X | | | | 0 | 0 | | | | 0 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 78,000 | | | | | |
| c Total from continuation she | • | | | | | | | 70,000 | | | | | |
| d Total (add lines 1b and 1c) . Total number of individuals (in | | | | | | | | 78,000 | 5100.000 of | | | | |
| reportable compensation from | • | | 0 | | | | | | | | | Voo l | No |
| 3 Did the organization list any fo | rmer officer, dire | ector | , trus | stee, | key | empl | loye | ee, or highest compensated | | | | Yes | No |
| employee on line 1a? <i>If "Yes,"</i> 4 For any individual listed on line | complete Sched | lule J | for | such | indi | vidua | al . | a and other companyation fr | the | | 3 | | X |
| organization and related organ | | | | | | | | | | | | | |
| individual5 Did any person listed on line 1 | a receive or acci | | | | | from | | v.unrelated organization or i | hividual | | 4 | | X |
| for services rendered to the or | | | | | | | | | | | 5 | | X |
| Section B. Independent Contractor1 Complete this table for your five | | | دا اد د | | 1 - | | 4 | | \$400,000 of | | | | |
| compensation from the organiz | zation. Report co | | | | | | | lar year ending with or withir | n the organization's tax yea | ır. | | | |
| Name and | (A) business address | | | | | | | Descrip | (B) tion of services | | Com | (C) pensatio | n |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent of | | | | | | | thos | se listed above) who | | | | | |
| received more than \$100,000 | | | | | | | | • | 0 | | | 990 | (2022) |

20-0301794 Form 990 (2022) THE SANDBOX A HILTON HEAD Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII. (D) Revenue excluded (B) Related or exempt Unrelated Total revenue from tax under sections 512-514 function revenue business revenue 1a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c **d** Related organizations e Government grants (contributions) 132,829 1e **f** All other contributions, gifts, grants, and similar amounts not included above 76,971 g Noncash contributions included in 1g h Total. Add lines 1a-1f 209,800 Business Code 611710 351,101 351,101 MUSEUM ADMISSIONS/PROGRAMS **f** All other program service revenue g Total. Add lines 2a-2f 351,101 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory Other Revenue **b** Less: cost or other basis and sales exps. 7с c Gain or (loss) d Net gain or (loss) **8a** Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 490 **b** Less: direct expenses 857 -367 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** iscellaneous Revenue

560,537

351,101

0

d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions

Part IX Statement of Functional Expenses

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

| Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | | | | |
|---|---|-----------------------|------------------------------------|---|--------------------------------|--|--|--|--|--|
| | ot include amounts reported on lines 6b, 7b, b, 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): | | | | | | | | | |
| а | Management | | | | | | | | | |
| b | Legal | | | | | | | | | |
| С | Accounting | 6,393 | 3,196 | 3,197 | | | | | | |
| d | Lobbying | | | | | | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | | | | | | |
| f | Investment management fees | | | | | | | | | |
| g | , | | | | | | | | | |
| 40 | (A) amount, list line 11g expenses on Schedule O.) | 21 004 | 21 004 | | | | | | | |
| 12 | Advertising and promotion | 21,984 273 | 21,984 246 | 27 | | | | | | |
| 13 | Office expenses | 213 | 240 | 21 | | | | | | |
| 14 15 | Information technology | | | | | | | | | |
| 16 | Royalties | 72,592 | 67,532 | 5,060 | | | | | | |
| 17 | Occupancy Travel | 12,332 | 01,332 | 3,000 | | | | | | |
| 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.) | | | | | | | | | |
| а | DESIGN EXPENSE | 30,014 | 30,014 | | | | | | | |
| b | EXHIBIT UPKEEP | 23,886 | 23,886 | | | | | | | |
| С | PROGRAM COSTS | 11,524 | 11,524 | | | | | | | |
| d | TECHNOLOGY | 9,745 | | 9,745 | | | | | | |
| е | 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) (B) Beginning of year End of year 117,926 Cash—non-interest-bearing 140,880 Savings and temporary cash investments 34,017 6,059 2 2 Pledges and grants receivable, net 9,402 3 3 Accounts receivable, net 3,880 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 88,954 88,954 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 7,146 1,500 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 179,467 10a **b** Less: accumulated depreciation 10b 27,205 155,387 24,080 10c Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 14 Intangible assets 30,014 15 Other assets. See Part IV, line 11 341,498 238,519 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 9,460 Accounts payable and accrued expenses 19,510 17 17 Grants payable 18 18 120,171 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 40,175 of Schedule D 179,856 9,460 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here **Fund Balances** and complete lines 27, 28, 32, and 33. Net assets without donor restrictions -157,016 229,059 27 27 318,658 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. ō Capital stock or trust principal, or current funds 29 Net Assets 30 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 31 229,059 161,642 32 Total net assets or fund balances 32 Total liabilities and net assets/fund balances . 341,498 238,519

Form **990** (2022)

| orm | 1 990 (2022) THE SANDBOX A HILTON HEAD 20-0301794 | | | Pa | ge 1 2 |
|-----|---|-------|----|-----|---------------|
| Pa | rt 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 | 5 | 60, | 537 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4 | 65, | 159 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 1 2 1 | | 95, | 378 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1 | 61, | 642 |
| 5 | Net unrealized gains (losses) on investments | | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | | | | |
| 8 | Prior period adjustments | | -: | 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 | 2 | 29, | 059 |
| Pa | rt 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? | | 2a | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | | |
| | Schedule O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | |

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

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

Name of the organization

THE SANDBOX A HILTON HEAD

Employer identification number 20-0301794

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R 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 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). g (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) (A) (B) (C) (D) (E)

Section A. Public Support

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.)

| Caler | idar 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 | | | | | | | | |
| | tion B. Total Support | | | | | | _ | | |
| | idar 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) | | | | | | | |
| 13 | First 5 years. If the Form 990 is for the org | | | • | , , , | , | | | |
| 800 | organization, check this box and stop here | | | | | | | | |
| | tion C. Computation of Public Su | | | · (f\) | | 144 | % | | |
| 14 | Public support percentage for 2022 (line 6 | | | | | 4 - | | | |
| 15 162 | Public support percentage from 2021 Sche 33 1/3% support test—2022. If the organ | | | | 2 1/2% or more of | | <u></u> | | |
| 16a | box and stop here. The organization quali | | | | 3 1/3% of more, cr | ieck this | | | |
| b | 33 1/3% support test—2021. If the organ | | | | 5 is 33 1/3% or mo | re check | Ц | | |
| J | this box and stop here . The organization of | | | ni-ation | | | | | |
| 17a | 10%-facts-and-circumstances test—202 | | | | | | Ц | | |
| | 10% or more, and if the organization meet | _ | | | | | | | |
| | Part VI how the organization meets the fac | ts-and-circumstan | ces test. The orgar | ization qualifies as | s a publicly suppor | ted | | | |
| b | | | | | | | | | |
| 18 | Private foundation. If the organization did | | | | | | | | |
| | instructions | | | | | | Ц | | |
| | | | | | | Schedule | A (Form 990) 2022 | | |

Part III

Schedule A (Form 990) 2022

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

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

| Sec | tion A. Public Support | , , | | · • | • | , | |
|-----------|--|------------------------------|---------------------|------------------------|--------------------|----------|-----------|
| Cale | ndar 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.) | | | | | | 1 760 057 |
| Sec | tion B. Total Support | | | | | | 1,760,257 |
| | ndar 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 | | -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 | | | | | | |
| С | 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 org | ganization's first, sec | cond, third, fourth | , or fifth tax year as | a section 501(c)(3 | () | |
| | organization, check this box and stop here | | | | | | |
| Sec | tion C. Computation of Public Su | • • | | | | | |
| 15 | Public support percentage for 2022 (line 8 | | | | | | 99.62% |
| 16 | Public support percentage from 2021 Scho | | | | | 16 | 99.11% |
| | tion D. Computation of Investme | | | | | 47 | |
| 17 10 | Investment income percentage for 2022 (li | | C 47 | | | 40 | % |
| 18 19a | Investment income percentage from 2021 3 33 1/3% support tests—2022. If the orga | | | 14 and line 15 is n | | | 1 % |
| | 17 is not more than 33 1/3%, check this bo | ox and stop here. The | he organization qu | ualifies as a publicly | y supported organi | zation | X |
| b | 33 1/3% support tests—2021. If the orgal line 18 is not more than 33 1/3%, check the | | | | | | |
| 20 | Private foundation. If the organization did | | | | | | |

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. A | All Supporting | Organizations |
|--------------|----------------|---------------|
| | | |

Yes Nο 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 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 2 organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 3a 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 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. 3с 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 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 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 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 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 5c **Substitutions only.** Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or 6 benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity 7 with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 8 7? If "Yes," complete Part I of Schedule L (Form 990). Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. Did one or more disqualified persons (as defined 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 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

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

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer line 10b below.

determine whether the organization had excess business holdings.)

