### 2023

## Accommodations Tax Funds Request Application

Organization Name: Mitchelville Preservation Project

Project/Event Name: Accommodations Tax Grant Application

### **Executive Summary**

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

### 2023

## Accommodations Tax Funds Request Application

Applications will not be accepted if submitted after 4 pm on September 2, 2022

#### A. SUMMARY OF GRANT REQUEST:

**ORGANIZATION NAME:** Mitchelville Preservation Project

Project/Event Name: Accommodations Tax Grant Application

Contact Name: Ahmad Ward Title: Executive Director

Address: PO Box 21758, Hilton Head Island, SC 29925

**Email Address:** 

award@exploremitchelville.org

Event Date: Various dates Event Location: Historic Mitchelville

Freedom Park / Locations TBD

843-255-7301

Contact Phone:

**Total Budget:** \$926,500.00 **Grant Requested:** \$185,000.00

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

Funding would be used to: promote Mitchelville Master Plan to the national public, provide outreach to visitors / tourists, develop / distribute updated print marketing offerings and purchase strategic marketing management services. HMFP will market and promote: 1) "Finding Freedom's Home" Mitchelville exhibit at the Westin HHI Resort and Spa, 2) Promotion of Historic Mitchelville Freedom Park's future 3) 2022 Blues and BBQ, 4) 2023 Juneteenth Celebration, 5) "Dawn of Freedom" "Roots of Reconstruction" Tours in Historic Mitchelville, 6) Mitchelville Anniversary

Forum and 7) Branding effort of HMFP. Funds would also support event transportation and for site set-up and preparation.

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

As the presence of Mitchelville grows, it draws larger audiences to the Island to partake in the once hidden history of Hilton Head. The response to events presented by HMFP over the past four years, gives the organization evidence that the story of Mitchelville will continue to appeal to this market on a much greater level as the presence increases. Our presentation of Historic Mitchelville through signature events, exhibits and conferences brings in special interest groups and organizations, e.g., enthusiasts of Civil War, Reconstruction, SC history, genealogy, Gullah-Geechee culture and more. This impact is measured through program evaluations and surveys.

- A. Total Number of Physical Tourists Served: 26,449
  - 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: 14,322

  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: 11,335

  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): 52,106

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

Historic Mitchelville Freedom Park uses a variety of methods to calculate visitors and tourists for programs and events. HMFP employs a visitor survey tool for in-person events, to capture reasons for attending and personal information to track where people are visiting. Fortunately, HMFP was able to present most of its programming in person after the previous two years were hampered because of the Covid-19 pandemic. The organization continued to provide its Griot's Corner literacy program online, as well as the important national Juneteenth virtual partnership. Virtual programming is calculated by views and other social media analytics.

The Holiday Nights and Lights continues to be a key event for HMFP with **3,400** people in attendance over a three-day period with **1,800** tourists participating according to the donation cards passed out at the entrance and collected at the exit. The States represented in the data were: **Florida**, **Georgia**, **Louisiana**, **New York**, **North Carolina**, **Ohio**, **Pennsylvania** and **Tennessee**.

The Freedom Day program that looked at the importance of health and wellness had **300** people in attendance.

The Blues and BBQ program in the Park had **350** participants.

HMFP welcomed 1,346 people back to the Park for the annual Juneteenth celebration at the Park on June 18th. The states represented at the Juneteenth Event were Alabama, Florida, Georgia, Kentucky, Michigan, New York, New Jersey, North Carolina, Ohio, Pennsylvania, and Virginia. There was an accompanying sleepover in the Park on the 16th with Joseph McGill from the Slave Dwelling Project. The virtual Juneteenth program was a collaboration with other African American museums from across the country: August Wilson Center for African American Culture - Pittsburgh, Pennsylvania; The Harvey Gantt Center for African American Arts + Culture - Charlotte, North Carolina; The Charles H. Wright Museum of African American History - Detroit, Michigan; National Civil Rights Museum - Memphis, Tennessee; National Underground Railroad Freedom Center - Cincinnati, Ohio; Northwest African American Museum - Seattle, Washington; California African American Museum - Los Angeles, California and the America's Black

Holocaust Museum - Milwaukee Wisconsin. The Virtual program had **32,593** viewers over the YouTube, Facebook and PBS platforms. The decrease in virtual viewership matches what has been seen across the board in digital engagement since the world has "reopened." However, Amazon's exposure to their employees increased from **1.3 Million** in 2021 to **1.4 Million** this year.

We moved into the second year of our "QR code stations" partnership with the Town of Hilton Head Island Office of Cultural Affairs. The three stations in the Park highlight the story of Mitchelville, a performance by Marlena Smalls and the Hallelujah Singers and an interpretation of Harriet Tubman by Cora Miller. The three stations have yielded 2,805 scans since January 2022 (over 5,000 total) with tourists ranging from 36 states. Some of the states not commonly recorded at Mitchelville programming include Arkansas, Colorado, Idaho, Illinois, Missouri, Montana, Oklahoma, Oregon, Texas, Washington and the commonwealth of Puerto Rico. In addition, the codes were scanned by tourists from Australia, Canada, Germany, Poland, Romania, Uganda, Switzerland and the Ukraine.

Including the reporting of Finding Freedom's Home exhibition numbers from the Westin Hotel and Spa (23,000) our official reach, physical and virtual (counting the Juneteenth numbers for the actual program and not Amazon) totaled 84,699 people with the out of area percentage reaching 70

#### B. DESCRIPTION OF OPERATIONS:

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

The Historic Mitchelville Freedom Park (HMFP) is a 501(c) non-profit organization whose mission is: to preserve, promote and honor Historic Mitchelville, the first self-governed town of formerly enslaved people in the United States. The brave men and women that built this

community planted strong and enduring familial roots for generations of future African-Americans.

HMFP educates the public on the compelling story of its inhabitants and their quest for education, self-reliance and inclusion as members of a free society. HMFP is thriving through feature exhibits, signature events and guided tours of Historic Mitchelville. In addition, it continues to enhance knowledge of Mitchelville through a series of learning opportunities including lectures, forums, and related cultural experiences. Thanks to the generosity of the Beaufort County Council, HMFP has completed its master plan for the Park, which serves as the blueprint for its transformation into a cultural attraction. This expands the offerings of the Park to include replicas of the historic homes, churches, stores and other structures that align with the themes that govern the interpretation of the site. Those themes include: the importance of education, the desire for land ownership, laws and citizenship, the power of opportunity, everyday life before Reconstruction, and others. This historic site, drenched in Hilton Head's pristine island atmosphere, endeavors to be known as the Lowcountry's key Heritage Tourism attraction, inspiring visitors from around the world to travel to South Carolina to experience the people of the Mitchelville's first taste of freedom.