10a

10b

10a

| Par | TIV Supporting Organizations (continued) | — | | |
|-------|--|--------|------|-----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, | | | |
| Cooti | provide detail in Part VI. | 11c | | |
| Secti | on 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, | | | |
| 04 | supervised, or controlled the supporting organization. | 2 | | |
| Secti | ion C. Type II Supporting Organizations | | ., 1 | |
| | | | 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 | | | |
| Secti | the supported organization(s). ion D. All Type III Supporting Organizations | 1 | | - |
| Occi | on B. 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 | | 162 | INU |
| • | 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 | _ | | |
| J | 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 | | |
| Secti | ion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruct | ions). | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | · | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in 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. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? If "Yes" or "No," provide details in 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.

| Par | t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization | aniza | tions | . age c |
|------|---|-----------|---|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov | . 20, 19 | 970 (explain in Part VI). Se | е |
| | instructions. All other Type III non-functionally integrated supporting organizations must | compl | ete Sections A through E. | |
| Sect | ion 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 | | |
| Sect | ion 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): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | 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 | | |
| Sect | ion 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 T | ype III : | supporting organization | |

Schedule A (Form 990) 2022

(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 Amounts paid to acquire exempt-use assets 4 4 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 8 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 9 Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount 10 10 (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required-explain in Part VI). See instructions. 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) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 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. 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. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020

Schedule A (Form 990) 2022

d Excess from 2021e Excess from 2022

| Schedule A (For | m 990) 2022 | THE S | ANDBOX A | HILTON | HEAD | 2 | 20-0301794 | Page 8 |
|-----------------|--|---|---|---|--|---|--|-------------------------------------|
| Part VI | Supplemental Inf III, line 12; Part IV B, lines 1 and 2; F 3a, and 3b; Part V lines 2, 5, and 6. | formation. , Section A, Part IV, Sect /, line 1; Par | Provide the extended lines 1, 2, 3b tion C, line 1; It V, Section E | xplanations , 3c, 4b, 4c Part IV, Sec s, line 1e; Pa | required by Pa , 5a, 6, 9a, 9b, ction D, lines 2 art V, Section I | art II, line 10; F 9c, 11a, 11b, and 3; Part IV D, lines 5, 6, a | Part II, line 17a or and 11c; Part IV, , Section E, lines nd 8; and Part V, | 17b; Part Section 1c, 2a, 2b, |
| | | | | | | | | |
| | | | | | | | | |
| · | | | | | | | | |
| • | | | | | | | | |
| • | | | | | | | | |
| • | | | | | | | | |
| • | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| · | | | | | | | | |
| • | | | | | | | | |
| • | | | | | | | | |
| • | | | | | | | | |
| • | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

THE SANDBOX A HILTON HEAD

20-0301794

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 Open to Public Inspection

Name of the organization

Employer identification number

| TI | HE SANDBOX A HILTON HEAD | | 20-0301794 |
|----|--|--|---------------------------------|
| Pa | Int I Organizations Maintaining Donor Advised Fu | nds or Other Similar Funds or A | |
| | Complete if the organization answered "Yes" on F | Form 990. Part IV. line 6. | to o a month of |
| | - 1 | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | (7) |
| 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 exclu | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in v | | |
| • | only for charitable purposes and not for the benefit of the donor or donor | • • | |
| | conferring impermissible private benefit? | | Yes No |
| Pa | ert II Conservation Easements. | | |
| | Complete if the organization answered "Yes" on F | Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization (check a | | |
| | Preservation of land for public use (for example, recreation or education of land for public use) | | important land area |
| | Protection of natural habitat | Preservation of a certified his | • |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation | vation contribution in the form of a conser | vation |
| | easement on the last day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | | | |
| С | Number of conservation easements on a certified historic structure inclu | ided in (a) | 2c |
| d | | | |
| | historic structure listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, released, exti | | on during the |
| | tax year | | |
| 4 | Number of states where property subject to conservation easement is lo | cated | |
| 5 | Does the organization have a written policy regarding the periodic monit | oring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it holds? \dots | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of | violations, and enforcing conservation ea | sements during the year |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of viola | ations, and enforcing conservation easeme | ents during the year |
| | | | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the | | |
| | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservation easeme | • | |
| | balance sheet, and include, if applicable, the text of the footnote to the c | organization's financial statements that des | scribes the |
| D. | organization's accounting for conservation easements. Int III Organizations Maintaining Collections of Art, | Historical Traceures or Other 6 | Similar Assets |
| Га | organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on F | Form 990 Part IV line 8 | Sillilai Assets. |
| 4- | If the organization elected, as permitted under FASB ASC 958, not to re | | about works |
| ıa | of art, historical treasures, or other similar assets held for public exhibition | | |
| | service, provide in Part XIII the text of the footnote to its financial statem | | or public |
| h | If the organization elected, as permitted under FASB ASC 958, to report | | eet works of |
| ~ | art, historical treasures, or other similar assets held for public exhibition, | | |
| | provide the following amounts relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | \$ |
| | | | |
| 2 | If the organization received or held works of art, historical treasures, or or | | |
| _ | following amounts required to be reported under FASB ASC 958 relating | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | \$ |
| | Assets included in Form 990, Part X | | |

Schedule D (Form 990) 2022

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

| Pa | art III Organizations Maintainin | g Collections o | f Art, His | storical T | reasures, | or Other Simi | lar Ass | sets (con | <u>tinue</u> | d) |
|----|---|------------------------|---------------|-----------------|-----------------|---------------------|-------------|-----------|--------------|----------|
| 3 | Using the organization's acquisition, accessicollection items (check all that apply): | on, and other record | s, check a | ny of the follo | owing that ma | ıke significant use | of its | | | |
| а | Public exhibition | d 🗌 | Loan or e | xchange pro | gram | | | | | |
| b | Scholarly research | e 🗌 | | | - | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | n how they | further the o | organization's | exempt purpose i | n Part | | | |
| | XIII. | ' | , | | 5 | | | | | |
| 5 | During the year, did the organization solicit of | or receive donations | of art. histo | rical treasur | es. or other si | imilar | | | | |
| | assets to be sold to raise funds rather than t | | | | | | | | Yes | No |
| Pa | art IV Escrow and Custodial Ar | | | | | | | | | |
| | Complete if the organizatio 990, Part X, line 21. | | s" on For | m 990, Pa | art IV, line 9 | 9, or reported a | an amo | unt on Fo | orm | |
| 1a | Is the organization an agent, trustee, custod | an or other intermed | iary for cor | ntributions o | r other assets | not | | | | |
| | included on Form 990, Part X? | | | | | | | 📙 | Yes | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing tab | le: | | | | | | |
| | | | | | | | | Amo | ount | |
| С | Beginning balance | | | | | | 1c | | | |
| d | Additions during the year | | | | | | 1d | | | |
| е | Distributions during the year | | | | | | 1e | | | |
| f | Ending balance | | | | | | 1f | | | |
| 2a | Did the organization include an amount on F | orm 990, Part X, line | 21, for es | crow or cust | odial account | liability? | | | Yes | No |
| b | If "Yes," explain the arrangement in Part XIII | . Check here if the ex | cplanation | has been pr | ovided on Par | t XIII | | | | |
| Pa | art V Endowment Funds. | | | | | | | | | |
| | Complete if the organizatio | n answered "Yes | on For | m 990, Pa | art IV, line 1 | 10. | | | | |
| | - | (a) Current year | (b) F | rior year | (c) Two yea | ars back (d) Th | ree years b | ack (e) | Four yea | ars back |
| | | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| С | Net investment earnings, gains, and | | | | | | | | | |
| | losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities and | | | | | | | | | |
| | programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the cur | • | e (line 1g, | column (a)) | held as: | | | | | |
| а | Board designated or quasi-endowment | % | | | | | | | | |
| b | Permanent endowment % | | | | | | | | | |
| С | Term endowment % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | ould equal 100%. | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiza | ation that a | re held and | administered | for the | | | _ | ı |
| | organization by: | | | | | | | _ | Ye | s No |
| | (i) Unrelated organizations | | | | | | | 3a | (i) | |
| | (ii) Related organizations | | | | | | | | (ii) | |
| b | If "Yes" on line 3a(ii), are the related organiz | | | | | | | 3 | b | |
| 4 | Describe in Part XIII the intended uses of the | | wment fun | ds. | | | | | | |
| Pa | art VI Land, Buildings, and Equ | - | . – | 000 5 | (D / P | | 000 5 | | 40 | |
| | Complete if the organizatio | | | | | | T I | | | |
| | Description of property | (a) Cost or other | | (b) Cost or | | (c) Accumulate | | (d) E | Book valu | ie |
| | | (investment | , | (oth | iei) | depreciation | | | | |
| | Land | | | | | | | | | |
| | Buildings | | | | 00.704 | 22 | 704 | | | |
| | Leasehold improvements | | | | 88,794 | | ,794 | | | |
| | Equipment | | | | 5,015 | | ,015 | | | 000 |
| е | Other | . 1 | | | 85,658 | ρŢ | ,578 | | 2 4 | ,080 |

24,080

| Part VII | Investments – Other Securities. Complete if the organization answered "Yes" on F | Form 990, Part IV, lii | ne 11b. See Form 990, F | Part X, line 12. |
|-----------------|--|------------------------|-------------------------|------------------|
| | (a) Description of security or category | (b) Book value | (c) Method o | |
| | (including name of security) | | Cost or end-of-ye | ar market value |
| (1) Financial d | lerivatives | | | |
| | Id equity interests | | | |
| (6) 64 | | | | |
| (Λ) | | | | |
| | | | | |
| (B) | | | | |
| (C) | | | | |
| | | | | |
| (E) | | | | |
| (F) | | | | |
| | | | | |
| | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII | Investments – Program Related. | Form 000 Dort IV lie | 00 110 Coo Form 000 F | Oort V line 12 |
| | Complete if the organization answered "Yes" on F (a) Description of investment | (b) Book value | (c) Method o | |
| | (a) becompain or investment | (b) Book value | Cost or end-of-ye | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | (1) (5 000 D (1)(1/D) (1 10) | | | |
| | (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. | 000 Dowt IV I iv | 11d C F 000 F | Dowt V. line 45 |
| | Complete if the organization answered "Yes" on F | form 990, Part IV, III | ne 11a. See Form 990, F | |
| | (a) Description | | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | (b) must equal Form 990, Part X, col. (B) line 15.) | | | |
| Part X | Other Liabilities. | | | |
| | Complete if the organization answered "Yes" on F | Form 990, Part IV, lii | ne 11e or 11f. See Form | 990, Part X, |
| | line 25. | | | - |
| 1. | (a) Description of liability | | | (b) Book value |
| (1) Federal i | ncome taxes | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | n (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.

| Pa | If XI Reconciliation of Revenue per Audited Financial S | | | |
|--------------|---|--|-------------------------|--|
| | Complete if the organization answered "Yes" on Form | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 11 | | |
| а | 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 | | |
| | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | | | |
| | Other (Describe in Part XIII.) | | 4.5 | |
| C 5 | Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 | | 4c 5 | |
| | rt XII Reconciliation of Expenses per Audited Financial | | | |
| Г | Complete if the organization answered "Yes" on Form | | inses per keturn. | |
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | ····· | |
| | Donated services and use of facilities | 2a | | |
| a h | Prior year adjustments | 2b | | |
| c | Prior year adjustments Other losses | 2c | | |
| | Other losses Other (Describe in Part XIII.) | | | |
| | 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: | | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| | | | | |
| | Other (Describe in Part XIII.) | 4b | | |
| | Other (Describe in Part XIII.) Add lines 4a and 4b | | 4c | |
| С | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 | | 4c 5 | |
| с 5 | Add lines 4a and 4b | | 4c 5 | |
| c 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 1 | 8.) | 5 | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. | 8.) i; Part IV, lines 1b and 2b; Par | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | 8.) ; Part IV, lines 1b and 2b; Par provide any additional informa | V, line 4; Part X, line | |

| Schedule D (Fe | orm 990) 2022 | THE S | SANDBOX A | A HILTON | HEAD | 20-0301794 | l | Page 5 |
|----------------|---------------|------------|-------------|----------|------|------------|---|---------------|
| Part XIII | Supplemer | ntal Infor | mation (con | tinued) | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| * | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| • | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE 0 (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Name of the organization

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

Open to Public Inspection Employer identification number

| THE SANDBOX A HILTON HEAD | 20-0301794 |
|--|----------------------|
| FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS ! | TO REVIEW FORM 990 |
| FORM 990 WAS REVIEWED BY BOTH THE EXECUTIVE DIRECTOR A | AND TREASURER BEFORE |
| IT WAS FILED. | |
| | |
| FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISC | |
| THESE DOCUMENTS ARE AVAILABLE UPON REQUEST AND ARE POS | STED ON THE |
| GUIDESTAR.ORG WEBSITE. | |
| FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSE | IS EXPLANATION |
| ROUNDING | \$ 0 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning

, and ending

20-0301794

| THE SANI | | | | | |
|--|--|---|--|------------------------------------|------------------------|
| Net Asset / Fund Balance at Begi | inning of Year | | | - | 52,456 |
| Revenue | | | | | |
| Contributions | | 154,970 | | | |
| Program service revenue | | 218,481 | | | |
| Investment income | | 4 | | | |
| Capital gain / loss | | | | | |
| Fundraising / Gaming: | | | | | |
| Gross revenue | 4,434 722 | | | | |
| Direct expenses | 722 | | | | |
| Net income | | 3,712 | | | |
| Other income | | 3,712 39 | | | |
| Total revenue | | | 377 | ,206 | |
| Expenses | | | | | |
| Program services | | 205,698 | | | |
| Management and general | | 38,913 23,413 | | | |
| Fundraising | | 23,413 | | | |
| Total expenses | | | 268 | ,024 | |
| Excess / (deficit) | | | | | 109,182 |
| | | | | _ | _ |
| Changes | | | | | 4 |
| Net Asset / Fund E | Balance at End of Year | | | Ξ | 161,642 |
| Net Asset / Fund E | | | Reco | <u>-</u> nciliation of | |
| Reconciliation of I | Revenue | Total e | | nciliation of | Expenses |
| Reconciliation of I | Revenue | Total e Less: | | | |
| Reconciliation of I otal revenue per financial statements ess: | Revenue | Less: | | | Expenses |
| Reconciliation of I | Revenue | Less: Do | xpenses per fina | incial statemo | Expenses |
| Reconciliation of I otal revenue per financial statements ess: Unrealized gains | Revenue | Less: Do Prid | xpenses per fina | incial statemo | Expenses |
| Reconciliation of I otal revenue per financial statements ess: Unrealized gains Donated services | Revenue | Less: Do Prid | xpenses per fina nated services or year adjustme sses | incial statemo | Expenses |
| Reconciliation of I otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other | Revenue | Less: Do Prid Los | xpenses per fina nated services or year adjustme sses | incial statemo | Expenses |
| Reconciliation of Interconciliation of Interconce per financial statements ess: Unrealized gains Donated services Recoveries Other | Revenue | Less: Do Prid Los Oth Plus: | xpenses per fina nated services or year adjustme sses ner | ncial stateme | Expenses |
| Reconciliation of I otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other | Revenue | Less: Do Prid Los Oth Plus: | xpenses per final nated services or year adjustmentses over the sees over the services over the servic | ncial stateme | Expenses |
| Reconciliation of I otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other us: Investment expenses | Revenue | Less: Do Prid Los Ott Plus: Inv | xpenses per final nated services or year adjustmentses over the sees over the services over the servic | encial stateme | Expenses ents |
| Reconciliation of I otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other lus: Investment expenses Other | Revenue | Less: Do Prid Los Ott Plus: Inv | xpenses per final nated services for year adjustmentses for the services for year adjustments for the services for the servic | encial stateme | Expenses ents |
| Reconciliation of I otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other lus: Investment expenses Other | 377,206 | Less: Do Prid Los Ott Plus: Inv Ott | xpenses per final nated services for year adjustmentses for the services for year adjustments for the services for the servic | ents ents es s per return | Expenses ents |
| Reconciliation of I otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other lus: Investment expenses Other Total revenue per return | Revenue 377,206 Beginning | Less: Do Pric Los Oth Plus: Inv Oth Balance Sho | xpenses per final nated services or year adjustmentses oner estment expense oner Total expense eet | encial stateme | Expenses ents |
| Reconciliation of I otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other flus: Investment expenses Other Total revenue per return Assets | 377,206 Beginning 146,666 | Less: Do Pric Los Oth Plus: Inv Oth Balance Sho Ending 341, | xpenses per final nated services or year adjustmentses over the sees over the services over the servic | ents ents es s per return | Expenses ents |
| Reconciliation of Interpretation of Interpretati | Beginning 146,666 94,210 | Less: Do Prid Los Ott Plus: Inv Ott Balance She Ending 341, 179, | xpenses per final nated services for year adjustmentses for mer estment expense for Total expenses feet $\frac{498}{856}$ | ents s per return Differences | Expenses ents 268,024 |
| Reconciliation of Interpretation of Interpretati | 377,206 Beginning 146,666 | Less: Do Pric Los Oth Plus: Inv Oth Balance Sho Ending 341, | xpenses per final nated services for year adjustmentses for mer estment expense for Total expenses feet $\frac{498}{856}$ | ents ents es s per return | Expenses ents 268,024 |
| Reconciliation of I Total revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities | Beginning 146,666 94,210 52,456 | Less: Do Prid Los Ott Plus: Inv Ott Balance She Ending 341, 179, | xpenses per final nated services for year adjustmentses for mer estment expense for Total expenses feet $\frac{498}{856}$ | ents s per return Differences | Expenses ents 268,024 |
| Reconciliation of I otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other lus: Investment expenses Other Total revenue per return Assets Liabilities | Beginning 146,666 94,210 52,456 | Less: Do Price Los Ott Plus: Inv Ott Balance She Ending 341, 179, 161, | xpenses per final nated services or year adjustmentses ner estment expense ner Total expenses eet $\frac{498}{856}$ | ents s per return Differences | Expenses ents 268,024 |