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

The Historic Mitchelville Freedom Park was able to flourish with the world reopening from the pandemic and welcome people back to the Park for events and tours of the property. HMFP is adding key Master Plan elements like the Bateau interpretive panels with more additions coming in the near future. The funds requested from the Town of Hilton Head will enable us to: maintain and expand our outreach offerings in the park and on various digital / online platforms, increase the branding for Historic Mitchelville Freedom Park and

provide unique programming that elevates the Project to levels in alignment to the national museum/ cultural institution field. Most importantly, funding will assist us in reaching out from beyond Hilton Head Island, in a marketing/ public relations effort that shares this unique and incredible story of citizenship, democracy and freedom with the rest of the world.

Town of Hilton Head Island ATAX funds would be used for:

- Purchase strategic marketing management services, Continuation of branding effort for Historic Mitchelville Freedom Park, Creation of promotional materials and branding / promotion of Master plan / upcoming campaign. Specific services would include media relations (e.g., press releases, media pitching, media buying in TV, Print, and Radio) and creation of collateral pieces and displays -\$105,000
- Implementation of key tourism events and programming \$65,000
- Park site maintenance and event preparation / Liability / Event Insurance \$15,000

Total \$185,000

Please refer to section B7 for more details about programming.

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

Partial funding would greatly impact HMFP's efforts to maintain the momentum gained over the last six years with programs and outreach. In addition, partial funding would hinder current efforts to solidify HMFP's presence in the Park as we promote the Master Plan and work toward making the proposed cultural attraction a reality. Partial funding would result in cuts to regional markets outreach and the loss of opportunities to 1) increase new visits and 2) maintain repeat visitors and patrons. To account for this loss in funding, HMFP would likely cancel some programming or strategies during the

calendar to maintain functions.

last year&

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

HMFP events, such as the Juneteenth Celebration and Holiday Nights and Lights (4,746 participants in 2022) continue to reach beyond South Carolina to attract thousands of people from the country to HHI. Mitchelville's prominence in national conferences, programming, programs and publications; invitations to national grant opportunities and the growing scope of the organization places HMFP in position to draw even more people to HHI in 2023. HMFP continues to maintain a high percentage of tourists to the Park site with or without targeted programming. According to the HHI Office of Cultural Affairs' Arts & Economic Prosperity study arts/cultural attendees spent an average of \$52.86 per person, making

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

1 - Destination Advertising/Promotion  Advertising and promotion of tourism so as to develop and increase tourist attendence through the generation of publicity.	57	%
2 - Tourism-Related Events  Promotion of the arts and cultural events.	35	%
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.	8	%
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	0	%

directly attributed to tourist. Also includes public facilities such as

restrooms, dressing rooms, parks and parking lots.

	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	%

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)

HMFP currently works with organizations such as: The Westin Hotel and Spa, The Marriott Barony Beach Club, Hampton Inn, Gullah Heritage Trail Tours, Gullah Geechee Cultural Heritage Corridor Commission, Island Rec, The Arts & Cultural Council of HHI, The Heritage Classic Foundation and Hilton Head Island-Bluffton Chamber of Commerce to attract culturally specific tours to the area.

Specifically, HMFP works with Coastal Discovery Museum and the Hilton Head Land Trust to present the "Roots of Reconstruction tours" which traces the history of Reconstruction and concentrates on the African American historical presence on the Island. HMFP is partnering with the Heritage Library, the Hilton Head Land Trust, the Gullah Museum, and the Historical Black churches of HHI to present "Historic Holidays on Hilton Head Island" which chronicles the history of the Island with Christmas as the prevailing theme.

HMFP cross promotes events and programs with NIBCAA in national publications such as the USA Today and for national conferences like the Association for the Study of African American Life and History. HMFP is working with the Association of African American Museums, the Southeastern Museums Conference and the Association for the Study of African American Life and History to promote the Park as an upcoming cultural attraction as site development takes shape. In

addition, HMFP is working with the National Park Service Reconstruction Monument and the upcoming International African American Museum on program partnerships. HMFP enjoys meaningful relationships with the Smithsonian Institution, specifically, the National Museum of African American History and Culture and the National Museum of American History that will continue to lift the profile of our site. HMFP is engaged with the National Museum of American History to assist them in presenting an important exhibition on Gullah artifacts from the Lowcountry that will go on display at the facility in 2024.

#### 7. Additional comments. (250 words or less)

The requested funds from the TOHH ATAX grant cycle will enable HMFP to develop, implement and promote the following: "Finding Freedom's Home: Archeology at Mitchelville" exhibition at the Westin Hilton Head Island Resort and Spa. This collection of artifacts, photographs, letters, and documents continues to serve as our major outreach vehicle to tourists. HMFP will host its eighth annual Juneteenth Celebration in Historic Mitchelville Freedom Park, honoring the end of slavery in America in June. This event, featuring stage performances and cultural programming, attracts tourists/visitors throughout the state of South Carolina as well as from Alabama, Georgia, Florida, North Carolina and various Northeastern states. Due to the continued success of the virtual Juneteenth collaboration with African American Museums around the country, that aspect of the celebration will continue. **Blues and BBQ** marks its fifth annual appearance on the HMFP calendar on March 25th. This event, held live in the Park for the first time in 2021, will return to combine two key southern tenets with the themes of freedom and liberty to create a fun "Edutainment" event. The Mitchelville **Anniversary Forum** is a symposium that discusses contemporary issues connected to Mitchelville's key themes: Freedom, Democracy, Citizenship and Opportunity. Holiday Nights and Lights has

established itself as one of HMFP's cornerstone events with thousands of people visiting the Park site during the first weekend of December. As HMFP implements its Master Plan for the Park, the "HMFP" branding effort/project marketing will continue by adding more promotional materials, collateral pieces, as well as temporary structures and signage in the Park that will improve interpretation for our visitors, collect important demographic information and support docents telling the story of Mitchelville.