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

| OIVIB | INO. | 1545-0047 |
|-------|------|-----------|
| | | |

For calendar year 2021, or fiscal year beginning

...., 2021, and ending, 20

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

2021

Department of the Treasury Internal Revenue Service Name of file

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

FIN or SSN

THE SANDBOX A HILTON HEAD 20-0301794 Name and title of officer or person subject to tax NANCY FOWLER EXECUTIVE DIRECTOR 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 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) _____ 2b __ **b Total tax** (Form 1120-POL, line 22) 3a Form 1120-POL check here 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 8a Form 5227 check here 9a Form 5330 check here ▶ b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b 10a Form 8038-CP check here 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 , (EIN) of entity) 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 12335 as my signature X I authorize __JUNECPA to enter my PIN FRO firm name 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

Signature of officer or person subject to tax Certification and Authentication

return's disclosure consent screen.

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

57175462291

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.

of the IRS Fed/State program, I will 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

PAMELA JUNE, CPA ERO's signature

Date

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.

2021
Open to Public Inspection

OMB No. 1545-0047

For the 2021 calendar year, or tax year beginning . and ending C Name of organization D Employer identification number Check if applicable: THE SANDBOX A HILTON HEAD Address change Doing business as 20-0301794 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 80 NASSAU STREET 843-842-7645 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ HILTON HEAD ISLAND 379,056 **G** Gross receipts\$ X Amended return Name and address of principal officer: H(a) Is this a group return for subordinates Application pending NANCY FOWLER 18 A POPE AVENUE H(b) Are all subordinates included? If "No " attach a list. See instructions HILTON HEAD ISLAND 29928) \blacktriangleleft (insert no.) **X** 501(c)(3) 501(c) (4947(a)(1) or 527 Tax-exempt status: WWW.THESANDBOX.ORG Website: **H(c)** Group exemption number ▶ Form of organization: | X | Corporation | Trust | Association Year of formation: **2003 M** State of legal domicile: 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 Governance 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) 16 ∞ಶ 4 Number of independent voting members of the governing body (Part VI, line 1b) 16 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 18 5 6 Total number of volunteers (estimate if necessary) 16 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year 8 Contributions and grants (Part VIII, line 1h) 88,584 154,970 Revenue 9 Program service revenue (Part VIII, line 2g) 218,481 81,065 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 16 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 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 86,062 121,687 241,479 268,024 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -64,897109,182 **19** Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year o 146,666 341,498 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 94,210 179,856 52,456 161,642 22 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign NANCY FOWLER EXECUTIVE DIRECTOR Here Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check Paid 08/23/23 self-employed PAMELA JUNE, CPA PAMELA JUNE, CPA P00636703 **Preparer** JUNECPA 20-4046229 Firm's name Firm's EIN ▶ **Use Only** 99 MAIN STREET 843-842-6500 HILTON HEAD ISLAND, SC 29926 Firm's address

May the IRS discuss this return with the preparer shown above? See instructions

| 1 Briefly describe the organization's miss | Camina Assampliahmenta | 20-0301794 | Page 2 |
|--|---|---|---|
| 1 Briefly describe the organization's miss | | | |
| · · · · · · · · · · · · · · · · · · · | ontains a response or note to any line | e in this Part III | <u></u> |
| | | | |
| * | ATED TO THE POSITIVE D | | |
| | PLAY IN AN ATMOSPHERE | THAT FOSTERS BOTH F | AMILY AND |
| COMMUNITY. | | | |
| | | | |
| , , | nificant program services during the year which | h were not listed on the | |
| | | | Yes X No |
| If "Yes," describe these new services or | | | |
| = | or make significant changes in how it conduc | ts, any program | |
| services? | | | Yes X No |
| If "Yes," describe these changes on Sci | | | |
| | rvice accomplishments for each of its three la | | |
| | (4) organizations are required to report the ar | mount of grants and allocations to other | S, |
| the total expenses, and revenue, if any, | , for each program service reported. | | |
| a (Code:) (Expenses \$ | 205,698 including grants of\$ |) (Revenue \$ | 218,481) |
| CHILDREN LEARN ABOUT WITH A PARENT OR CAR DEVELOPMENT OF YOUNG NATURAL OPPORTUNITY I STRIVE TO PROVIDE A CARE GIVERS TO PLAY b (Code:) (Expenses \$ N/A | CHILDREN UNDER THE AG FOR THESE RELATIONSHIP STIMULATION, PROGRESSI | WORTH THROUGH INTER CIALLY CRITICAL FOR E OF EIGHT. PLAY P S TO FORM AND STRENVE SETTING FOR CHIL | ACTIVE PLAY THE ROVIDES A GTHEN. WE DREN AND THEI |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| : (Code:) (Expenses \$ | | | |
| : (Code:) (Expenses \$ | | | |
| : (Code:) (Expenses \$ | | | |
| c (Code:) (Expenses \$ | | | |
| c (Code:) (Expenses \$ | | | |
| c (Code:) (Expenses \$ | | | |
| : (Code:) (Expenses \$ | | | |
| c (Code:) (Expenses \$ | | | |
| c (Code:) (Expenses \$ | | | |
| c (Code:) (Expenses \$ | | | |
| c (Code:) (Expenses \$ | | | |
| c (Code:) (Expenses \$ | | | |
| c (Code:) (Expenses \$ N/A | including grants of\$ | | |
| | including grants of\$ | | |

Form 990 (2021) THE SANDBOX A HILTON HEAD
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 | | Х |
| 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 | | Х |
| 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 | | | ₹. |
| 40 | 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 | 40 | v | |
| 44 | 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| а | complete Schodule D. Part VI | 11a | х | |
| h | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more | 110 | 21 | |
| | of its total assets reported in Part V. line 162 If "Vos." complete Schodule D. Part VIII | 11b | | х |
| С | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| 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 | Х | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| 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 | | Х |
| 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 | | Х |
| 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 | | | 3,5 |
| 40 | 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? | | | w |
| 00 | If "Yes," complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | v |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | 000 | <u> </u> |

| Pa | art IV Checklist of Required Schedules (continued) | | | |
|-------------|--|------|----------------|---------------------------------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | amployees? If "Ves." complete Schedule I | 23 | | X |
| 242 | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | 25 | | |
| 24 a | | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | 04- | | v |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | <u> </u> |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 1 | | |
| | 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 | | <u> </u> |
| 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 | | | |
| | nersons? If "Ves." complete Schedule I. 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): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| - | "Voo." complete Schodule I. Port IV | 28a | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| C | | 200 | | |
| 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 | 200 | | Х |
| 00 | | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | 37 |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | $\frac{\mathbf{x}}{\mathbf{x}}$ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | _ <u>X</u> _ |
| 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 | | <u> </u> |
| 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 | | <u> </u> |
| 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 | | <u> </u> |
| 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 | х | |
| Pa | art V Statements Regarding Other IRS Filings and Tax Compliance | | - | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| - | Chicago de Contamo de recipcinos de rioto to diry into in tino i dir v | | Yes | No. |
| 12 | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1 | | 163 | 110 |
| 1a h | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | 1 | | |
| b | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| С | | 10 | х | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | <u> </u> | (0004) |
| DAA | | rorr | : 3 3 0 | · (ZUZT) |

| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance (cor | ntinue | d) | | 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 ref | turns? | | 2b | X | | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction | | | | | | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | | X | | | | |
| b | | | | | | | | | | |
| 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)? | | | | | | | | | |
| b | If "Yes," enter the name of the foreign country ▶ | | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia | | | | | | | | | |
| 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 trans | action? |) | 5b | | X | | | | |
| С | 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 | | | | | | | | | |
| | 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 contribu | tions o | r | | | | | | | |
| | gifts were not tax deductible? | | | 6b | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly fo | r good | 3 | _ | | | | | | |
| | 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 | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it | | | l_ | | | | | | |
| | required to file Form 8282? | 7d | | 7c | | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | at? | 7e | | | | | | |
| e • | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit | | | 7f | | | | | | |
| | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | | | | | | |
| 9 h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | | 7g 7h | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mainta | | | 711 | | | | | | |
| Ŭ | sponsoring organization have excess business holdings at any time during the year? | | | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | 8 | | | | | | |
| | a Did the sponsoring organization make any taxable distributions under section 4966? | | | | | | | | | |
| b | | | | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | 9b | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | | |
| а | Gross income from members or shareholders | 11a | | | | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources | | | | | | | | | |
| | against amounts due or received from them.) | 11b | | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | orm 10 | 41? | 12a | | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | l I | | | | | | | | |
| | the organization is licensed to issue qualified health plans | 13b | | | | | | | | |
| С | Enter the amount of reserves on hand | 13c | | 44- | | 37 | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | _X_ | | | | |
| 15 | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on School to the arganization subject to the acceptant 4060 toy on payment(s) of more than \$1,000,000 in report | | | 14b | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remure excess paracetyte payment(s) during the year? | | | 15 | | х | | | | |
| | excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | | | 15 | | Λ | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investme | nt inco | me? | 16 | | Х | | | | |
| .0 | If "Yes," complete Form 4720, Schedule O. | ant IIICO | mo: | 10 | | | | | | |
| 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? | | | 17 | | | | | | |
| | If "Yes," complete Form 6069. | | | | | | | | | |