#### C. FUNDING:

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

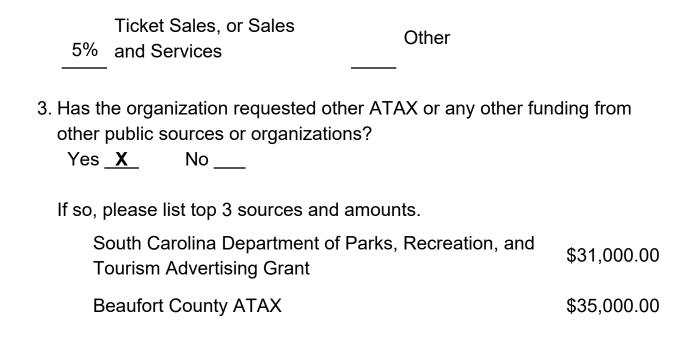
MPP currently receives funding from the following sources:

- Beaufort County ATAX grant
- · Town of Hilton Head ATAX grant
- Individual Gifts and Donations
- · Private Sponsorship funds
- · Board of Directors' pledges
- Signature Events

.

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

	Private Contributions,
Government Sources	Donations
<u>54%</u>	26% and Grants
Corporate Support,	Membership, Dues,
13% Sponsors	2% Subscriptions



#### D. FINANCIAL INFORMATION:

Fiscal Year Disclosure: Start Month: <u>January</u> End Month: <u>December</u>

#### **Financial Statement Requirements:**

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

**Budget Years Provided:** 

2023

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

Profit and Loss Years Provided:

2020

2021

2022 Profit and Loss (September 1st)

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

Balance Sheet Years Provided:

2020

2021

2022 Balance sheet through Sept 1

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

IRS Form 990 or 990T Years Provided:

2018

2020

2021

2019

#### E. FINANCIAL GUARANTEES AND PROCEDURES:

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

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

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

#### F. MEASURING EFFECTIVENESS:

If you received 2021 or 2022 HHI ATAX funds

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

2019	\$172,500.00	Mitchelville Preservation Project
2020	\$185,000.00	Historic Mitchelville Freedom Park (Various)
2021	\$185,000.00	Historic Mitchelville Freedom Park (Various)
2022	\$185,000.00	Historic Mitchelville Freedom Park (Various)

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)

The Historic Mitchelville Freedom Park received ATAX awards in the amounts of \$185,000 for 2021and \$185,000 for 2022. The Holiday Tree Lighting ride through boasted **3,400** people over a three day period with **1,800** tourists participating according to the donation cards passed out at the entrance and collected at the exit. The States represented in the data were: Florida, Georgia, Louisiana, New York, North Carolina, Ohio, Pennsylvania and Tennessee. The Freedom Day program that looked at the importance of health and wellness had 300 people in attendance. HMFP welcomed 1,346 people to the seventh annual Juneteenth celebration on June 18th. The states represented during Juneteenth: Alabama, Florida, Georgia, Kentucky, New York, New Jersey, North Carolina, Ohio, Pennsylvania, Tennessee and Virginia. The virtual Juneteenth program was a collaboration with African American museums from across the country in California, Louisiana, North Carolina, Michigan, Ohio, Pennsylvania, Tennessee, Washington and **Wisconsin.** The HMFP QR code stations yielded **2,805** scans with tourists ranging from over 36 states including: Arkansas, Colorado, Idaho, Illinois, Missouri, Montana, Oklahoma, Oregon, Texas, Washington and West Virginia.

3. What impact did this have on the success of the organization/event and

Funding enabled us to get back into the Park for our Juneteenth celebration and increase our reach by 49%. The growth of the Juneteenth event has exposed more people in the region to the holiday and expanding our scope. Funds also helped to grow our Holiday Nights and Lights event by 36% and extended the reach of the event to 700 miles (Philadelphia, PA) "Dawn of Freedom" tours connected with 500 visitors /tourists from all over the nation. This increased the profile of the organization and our metrics suggest that this will lead to more cultural heritage travelers attending the in-person Juneteenth and other Mitchelville events next year. Survey / evaluation results from programming indicated that patrons noted the quality of the educational material and acknowledged the diverse audience demographics of HMFP events. In addition, Mitchelville events have become renowned for its highly diverse audiences, enriching the unification of the community at large. HMFP is distinguishing itself as the Cultural Heritage hub on Hilton Head Island and our programs, virtual and in-person are beginning to draw expanded new audiences to the area.

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

HMFP measures the effectiveness of marketing and programming by tracking the number of visitors, tourism trends and responses to each of the hosted exhibits, programs and events. Data is collected through online ticket sales, visitor surveys and on-site surveys at signature events. HMFP also employs program / event specific evaluations, using both quantitative and qualitative data to measure effectiveness of our offerings. Regarding programs like the Roots of Reconstruction tour, we coordinate evaluation information with the Coastal Discovery Museum and the Hilton Head Land Trust. For Griot's Corner, the teachers are engaged before they leave the Park,

to secure feedback about the story, activities and connection to literacy/reading standards. The majority of this year's data was compiled through online analytics on Facebook, the exploremitchelville.org website, Instagram, YouTube and blkfreedom.org.

Signature: Ahmad T Ward

Title/Position: Executive Director

Mailing Address: P.O. Box 21758, Hilton Head Island, SC 29925

Email Address: award@exploremitchelville.org

Office Phone Number: 843-255-7301

Home Phone Number:

#### ATAX EFFECTIVENESS MEASUREMENT

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

\* Actual spent refers to January through August 2022\*

TOPIC	THE PLAN	BUDGET	ACTUAL SPENT	RESULTS When possible, provide planned results vs. actual results, and/or current year vs. prior year results .
Purchase strategic marke	eting management services			
Printing, Brand strategy, Media relations/ coordination, Website update, Defined branding effort for creation of Historic Mitchelville Freedom Park after Master Planning Process	Strategic marketing services, coordination of media partners for special events, market analysis, Creative Ads, Site maintenance and updating, Creation of promotional materials, new collateral pieces, specialized ads and displays in preparation of Historic Mitchelville Freedom Park launch.	\$75,000	\$4,776	HMFP was fortunate to receive funding from the South Carolina Parks, Recreation and Tours Tourism grant which went towards digital media buys for Juneteenth this year. Freeing ATAX funding up for large scale national promotions for later this year. Print ad for Blues and BBQ reach - 14,238 Actions (profile visits and website clicks) - 132,000. Website updates for exploremitchelville.org and Creation of promotional / organizational pieces for HMFP forthcoming.
Social Media	Maintenance and updating of social media: Facebook, Pinterest, Twitter and Blogs, surveys and data reports	\$30,000	\$1,500	Estimated reach per week all social media - <b>6400</b> Total reach during time period - <b>260,000</b> up 29% from 2021. Instagram reach up <b>65%</b> from 2021.
Total	'	\$105,000	\$6,276	
Implementation of key p	vo gramming	•		•