Form 990 (2021) THE SANDBOX A HILTON HEAD 20-0301794 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 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. Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with anv 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 Х supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? X Are any governance decisions of the organization reserved to (or subject to approval by) members, b stockholders, or persons other than the governing body? X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? X 10a 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? Х 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

Section C. Disclosure

organization's exempt status with respect to such arrangements?

- 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)
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records 20

NANCY FISH

18A POPE AVENUE

843-842-7645

SC 29928

16b

| 20 | -0 | ٦ | 01 | 17 | 9 | 4 |
|----|----|----------|----|----|---|---|
| | | | | | | |

Page 7

| Part VII | Compensatio | n of Officers, | Directors, | Trustees, | Key Employ | yees, 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 | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | an ee) | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation | |
|-----------------------|---|--|-----------------------|---------|--------------|------------------------------|-----------|---|---|---|--|
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | from the organization and related organizations | |
| (1) NANCY FOWLER | 40.00 | | | | | | | | | | |
| EXECUTIVE DIRECTOR | 40.00 | | | x | | | | 78,000 | 0 | 0 | |
| (2) TARA ANDERSON | | | | | | | | - | | | |
| DIRECTOR | 1.00 | x | | | | | | o | 0 | 0 | |
| (3) JENNIE CERRATI | | T | | | | | | | | | |
| SECRETARY | 2.00 | x | | x | | | | 0 | 0 | 0 | |
| (4) DENNIS CULLEN | 0.00 | ^ | | ^ | | | | 0 | 0 | 0 | |
| (,===== | 1.00 | | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 | |
| (5) SUSIE DOLAN | 1.00 | | | | | | | | | | |
| DIRECTOR | 0.00 | x | | | | | | 0 | 0 | 0 | |
| (6) LINDA DREISBACH | | | | | | | | | | | |
| DIRECTOR | 1.00 0.00 | х | | | | | | 0 | 0 | 0 | |
| (7) LENORE GLEASON | 1 00 | | | | | | | | | | |
| DIRECTOR | 1.00 | х | | | | | | 0 | 0 | 0 | |
| (8) JON HAMMOCK | | | | | | | | | | | |
| DIRECTOR | 1.00 | 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 KANAR | R | | | | | | | | | | |
| DIDECTOR | 1.00 | ٠, | | | | | | _ | _ | _ | |
| DIRECTOR | 0.00 | X | <u> </u> | | | | | 0 | 0 | 0 (2004) | |

| (A) Name and title | (B) Average hours | box offi | k, unle cer ar | ss pe | ition more rson i | than os both | an | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation | | | |
|---|---|-------------------|---|-----------------|------------------------------|----------------|---|--|---|--|----------|-----------------|------|
| | per week (list any hours for related organizations below dotted line) | | per week (list any hours for related organizations below dotted line) Market Institutional Institutional Institutional It ustee Institutional It ustee | | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | from the organization and related organizations | | | s | |
| (12) LYNN KING DIRECTOR | 1.00 | х | | | | | | 0 | 0 | | | | 0 |
| (13) KERI OLIVETT | I 2.00 | | | | | | | | | | | | |
| PRESIDENT (14) LAURIE SAVID | 0.00 GE 1.00 | Х | | Х | | | | 0 | 0 | | | | 0 |
| DIRECTOR | 0.00 | х | | | | | | 0 | 0 | | | | 0 |
| (15) CHUCK SCHWAR | TZ | | | | | | | | • | | | | |
| | 2.00 | 37 | | 3,5 | | | | | 0 | | | | ^ |
| TREASURER (16) SETH TILTON | 0.00 | Х | | X | | | | 0 | 0 | | | | 0 |
| (==, 52111 1121011 | 1.00 | | | | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | | | | 0 |
| (17) JOEY VARIN | 1.00 | | | | | | | | | | | | |
| DIRECTOR | 0.00 | х | | | | | | 0 | 0 | | | | 0 |
| | | | | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 78,000 | | | | | |
| c Total from continuation she | eets to Part VII, | Sec | ction | Α. | | | • | FO. 000 | | | | | |
| d Total (add lines 1b and 1c)2 Total number of individuals (ir | ocluding but not | limit | ed to | tho | se li | sted | ▶ | 78,000 | an \$100,000 of | | | | |
| reportable compensation from | | | | | | | ubo | ove, who received mere the | | | | V I | |
| 3 Did the organization list any fo | ormer officer di | recto | or tr | uste | e ke | ev er | nnlo | ovee or highest compensa | ted | 1 | | Yes | No |
| employee on line 1a? <i>If "Yes,</i> 4 For any individual listed on lin | " complete Sche | <i>dule</i> of | J fo | or su rtable | ch ii e co | ndivid mpei | <i>dual</i> nsat | tion and other compensation | n from the | | 3 | | Х |
| | | | | | | | | | | | 4 | | Х |
| 5 Did any person listed on line for services rendered to the or | | | | • | | | | , | | | 5 | | х |
| Section B. Independent Contract | | 100, | 001 | пріс | 10 0 | crica | idic | o for such person | | | | 1 | |
| 1 Complete this table for your f | | | | | | | | | | oor | | | |
| compensation from the organ | (A) I business address | σπρ | 100 | aliOH | 101 | uie c | alei | | (B) tion of services | c year. | Co | (C) mpensati | ion |
| Name and | Dusiness dudiess | | | | | | | Descrip | HOLL OF SELVICES | | | препзац | IUII |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | <u> </u> | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent | | | | | | | | | | | | | |
| received more than \$100,000 | or compensatio | 11 11(| ווו נו | ic O | yan | ızaliC | /II 🚩 | - | 0 | | | | |

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

| Pa | irt V | Check if | | of Revenue edule O con | itains | a respo | onse or not | te to any line in | this Part VIII | | |
|--|-------|---|------------|---------------------------|----------|----------|---------------------------------------|----------------------|--|--------------------------------------|--|
| | | | | | | • | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| nts nts | 1a | Federated camp | naigns | | 1a | | | | | | |
| Gra | b | Membership due | es | | 1b | | | | | | |
| s, (An | c | Fundraising eve | nts | | 1c | | | | | | |
| ar | d | Related organiza | ations | | 1d | | | | | | |
| s, imi | е | Government grants (c | | | 1e | | 42,395 | | | | |
| ion | f | All other contributions, | gifts, gr | ants, | | | | | | | |
| br | _ | and similar amounts no Noncash contributions | | | 1f | | 112,575 | | | | |
| i d | 9 | lines 1a-1f | | | 1g | \$ | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | h | Total. Add lines | 1a-1 | f | | | | 154,970 | | | |
| | | | | | | | Business Code | | | | |
| ce | 2a | MUSEUM ADM | MISSI | ONS/PROGRAM | s | | 611710 | 218,481 | 218,481 | | |
| ervi | b | | | | | | | | | | |
| n S enu | С | | | | | | | | | | |
| gran | d | | | | | | | | | | |
| Program Service Revenue | е | | | | | | | | | | |
| _ | f | All other program | | | | | | | | | |
| | g | Total. Add lines | | | | | | 218,481 | | | |
| | 3 | Investment incor | | - | | | I | | | | _ |
| | _ | other similar am | | | | | ▶ | 4 | | | 4 |
| | 4 | Income from inv | | | | • | · · · · · · · · · · · · · · · · · · · | | | | |
| | 5 | Royalties | | | | | | | | | |
| | ٠- | Cuasa vanta | ٠. | (i) Real | | (11) | Personal | | | | |
| | 6a | ŀ | 6a_ | | | | - | | | | |
| | D | Less: rental expenses | | | | | | | | | |
| | d | Rental inc. or (loss) [Net rental incom | 6c | loss) | | | | | | | |
| | | Gross amount from | 10 01 (| (i) Securities | | (ii) | Other | | | | |
| | | sales of assets | 7a | (i) Codinion | | (") | Culci | | | | |
| <u>e</u> | h | other than inventory Less: cost or other | <i>r</i> a | | | | | | | | |
| Revenue | ~ | basis and sales exps. | 7b | | | | | | | | |
| Rev | С | Gain or (loss) | 7c | | | | | | | | |
| ē | | Net gain or (loss | | | | | | | | | |
| Other | | Gross income from | | | | | | | | | |
| | | (not including \$ | | | | | | | | | |
| | | of contributions rep | | | | | | | | | |
| | | 1c). See Part IV, lii | ne 18 | | 8a | | 4,434 | | | | |
| | b | Less: direct exp | | | 8b | | 722 | | | | |
| | С | Net income or (I | loss) f | rom fundraising | event | s | ▶ | 3,712 | | | |
| | 9a | Gross income from | _ | _ | | | | | | | |
| | | activities. See Pa | | | 9a | | | | | | |
| | | Less: direct exp | | | 9b | | | | | | |
| | | Net income or (I | | | tivities | | > | | | | |
| | 10a | Gross sales of in | | | | | 1 100 | | | | |
| | _ | returns and allow | | | 10a | | 1,128 | | | | |
| | | Less: cost of go | | | 10b | | 1,128 | | | | |
| | | Net income or (I | oss) f | rom sales of inv | ventory | <u>'</u> | Ducinosa Cada | | | | |
| Snc | 44- | OM/1777 | ME | | | | Business Code | 386 | | | 386 |
| nec Tue | 11a | | | MENTE TATOLS | | | | -347 | -347 | | 300 |
| ella | b | | | MENT INCOME | | | | -34/ | -547 | | |
| Miscellaneous Revenue | ۱ ا | All other revenue | | | | | | | | | |
| 2 | | Total. Add lines | | | | | | 39 | | | |
| | | Total revenue. | | | | | | 377,206 | 218,134 | 0 | 390 |

Part IX Statement of Functional Expenses

| Sect | ion 501(c)(3) and 501(c)(4) organizations must co | - | | mplete column (A). | |
|----------|---|-----------------------|------------------------|--------------------|-------------|
| | Check if Schedule O contains a respon | | | (C) | |
| | not include amounts reported on lines 6b, 7b, Pb, and 10b of Part VIII. | (A) Total expenses | (B) Program service | Management and | Fundraising |
| | | | expenses | general expenses | expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| 2 | and domestic governments. See Part IV, line 21 Grants and other assistance to domestic | | | | |
| 2 | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| J | 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, | | | | |
| Ů | trustees, and key employees | 78,000 | 56,940 | 8,580 | 12,480 |
| 6 | Compensation not included above to disqualified | 70,000 | 30/310 | 0,500 | 12,100 |
| · | 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): | • | • | • | • |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | 4,478 | 2,239 | 2,239 | |
| d | Lobbying | | | | |
| е | 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 | 1 051 | | 1 051 | |
| 20 | Interest | 1,051 | | 1,051 | |
| 21 | Payments to affiliates | 2 126 | 2 126 | | |
| 22 | Depreciation, depletion, and amortization | 3,126 23,636 | 3,126 21,272 | 2,364 | |
| 23 24 | Insurance Other expenses. Itemize expenses not covered | 23,030 | 21,212 | 2,304 | |
| 24 | above (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | 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 | |
| | 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) | | | | |
| | 10110WILING JOI 70-2 (MJC 7J0-1ZU) | | | | |

| | | | | (A) Beginning of year | | (B) End of year |
|----------------------------------|---|--------------|---------|---------------------------------|-----|---------------------------|
| 1 | Cash—non-interest-bearing | | | 5,867 | 1 | 140,880 |
| 2 | | | | 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 form | | | | | |
| | trustee, key employee, creator or founder, substantial | | | | | |
| | controlled entity or family member of any of these per | | | | 5 | |
| 6 | Loans and other receivables from other disqualified p | | | | | |
| 1 | under section 4958(f)(1)), and persons described in s | | | | 6 | |
| 7 8 | | | | 30,646 | 7 | 88,954 |
| 8 | | | | • | 8 | |
| 9 | Prepaid expenses and deferred charges | | | 7,146 | 9 | 7,146 |
| 10 | a Land, buildings, and equipment: cost or other | .1 | | | | • |
| | basis. Complete Part VI of Schedule D | 10a | 179,467 | | | |
| ۱, | Less: accumulated depreciation | 10b | 152,262 | 30,183 | 10c | 27,205 |
| 11 | lance at an are tall the block of the all and a small and a | | | • | 11 | , |
| 12 | | | | | 12 | |
| 13 | | | | | 13 | |
| 14 | | | | | 14 | |
| 15 | | | | 30,014 | 15 | 30,014 |
| 16 | | | | 146,666 | 16 | 341,498 |
| 17 | Accounts payable and accrued expenses | | | 26,814 | 17 | 19,510 |
| 18 | | | | • | 18 | • |
| 19 | | | | 15,001 | 19 | 120,171 |
| 20 | | | | • | 20 | • |
| 21 | Escrow or custodial account liability. Complete Part IV | of Schedule | D | | 21 | |
| | | | | | | |
| | trustee, key employee, creator or founder, substantial | | | | | |
| 22 | controlled entity or family member of any of these per | | | | 22 | |
| 23 | | | | | 23 | |
| 24 | | | | | 24 | |
| 25 | | | | | | |
| | parties, and other liabilities not included on lines 17-2 | 4). Complete | Part X | | | |
| | of Schedule D | | | 52,395 | 25 | 40,175 |
| 26 | | | | 94,210 | 26 | 179,856 |
| | Organizations that follow FASB ASC 958, check | | | | | |
| | and complete lines 27, 28, 32, and 33. | _ | | | | |
| 27 | | | | -180,174 | 27 | -157,016 |
| 28 | | | | 232,630 | 28 | 318,658 |
| | Organizations that do not follow FASB ASC 958, | | | | | |
| | and complete lines 29 through 33. | | _ | | | |
| 29 | One it all at a divine time at main a land on a comment to make | | | | 29 | |
| 30 | | | | | 30 | |
| 31 | Retained earnings, endowment, accumulated income, | | | | 31 | |
| 27 28 29 30 31 32 | | | | 52,456 | 32 | 161,642 |
| 33 | | | | 146,666 | 33 | 341,498 |

Form **990** (2021)

| orm | 990 (2021) THE SANDBOX A HILTON HEAD | 20-0301794 | | | Pag | ge 12 |
|-----|--|-------------------------------------|---------|----|------|--------------|
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any lir | ne in this Part XI | <u></u> | | | X |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | 1 | | 77,2 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | 2 | 26 | 58,0 | 24 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | 3 | | | 182 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32 | 2, column (A)) | 4 | Ţ | 52,4 | 456 |
| 5 | Net unrealized gains (losses) on investments | | 5 | | | |
| 6 | Donated services and use of facilities | | 6 | | | |
| 7 | Investment expenses | | | | | |
| 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 (mus | t equal Part X, line | | | | |
| | | | 10 | 16 | 51,6 | 542 |
| Pa | rt XII Financial Statements and Reporting | | | | | _ |
| | Check if Schedule O contains a response or note to any lir | ne in this Part XII | | | | |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: X Cash Accr | rual Other | | _ | | |
| | If the organization changed its method of accounting from a prior year or changed | ecked "Other," explain on | | | | |
| | Schedule O. | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an inc | | | 2a | X | |
| | If "Yes," check a box below to indicate whether the financial statements for t | he year were compiled or | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | | |
| | X Separate basis Consolidated basis Both consolidated ar | nd separate basis | | | | |
| b | Were the organization's financial statements audited by an independent account | countant? | | 2b | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the | he year were audited on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated ar | nd separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assume | | | | | |
| | the audit, review, or compilation of its financial statements and selection of a | an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection process | during the tax year, explain on | | | | |
| | Schedule O. | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an | audit or audits as set forth in the | | | | |
| | Single Audit Act and OMB Circular A-133? | | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization | anization did not undergo the | | | | |
| | required audit or audits, explain why on Schedule O and describe any steps | taken to undergo such audits | | 3b | | |

Form **990** (2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

▶ Attach to Form 990 or Form 990-EZ.