#### ATAX EFFECTIVENESS MEASUREMENT

TOPIC	THE PLAN	BUDGET	ACTUAL SPENT	RESULTS When
				possible, provide planned results vs. actual results, and/or
				current year vs. prior year results .
Blues and BBQ,	Event services, contractors,	\$ 65,000.00	\$65,000	Blues and BBQ took place in the Park with 350 people in
Juneteenth Celebration,	materials for tours/presentations,			attendance; Juneteenth Celebration - 1,346 people from 11
Dawn of Freedom Tours	venue expenses, Event permitting,			different states - 49% increase from 2021 Virtual program on
Mitchelville Anniversary	Juneteenth and group tours			blkfreedom.org / YouTube/ Facebook reached 32,593 viewers,
Forum, Promotion of	transportation.			Virtual presentation shown to Amazon employees - 1.4 Million
Finding Freedom's Home				people. Dawn of Freedom guided tours welcomed 500 people
exhibition Event				to HMFP. Tourists made up <b>52%</b> of participation. Holiday
Transportation				Nights and Lights boasted <b>3,400</b> people in attendance over a
(Juneteenth)				three-day (six hours)period for a <b>36%</b> increase from 2021. The
				Finding Freedom's Home exhibition still reached 23,000
				tourists as of September 1 2023. The Anniversary Forum
				scheduled for October 29 will happen at the USCB Hilton Head
				Campus Expected attendance - 100.
Total		\$ 65,000.00	\$ 65,000.00	
Park site maintenance an	id updates			

Park site maintenance an	d updates			
Park site maintenance,		\$ 15,000.00	\$ 1,247.00	Maintenance of / Insurance for Historic Mitchelville Freedom
Park updates Event				Park. Enabled organization to protect the interests of Historic
Insurance, Liability				Mitchelville Freedom Park and our patrons. Most site
/Event Insurance				maintenance scheduled for later part of year.
Total		\$ 15,000.00	\$ 1,247.00	

Total Budget to Actual

\$185,000.00

\$112,477.50



#### Historic Mitchelville Freedom Park, Inc. Board of Directors Meeting Minutes

Chamber of Commerce Conference Room
1 Chamber of Commerce Dr.
Hilton Head Island, SC 29928

May 24, 2022 - 4:00PM

**Attendance (in-person and via Zoom):** Didi Summers, Jamie Berndt, Gloria Holmes, Herbert Ford, Lola Campbell, Margot Brown, Heather Hodde, Carlton Dallas, Myla Lerner, Anna Ponder, Jamie Berndt **Staff:** Ahmad Ward, Joyce Wright, Robin Perkins

Meeting called to order 4:02 PM - Didi Summers, Board Chair

Chair called for a Motion to Approve April 26, 2022 Board Minutes

Motion to Approve: Carlton Dallas. 2nd Lola Campbell - Approval was unanimous

Minutes for board retreat will be approved at next month's meeting

#### Item 1 Executive Director's Report - Ahmad Ward, Executive Director

- Meeting Site and Summer Schedule The County Office space is temporarily unavailable because of early voting, registration etc. We need to find an alternate location, and decide whether or not we will meet during the summer months.
- Bateau Panels have been installed in the park between the existing bateau and the pavilion.
   Images will be emailed to the board. There are three 6-foot tall panels that depict: 1. Gullah culture 2. land and home ownership 3. sweet grass baskets and the creativity of the culture.
- Blues and BBQ Report We spent more money than anticipated, however, the costs for programming will be covered by ATAX funds
  - o \$47,000 total cost for the event
  - \$5,991 for marketing 100% of this will be reimbursed (ATAX)
  - \$41,716 for programming (73% -\$30,000 will be reimbursed)
  - \$11,000 \$12,000 is projected to be the actual cost for the event
  - \$95,715 is revenue for the event; we are close to our \$100,000 goal
  - We received approx. \$7,000 from online donations
  - Revenue from the event is still being totaled. Checks are still being received;
     \$30,000 in checks were received in the past week.

- Juneteenth Celebration (6/16-18) (All logistics are already being addressed) Juneteenth will
  include a sleepover in the Park with Joe McGill who did this last year. McGill has done this
  nationally. We expect to accommodate a larger group of participants than last year. Board
  members are invited to sleep in the park overnight. Sleepover begins at 6PM -6AM. Tents will be
  available:
  - Cost \$35.00 adult
  - Cost \$25.00 young people
  - Dinner is included
- Donor Event June 17, 2022 at the Westin Hotel Guests will be those who have already given
  and those who have expressed interest in HMFP at earlier donor events. We have invited Jim
  Clyburn as our special guest.
- **Virtual Juneteenth event** 'We the People' this will include 11 Additional Museums around the country. Amazon has offered to provide this for its 1.3 million employees. Another potential sponsor, Detroit PBS, has offered to live stream it on 6/19. Additional plans are still being developed.

**Yellow Box** there is the possibility to have high level lawyers and attorneys to read the preamble to constitution. Katanji Brown Jackson has been invited to be a reader. Judge Eric Washington has already agreed, and has recorded a segment for us in the park in his judicial robe. Hopefully three federal judges will be able participate in the readings. We are also working with black freedom.org.

- Sarah Hardy HMFP has received over \$3,000 in donations in honor of the Sarah Hardy, the mother of Peaches Peterson, our former chair.
- Smithsonian Museum of American History HMFP is working with the Smithsonian Museum of African American History to schedule a meeting on the HH Island to discuss a collaboration. The Museum has found 3000 objects related to Gullah culture in their possession. The provenance is not reliable, and work is continuing on this.

Dr. Deborah Mack has suggested that local Native Islanders can assist with the process of authenticating the artifacts and can assist in establishing provenance. The possibility exists for them to identify some of their own descendants.

Dr. Deborah Mack is planning to meet with Native Islanders in Mount Pleasant, Savannah and Hilton Head. HMFP is scheduled to participate in this process in Hilton Head on 6/25 from 11AM – 1PM. USCB campus is the suggested location. This has not yet been finalized. The exhibition will eventually be unveiled at the museum in the future (11/24).

 RBC Heritage and Heritage Classic Foundation - We have an opportunity to collaborate with RBC Heritage and the Heritage Classic Foundation. They would like to fund the M.A.G.I.C. program for 5 years. We expect to receive \$25,000 annually from RBC and \$25,000 annually from **Heritage Classic Foundation**. The ED is working on a 5-year growth plan. This would allow us to hire a part-time person to coordinate this educational program.

 ATAX Application - HMFP needs approval to apply for ATAX grant in the fall for the 2023 fiscal year.

Ahmad Ward asked a **Motion to apply for ATAX** funds for 2023.

Motion: Anna Ponder. 2<sup>nd</sup> Herbert Ford. Motion passed unanimously

• Summer Meetings – Meetings are scheduled for June 6/21 and July 7/26. There will be no meeting in August (regular meetings will continue to be on the 4<sup>th</sup> Tuesday of each month except when schedule changes are necessary). Location for meetings is TBA and will continue to be hybrid (in person and virtual).

#### **Item 2 Board Chair Report - Didi Summers**

- Summer Meetings Meetings are scheduled for June 6/21 and July 7/26. There will be no meeting in August (regular meetings will continue to be on the 4<sup>th</sup> Tuesday of each month except when schedule changes are necessary). Location for summer meetings is TBA and will continue to be hybrid (in person and virtual).
- Strategic Plan Overview and Discussion The ED presented a detailed report to the board on the Strategic Plan for the organization. This is the cornerstone of what I would like to accomplish this year He did a fantastic job identifying the challenges and proposed solutions to improve the health of the board's organizational structure.

The Development Plan was excellent. Having a development officer will help with logistics; this will solve many of our problems. Whether this will be a full or part-time position is still open. A focus on logistics will improve communications with our donors.

Hiring a **CFO** will clarify and respond to many administrative issues and logistics. The CFO would help solve problems regarding communications with donors.

Administrative visibility is important – i.e. establishing a clear process of communicating with donors. There should also be synergy between administration and the marketing committee to make sure that what we are doing is clear and visible on our website. We also need to make sure board is always aware of what is going on.

**Gift Donor Policy** – A donor acceptance policy is important and necessary. We need to develop one, and we need input and feedback from the board as we develop it.

(Ahmad Ward: – we are upgrading our software to use Bloomerang. This program will address many of these issues; it will take care of many of the processes of identifying and responding to donors i.e. getting thank-you letters sent out.)

Once we have an administrative assistant it will also help. (**Ahmad Ward:** Robin Perkins is our new administrative assistant who began working part time on May 9<sup>th</sup>. She has a great

background she will be taking over correspondence duties for Ahmad. She has been on the job for 3 weeks. She will be in office M-W and will be available for special events as needed.)

**Discussion:** \* specific timelines and turnarounds will help ensure compliance with established policies and overall processes. \* The giving levels listed in the Strategic Plan have been approved by the board. A donor gift policy needs to be finalized (i.e. we need a way to disseminate information when we get donations).

(Omolola Campbell: the Governance committee will address a donor and gift-giving policy as well as other needed policies now that we have a strategic plan in place. This is the anticipated next step for the Governance Committee since policies and procedures are part of the responsibility of Governance. Policy proposals will be submitted to the board for its input and feedback on before they're submitted to the board for approval. As part of this process, the Governance Committee will work with staff)

#### **Budgets and Line Items:**

**Didi Summers** - Being fully staffed is a major step forward. Funding additional staff should become an amendment to the budget because budgets need to be clear about our staff costs etc.. In addition, if money comes from other line items, we should be clear about that going forward (i.e. costs and overheads etc. need to be clearly identified)

**Margot Brown:** I don't feel it's necessary to amend the budget. We can have a **variance** to the budget that we can track as we go forward. If there is a variance, we can make it a line in the budget, but not an amendment to the budget. For example, staff and benefits costs need to be line items because these costs need to be tracked.

**Didi Summers:** What needs to be approved? **Margot Brown:** If the ED wants to incur some expense, he needs to say what he wants and how he wants to fund it. Explanations are needed, but an amendment is not needed as long any variance does not change the total budget.

#### Item 3 Treasurer's Report - Margot Brown, Chair, Ahmad Ward, ED

We received notification that June CPA will not be able to do our 2021 audit because of their
present workload and scheduling. We are planning to interview another CPA, Zoe Davis. We will
be looking for a proposal from her. The cost for this is not yet known. Committee is seeking
recommendations. USCB auditor is one of the recommendations.

Ahmad Ward – HMFP Financials – A Statement of activity has been provided to the board.

**Budget to actuals** - There were a couple of revenue lines that were in the wrong section, and needed to be recoded. Adjustments have been made and an up-dated document showing budget to actuals will be provided to the board. The coding will be amended. Adjusted items and amounts are:

**MOU for Town of HH** - \$100,000 - we are in receipt of these funds for 2021 - 2022

**Government Grants – Beaufort County ATAX** - we usually receive \$20,000. This year we received \$35,000

**Revenues Year to Date** - \$441,613.91

**Expenses Year to Date -** \$283,632.73

\* Additional grants and board pledges are still being received

**Revenue from Blues and BBQ** will also show up in the budget under Donations and Corporate Contributions. **Bloomerang** produced a report that shows donations and charges.

Current Assets \$1,133,390.04

**Liability and Equity** \$1,146,000.00

(**Discussion: Margot Brown – re. MOU for 2021.** Will we accrue that for 2021 but not record it as income in 2022. We will continue to discuss this, and make changes as needed.)

Revenue (with adjustments) \$340,000.00

#### Item 4 Nominating Committee Report - Jamie Berndt, Chair

• New Board Member Vote – Michael Tighe

Herbert and Jamie met with Michael (Mike) Tighe, Mike, the new GM of the Westin and believe he would be a great addition to the financial committee. Michael (Mike) Tighe would take over the term vacated by Michael Scioscia. He will finish out the remainder of the vacated term (through December 2022), and then will sit for a full three-year after that.

• **Jamie Berndt called for a Motion to** vote to accept Michael Tighe to complete a partial term through 12/22 and then to a complete a full 3-year term afterwards.

Motion: Jamie Berndt. 2<sup>nd</sup> Carlton Dallas -Vote to approve is unanimous.

- The committee is recommending that the board vote on board candidate Grace Delmar Stepp at the June board meeting.
- We have 4 active candidates. There will be 3 replacements presented to the board at the September meeting. We will be bringing at least 3 people on to the board. We can bring on an additional person if the board wants to expand the board.

#### Item 4 Governance Committee Report - Lola Campbell, Chair

Thank you to Ahmad Ward for his recent Strategic Plan and his presentation to the board

Governance Committee will be moving on to policies and procedures as well as internal controls

We are searching for templates that we can use to help us improve the organization structurally

• The committee is continuing to work on the 'Mitchelville Way,' the cultural expectations for HMFP. We are requesting input form the full board since this should not be an internal committee decision.