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

THE SANDBOX A HILTON HEAD 20-0301794

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

| spital's name, |
|----------------------------------|
| ърнатъ патте, |
| |
| |
| |
| |
| |
| e |
| S |
| |
| es of Check |
| 9 |
| i |
| h, |
| n(s) s |
| |
| |
| |
| |
| |
| (vi) Amount of |
| other support (see instructions) |
| , |
| |
| |
| |
| |
| |
| |
| £ 1 |

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.)

| Sec | tion A. Public Support | | | | | | | |
|-------|---|-----------------------|--------------------|----------------------|---------------------|----------------|----------|-----------------|
| Caler | dar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 202 | 1 | (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. | | | | | | | |
| | tion B. Total Support | | | | | | | |
| Caler | dar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 202 | 1 | (f) Total |
| 7 | Amounts from line 4 | | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | | |
| 12 | Gross receipts from related activities, etc. | | | | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the o | • | | | | . , . , | | . \Box |
| | organization, check this box and stop he | re | | | | | <u> </u> | |
| | tion C. Computation of Public S | | | | | | | |
| 14 | Public support percentage for 2021 (line 6 | 6, column (f) divide | d by line 11, colu | ımn (f)) | | | 14 | % |
| 15 | Public support percentage from 2020 Sch | edule A, Part II, lir | ne 14 | | | | 15 | <u>%</u> |
| 16a | 33 1/3% support test—2021. If the orga | | | | is 33 1/3% or more | e, check this | í | , \Box |
| _ | box and stop here. The organization qua | | | | | | | ▶ ⊔ |
| b | 33 1/3% support test—2020. If the orga | | | | | | | , \Box |
| | this box and stop here. The organization | | | | | | | ▶ ⊔ |
| 17a | 10%-facts-and-circumstances test—20 | • | | | | | | |
| | 10% or more, and if the organization mee | | | | | | | |
| | Part VI how the organization meets the fa | acts-and-circumsta | nces test. The or | ganization qualifies | s as a publicly sur | ported | | . \Box |
| | organization | | | | | | | ▶ ∐ |
| b | 10%-facts-and-circumstances test—26 | • | | | | | | |
| | 15 is 10% or more, and if the organization | | | <u>-</u> | • | • | | |
| | in Part VI how the organization meets the | | | = | | | | . 🗖 |
| | organization | | | | | | | ▶ ∐ |
| 18 | Private foundation. If the organization d | d not check a box | on line 13, 16a, | 16b, 17a, or 17b, o | 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.)

| sec | tion A. Public Support | | | | | | |
|-------|--|---------------------------|-----------------------|----------------------|---------------------|-----------------|---------------------|
| Caler | ndar 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 | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | 1,477,921 |
| | tion B. Total Support | | | | | | |
| Caler | ndar 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 | | | | | | |
| С | 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, check this box and stop he | | | | | (c)(3) | ▶ □ |
| Sec | tion C. Computation of Public S | | | | | | ········ - <u> </u> |
| 15 | Public support percentage for 2021 (line 8 | | | ımn (f)) | | 15 | 99.11 % |
| 16 | Public support percentage from 2020 Sch | | | | | | 99.10 % |
| Sec | tion D. Computation of Investm | | | | | | |
| 17 | Investment income percentage for 2021 (| | | | | | 1%_ |
| | nvestment income percentage from 2020 S | | | | | | 1% |
| | 33 1/3% support tests—2021. If the org | | | | | | |
| b | 17 is not more than 33 1/3%, check this b 33 1/3% support tests—2020. If the org | = | = | | | = | |
| 20 | line 18 is not more than 33 1/3%, check the Private foundation. If the organization d | nis box and stop h | ere. The organiza | ation qualifies as a | a publicly supporte | ed organization | ▶ ∐ |
| | i iivate Touridation. II the Organization d | ia noi oneon a box | OIT III IC 14, 13d, (| n 130, CHECK HIS | OON AND SEE MISH | | A (Form 000) 2021 |

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

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

| | | Yes | No |
|------|----------------|---------|----------|
| | | | |
| | 1 | | |
| ŀ | | | |
| | | | |
| | 2 | | |
| | • | | |
| ł | 3a | | |
| | | | |
| | 3b | | |
| | | | |
| ŀ | 3с | | |
| | 4a | | |
| Ì | ти | | |
| | | | |
| | 4b | | |
| | | | |
| | | | |
| - | 4c | | |
| Ī | | | |
| | | | |
| | | | |
| | 5a | | |
| Ì | Ju | | |
| | 5b | | |
| | 5c | | |
| | | | |
| | | | |
| | 6 | | |
| Ì | | | |
| | | | |
| ŀ | 7 | | |
| | 0 | | |
| ŀ | 8 | | |
| | | | |
| | 9a | | |
| | | | |
| ŀ | 9b | | |
| | 9с | | |
| Ì | - - | | |
| | | | |
| ŀ | 10a | | |
| | 104 | | |
| chec | 10b dule A | (Form 9 | 90) 2021 |

Schedule A (Form 990) 2021

| Par | t IV Supporting Organizations (continued) | | | |
|-------|--|----------|------|-----|
| | · · · · · · · · · · · · · · · · · · · | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described 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 | | |
| | 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 | | |
| Secti | ion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1_ | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Secti | ion C. Type II Supporting Organizations | | | |
| | | | Yes | No_ |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| 01 | the supported organization(s). | 1 | | |
| Sect | ion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| _ | 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 | | |
| 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 | | |
| Secti | ion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction | ns) | | |
| · | The organization satisfied the Activities Test. Complete line 2 below. | 13). | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in | structio | ns). | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in 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. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? If "Yes" or "No," provide details in 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 | | |

7 | Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

Schedule A (Form 990) 2021

(see instructions).

Schedule A (Form 990) 2021

and 4c.

8 Breakdown of line 7:a Excess from 2017 . .

c Excess from 2019
 d Excess from 2020
 e Excess from 2021

b Excess from 2018

| 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.) |
|---|---|
| | |
| | |
| • | |
| • | |
| | |
| | |
| | |
| | |
| • | |
| • | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| • | |
| | |
| | |
| | |
| | |
| | |
| | |
| • | |
| | |
| | |
| | |
| | |
| • | |
| | |

DAA Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number Name of the organization THE SANDBOX A HILTON HEAD 20-0301794 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 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

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (b) Cost or other basis (c) Accumulated (d) Book value (a) Cost or other basis depreciation (investment) (other) **1a** Land c Leasehold improvements 88,794 88,794 5,015 5,015 **d** Equipment 27,205 85,658 58,453 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 27,205

| Schedule D (F | form 990) 2021 THE SANDBOX A HILTON | HEAD | 20-0301794 | Page 3 |
|----------------|---|-----------------------------|--------------------------------------|----------------|
| Part VII | Investments - Other Securities. | | | |
| | Complete if the organization answered "Yes" or | n Form 990, Part IV, | line 11b. See Form 990, Pa | rt X, line 12. |
| | (a) Description of security or category | (b) Book value | (c) Method of valuation | |
| | (including name of security) | | Cost or end-of-year market | value |
| (1) Financial | | | | |
| | eld equity interests | | | |
| | | | | |
| | | _ | | |
| | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| <u>(F)</u> | | | | |
| (G) | | | | |
| (H) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII | Investments – Program Related. | - F 000 D+ IV | Fr. 44. O Fr. 200 D. | V U 40 |
| | Complete if the organization answered "Yes" or | <u> </u> | · · | |
| | (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) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. | - F 000 D(I)/ | line 44 d. O. e. Ferrer 2000 De | |
| | Complete if the organization answered "Yes" or | n Form 990, Part IV, | ine 11d. See Form 990, Pa | |
| | (a) Description | | | (b) Book value |
| (1) | BUILDING IN PROCESS | | | 30,014 |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| | | | | |
| (8) | | | | |
| (9) | | | | 20 014 |
| | n (b) must equal Form 990, Part X, col. (B) line 15.) | | ▶ | 30,014 |
| Part X | Other Liabilities. | n Form 000 Dort IV | line 11e or 11f Coe Form 0 | 100 Dort V |
| | Complete if the organization answered "Yes" or | n Form 990, Part IV, | line Tie of Tit. See Form 9 | 90, Part X, |
| | line 25. | | | 4) P. d. d. |
| 1. | (a) Description of liability | | | (b) Book value |
| | income taxes | | | 40 175 |
| (2) PPP | | | | 40,175 |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| _(7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 25.) | | ▶ | 40,175 |
| | uncertain tax positions. In Part XIII, provide the text of the fo | | | |
| organization's | liability for uncertain tax positions under FASB ASC 740. Che | eck here if the text of the | footnote has been provided in Part 2 | XIII |

| | dule D (Form 990) 2021 THE SANDBOX A HILTON HEAD | 20-03017 | <u>'94</u> | Page 4 |
|-------|---|-----------------------------------|-----------------|--------|
| Pa | rt XI Reconciliation of Revenue per Audited Financial State | - | er Return. | |
| | Complete if the organization answered "Yes" on Form 990, | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 1 | | |
| а | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| С | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| С | Add lines 4a and 4b | | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial State | | per Return. | |
| | Complete if the organization answered "Yes" on Form 990, | , Part IV, line 12a. | | |
| 1 | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| С | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | .,, | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| | Add lines 4a and 4b | | 4c | |
| _5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | |
| Pa | rt XIII Supplemental Information. | | | |
| Provi | de 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 | |
| | | | | |
| | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid | e any additional information. | | |
| | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid | e any additional information. | | |
| | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid | e any additional information. | | |
| | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid | e any additional information. | | |
| | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid | e any additional information. | | |
| | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid | e any additional information. | | |
| | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid | e any additional information. | | |
| | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid | e any additional information. | | |
| | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid | e any additional information. | | |
| | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid | e any additional information. | | |
| | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid | e any additional information. | | |
| | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid | e any additional information. | | |
| | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid | e any additional information. | | |
| | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid | e any additional information. | | |
| | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid | e any additional information. | | |
| | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid | e any additional information. | | |
| | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid | e any additional information. | | |
| | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid | e any additional information. | | |
| | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid | e any additional information. | | |
| | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid | e any additional information. | | |
| | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid | e any additional information. | | |
| | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid | e any additional information. | | |
| | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid | e any additional information. | | |
| | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid | e any additional information. | | |

| Schedule D (F | orm 990) 2021 | THE SANDBOX | A HILTON | HEAD | 20-0301794 | Page 5 |
|---|---------------|--------------------------------|-----------|------|------------|---------------|
| Part XIII | Supplement | THE SANDBOX al Information (co | ontinued) | | | |
| _ | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| • | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| • | | | | | | |
| | | | | | | |

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Employer identification number

| THE SANDBOX A HILTON HEAD | 20-0301794 |
|---|-----------------------------|
| 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 PI | ROCESS TO REVIEW FORM 990 |
| FORM 990 WAS REVIEWED BY BOTH THE EXECUTIVE DI | RECTOR AND TREASURER BEFORE |
| IT WAS FILED. | |
| | |
| FORM 990, PART VI, LINE 19 - GOVERNING DOCUMEN | TS DISCLOSURE EXPLANATION |
| THESE DOCUMENTS ARE AVAILABLE UPON REQUEST AND | ARE POSTED ON THE |
| GUIDESTAR.ORG WEBSITE. | |
| | |
| EODM 000 DADE VT TIME 0 OFFIED CHANCES IN N | EM ACCEMO EVELANAMION |
| FORM 990, PART XI, LINE 9 - OTHER CHANGES IN N | |
| FORM 990, PART XI, LINE 9 - OTHER CHANGES IN N ROUNDING | ET ASSETS EXPLANATION \$ 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

chment 179 uence No.

Name(s) shown on return Identifying number 20-0301794 THE SANDBOX A HILTON HEAD Business or activity to which this form relates INDIRECT DEPRECIATION Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 1,050,000 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 2,620,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 3,126 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2021 0 17 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 (b) Month and year (c) Basis for depreciation (d) Recovery (e) Convention (a) Classification of property (business/investment use (a) Depreciation deduction only-see instructions) 19a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property S/I 25 yrs. MM S/L 27.5 yrs. Residential rental property 27.5 yrs. MM S/L ММ i Nonresidential real 39 yrs. S/L property MM 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/I 30-year 30 yrs. NMMS/L d 40-year MM 40 yrs. S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 3,126 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs ...

THESANDBOXX The Sandbox a Hilton Head

20-0301794

Form 990, Page 1

FYE: 12/31/2021

08/23/2023

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

THESANDBOXX The Sandbox a Hilton Head
20-0301794 Bonus Depreciation Report
FVE: 12/31/2021 Form 990, Page 1

08/23/2023

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

THESANDBOXX The Sandbox a Hilton Head 08/23/2023 Depreciation Adjustment Report 20-0301794 **All Business Activities** FYE: 12/31/2021 AMT Adjustments/ Preferences Description AMT Form Unit Asset Tax There are no assets that meet the criteria of this report

THESANDBOXX 20-0301794 The Sandbox a Hilton Head Future Depreciation Report FYE: 12/31/2021 Form 990, Page 1

08/23/2023

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

Form 990 Two Year Comparison Report 2020 & 2021

For calendar year 2021, or tax year beginning , ending

Taxpayer Identification Number Name 20-0301794 THE SANDBOX A HILTON HEAD 2021 2020 **Differences** 112,575 1. 61,078 51,497 1. Contributions, gifts, grants 2. Membership dues and assessments 2. 3. Government contributions and grants 27,506 42,395 14,889 3. 81,065 218,481 137,416 4. 4. Program service revenue 5. Investment income 5. 16 -12 6. Proceeds from tax exempt bonds 6. 7. 7. Net gain or (loss) from sale of assets other than inventory 8. Net income or (loss) from fundraising events 6,794 3,712 -3,082 8. 9. Net income or (loss) from gaming 9. 10. Net gain or (loss) on sales of inventory 10. 11. Other revenue 123 11. -84 12. Total revenue. Add lines 1 through 11 12. 176,582 377,206 200,624 13. Grants and similar amounts paid 13. 14. Benefits paid to or for members 14. 81,000 78,000 -3,000 **15.** Compensation of officers, directors, trustees, etc. 15. **16.** Salaries, other compensation, and employee benefits 16. 105,063 68,337 -36,72617. Professional fundraising fees 17. 18. Other professional fees 5,629 4,478 -1,151 18. 28,801 29,918 -1,117**19.** Occupancy, rent, utilities, and maintenance 19. 8,523 -5,397 3,126 20. Depreciation and Depletion 20. 41,992 43,29021. Other expenses 21. 85,282 272,125 22. Total expenses. Add lines 13 through 21 268,024 -4,101 22. -95,543 109,182 204,725 23. Excess or (Deficit). Subtract line 22 from line 12 23.

24.

25.

26.

27.

28.

29.

30.

31.

32.

33.

24. Total exempt revenue

25. Total unrelated revenue

26. Total excludable revenue

28. Total liabilities

29. Retained earnings

33. Number of volunteers

27. Total assets

30. Number of voting members of governing body

31. Number of independent voting members of governing body

32. Number of employees

176,582

81,204

94,210

21,810

14

14

20

116,020

377,206

218,524

341,498

179,856

161,642

16

16

18

16

200,624

137,320

225,478

139,832

85,646

Form 990 Tax Return History 2021

Name Employer Identification Number

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 | |
| -undraising revenue (income/loss) | 9,396 | 7,942 | 9,559 | 6,794 | 3,712 | |
| Saming 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 | I | | | | | |
| Compensation of officers, etc. | | 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 | |
| · · · · · · · · · · · · · · · · · · · | - | <u>-</u> | | <u>.</u> | | |
| 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 | |

THESANDBOXX The Sandbox a Hilton Head

Federal Statements

8/23/2023

FYE: 12/31/2021

20-0301794

Taxable Interest on Investments

| | Description | | | | | | | | |
|------------|-------------|----------------|---|-----------------------|----|----------------|------------------------|---------------------|--|
| | | Amount | | Unrelated Business | | Postal Code | Acquired after 6/30/75 | US Obs (\$ or %) | |
| INVESTMENT | INCOME - | INTEREST \$ | 4 | | 14 | | | | |
| INVESTMENT | INCOME - G | AIN LOSS | | | 14 | | | | |
| TOTAL | | \$ | 4 | | | | | | |

THESANDBOXX The Sandbox a Hilton Head

20-0301794

Federal Statements

8/23/2023

FYE: 12/31/2021

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

| Description | Ex | Total xpenses | Program Service | agement & General | Fund aising |
|--|----|------------------------------|---------------------------|----------------------|----------------|
| TECHNOLOGY BANK & CREDIT CARD EXPENS MISCELLANEOUS EXECUTIVE DIRECTOR EXPENS | \$ | 4,044 1,802 483 123 | \$ 1,802 483 123 | \$ 4,044 | \$ |
| TOTAL | \$ | 6,452 | \$ 2,408 | \$ 4,044 | \$ 0 |

| THESANDBOXX The Sandbox a Hilton Head 20-0301794 FYE: 12/31/2021 | Federal Statements | 8/23/2023 |
|---|---------------------------------------|--|
| | Schedule A, Part III, Line 1(e) | |
| Descrip | tion Ar | mount |
| ATAX REIMBURSEMENT PPP LOAN FORGIVNESS ALL OTHER CONTRIBUTIONS/GRANTS TOTAL | \$ \$ | 42,395 112,575 154,970 |
| | Schedule A, Part III, Line 2(e) | |
| Descrip | tion Ar | mount |
| MUSEUM ADMISSIONS/PROGRAMS ATAX REIMBURSEMENT INCOME OTHER GIFT SHOP TOTAL | \$ | 218,481 -347 4,434 1,128 223,696 |
| | Schedule A, Part III, Line 10a(e) | |
| Descrip | tion Ar | mount |
| INVESTMENT INCOME - INTEREST | \$ | 4 |
| INVESTMENT INCOME - GAIN LOSS TOTAL | \$ | 4 |
| | Schedule A, Part III, Line 11 | |
| Descrip | tion Ar | mount |
| OTHER INCOME LESS: DEDUCTIONS TOTAL | \$ \$ | 386 -1,000 -614 |
| | · · · · · · · · · · · · · · · · · · · | |