#### Item 6 Marketing Committee Report - Hester Hodde, Myla Lerner, Anna Ponder

 Marketing Committee is making progress. The chair is working with branding experts on branding and a logo for HMFP. His strategy is to gather ideas and solicit proposals for the committee to review. The committee has agreed that it is imperative address these issues because it will support the board members involved with donor cultivation events.

The committee will meet next Friday to review the suggestions and proposals that have been presented. Once the committee has reviewed them, their suggestions will be presented to the full board.

The Marketing Committee will provide regular updates on its progress to the board.

**Didi Summers:** Discussion: Should we have an executive session? We will plan this for June meeting. This session will be a way to check in on how things are going.

Item 6 Old Business - none

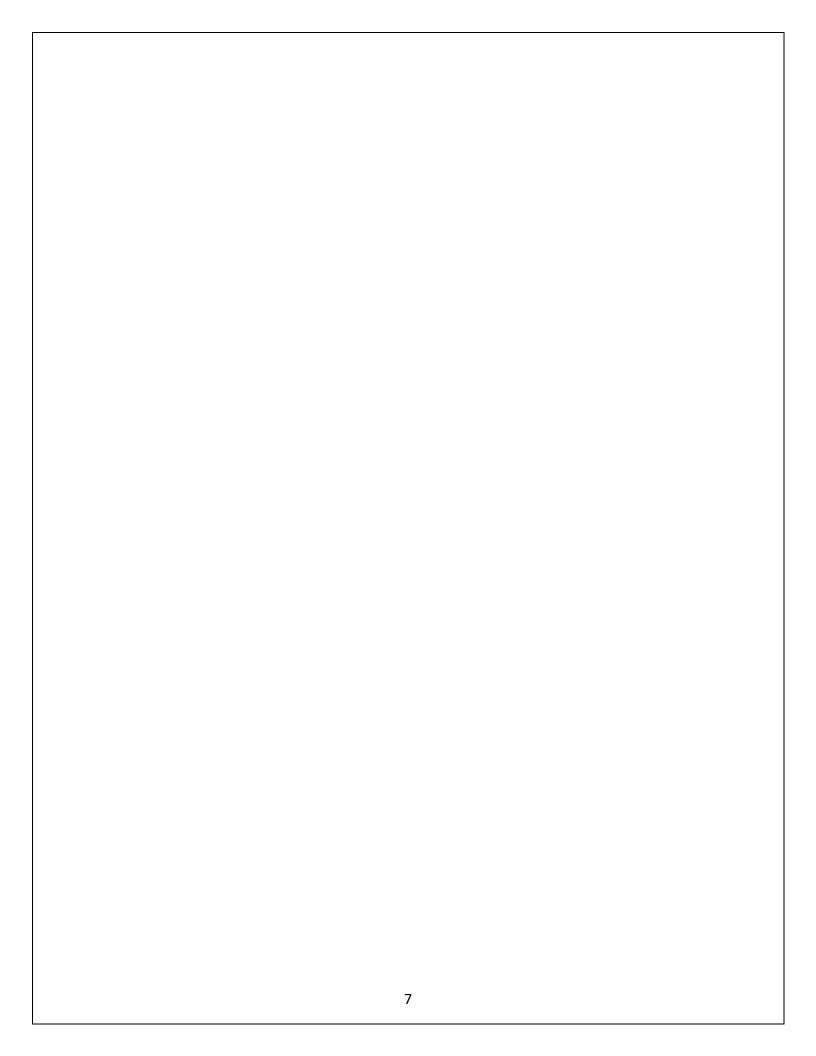
Item 7 New Business - none

#### Item 8 Announcements -

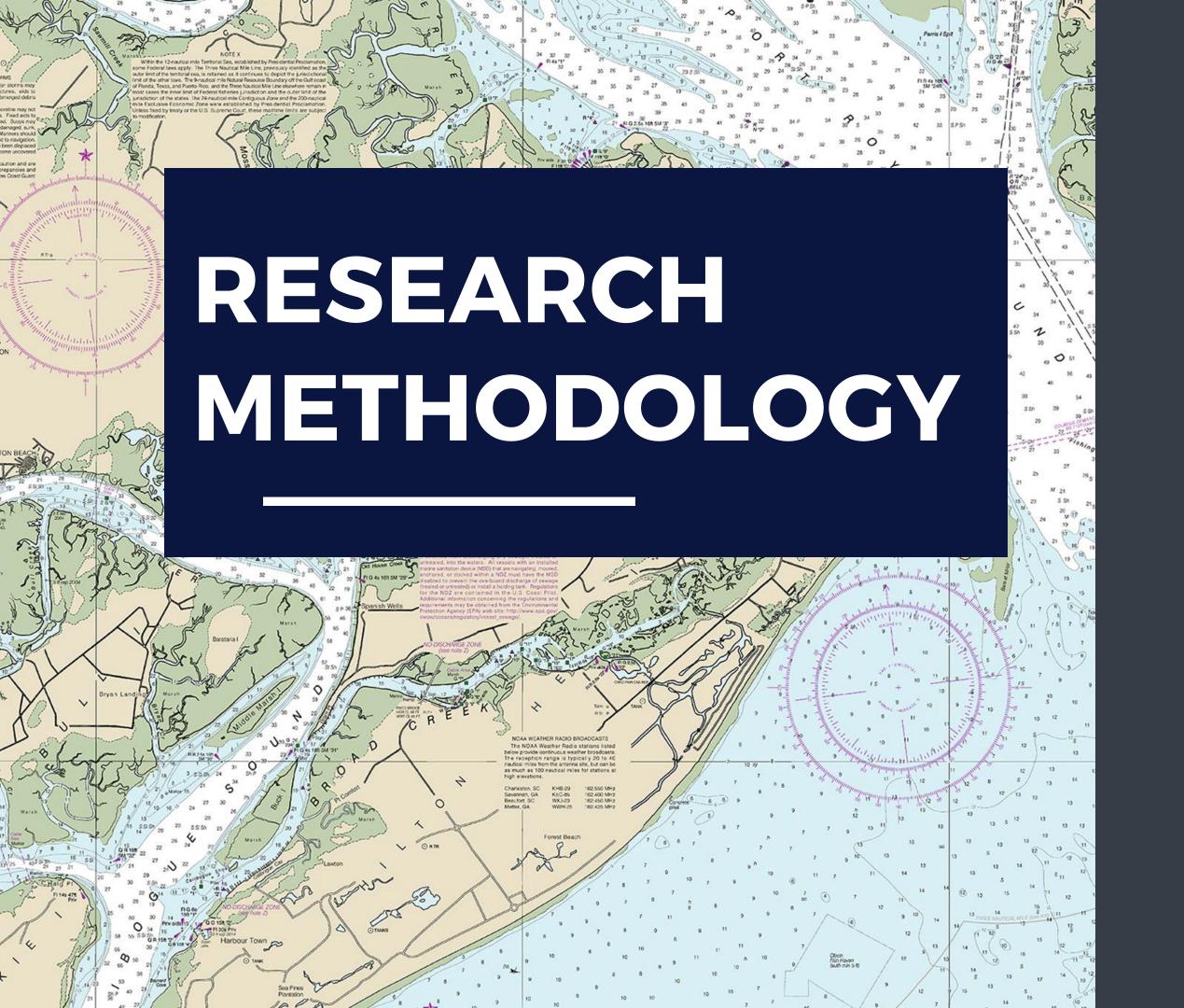
- **Business Attraction Program** Brings together employers, parents, scholars to assist children in thinking about and planning for future goals. The program provides a roadmap leading to the achievement of toward career goals. See Carlton Dallas for details.
- Lola opened her gift shop **Binya.** Grand opening last Sunday 5/15 exceeded her expectations; Shop is on Campbell's land on Spanish Wells Road

Meeting Adjourned: 5:15 PM

Submitted by Gloria Holmes, Secretary 6/14/22







- Attendees completed a 31-question online survey
- QR Code directed respondents to survey
- A ticket for a prize
   drawing was provided as
   an incentive to
   respondents
- iPads made available to respondents without mobile devices

## RESPONSES

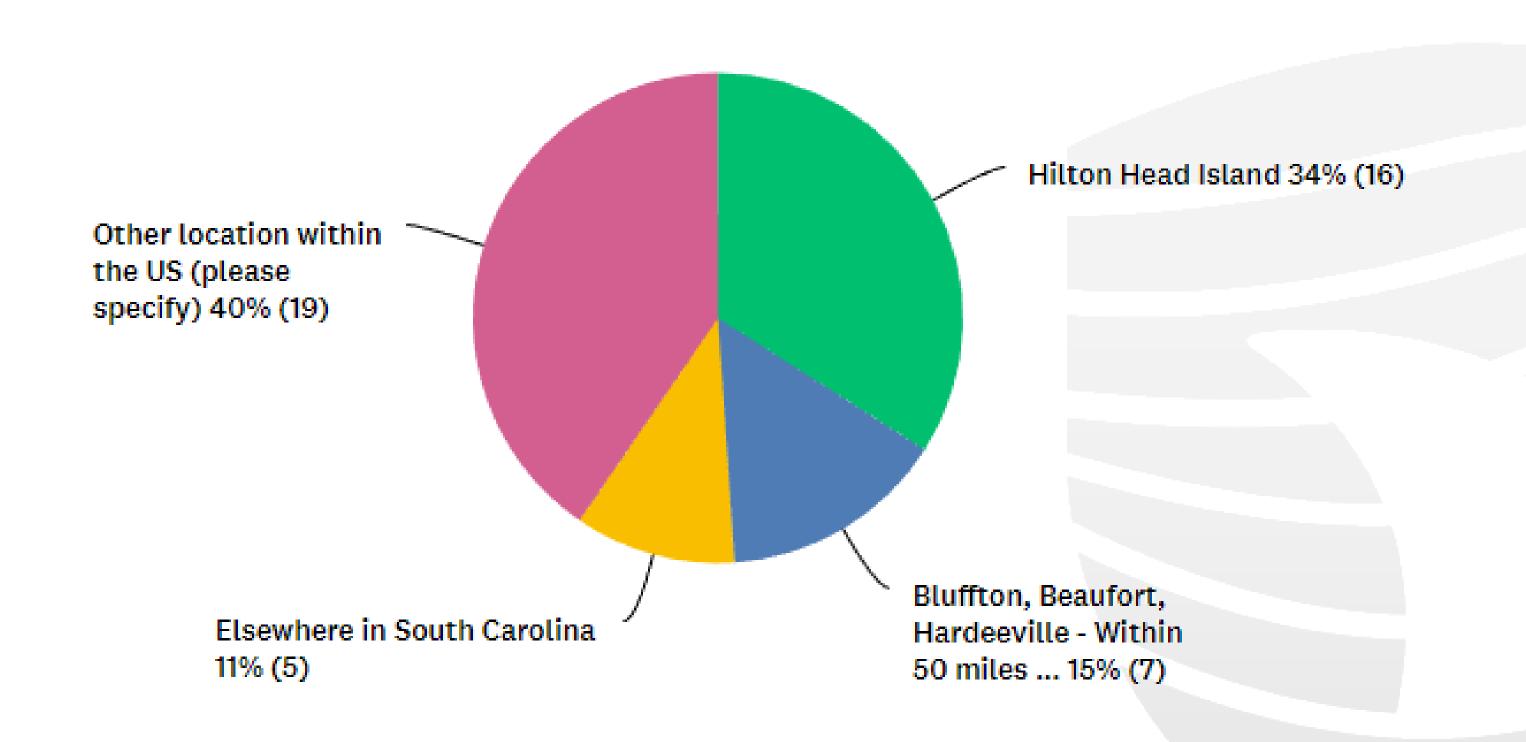






## Where is your primary residence?

Answered: 47 Skipped: 1





## "Elsewhere" Specified

Answered: 19

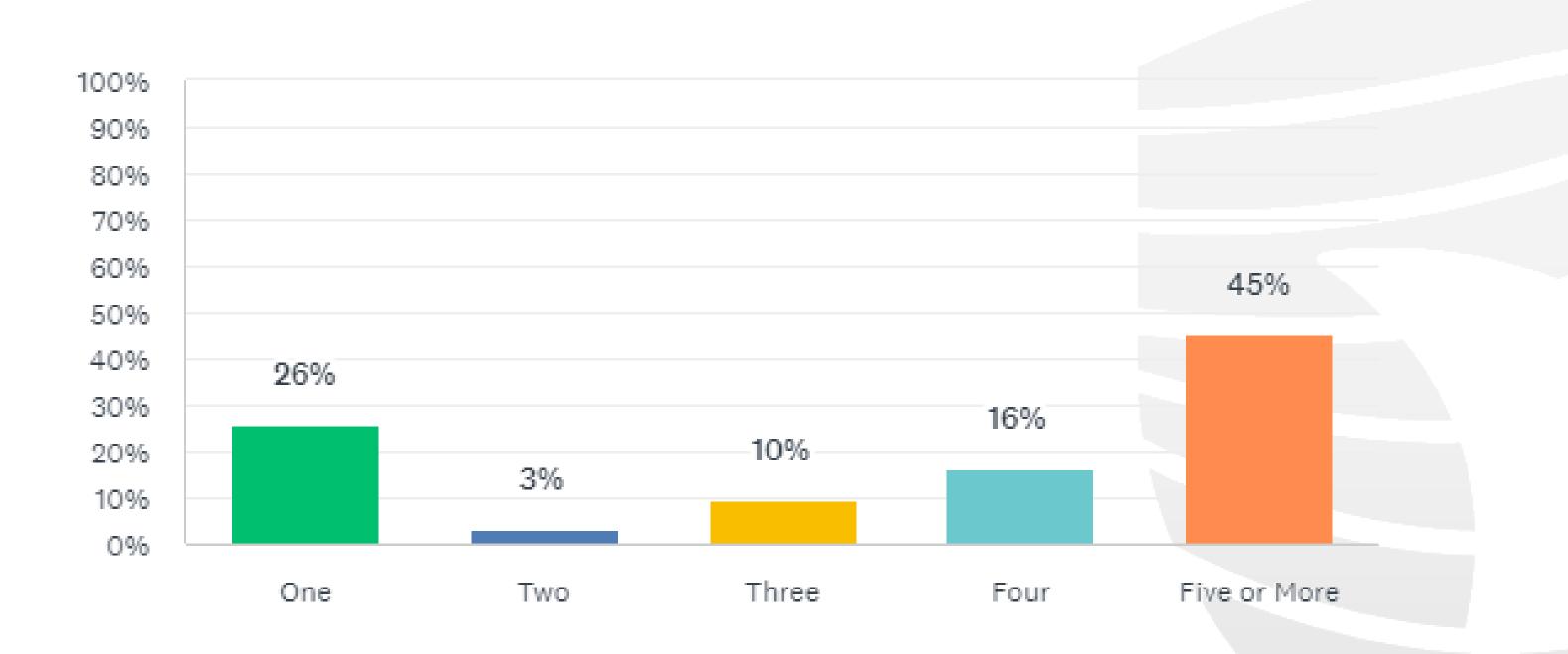
- Lilburn, GA
- Gaithersburg, MD
- Alabama
- MD
- North Carolina (2 respondents)
- Dooly County
- California
- Merrillville, IN
- Georgetown, SC
- Harvest, AL
- Olympia Fields, IL

- Olympia Fields, IL
- Buford, GA
- Elmhurst, IL
- New York
- Queens, NY
- Rock Hill, SC
- Maine
- Fayetteville, NC



# Including this visit, how many trips have you taken to Hilton Head?

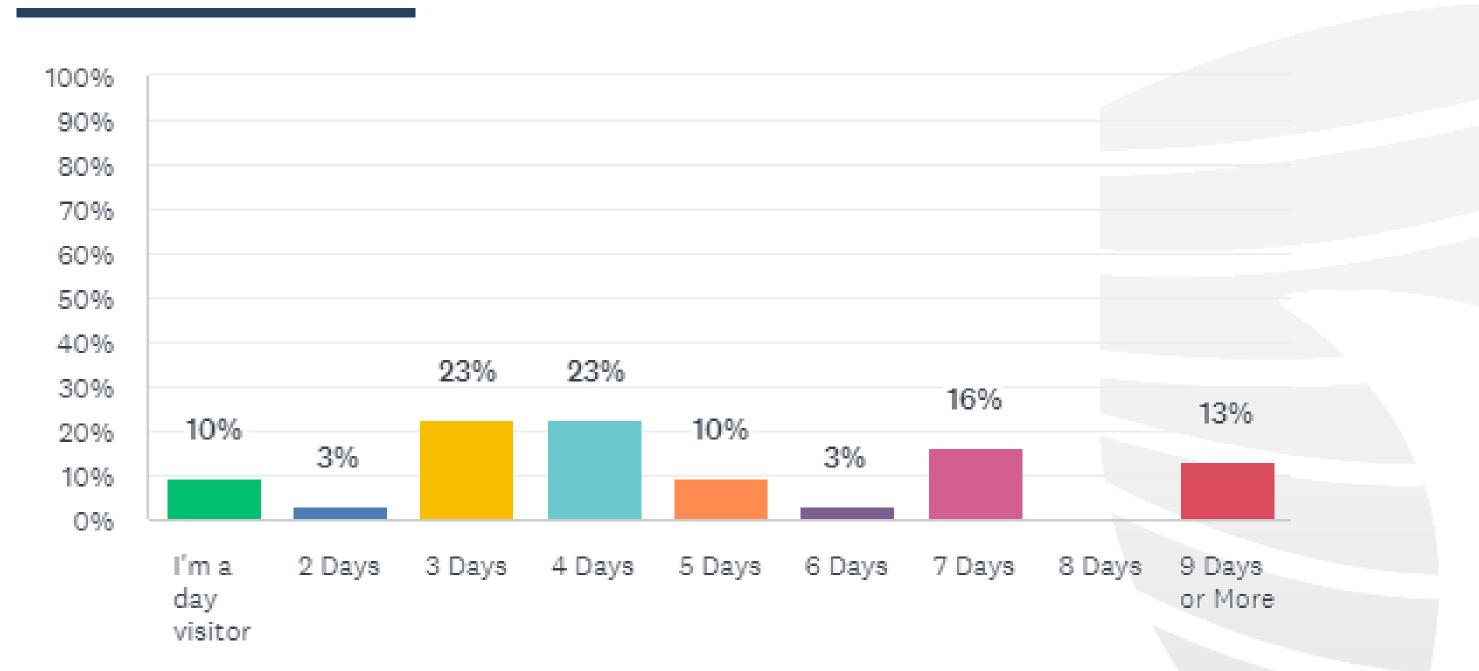
Answered: 31 Skipped: 17





# How many days do you intend to stay in Hilton Head?

Answered: 31 Skipped: 17





# What type of accommodations will you be using while visiting?

Answered: 27 Skipped: 21

Full-service hotel		26%
With friends/relatives		26%
Other (please specify)	Responses	19%
Home/Villa/condo timeshare		11%
Home/Villa/condo owned		11%
Home rental		4%
Limited-service hotel/motel		4%
Villa/condo rental		0%
RV Park		0%



## "Other" Specified

### Answered: 5

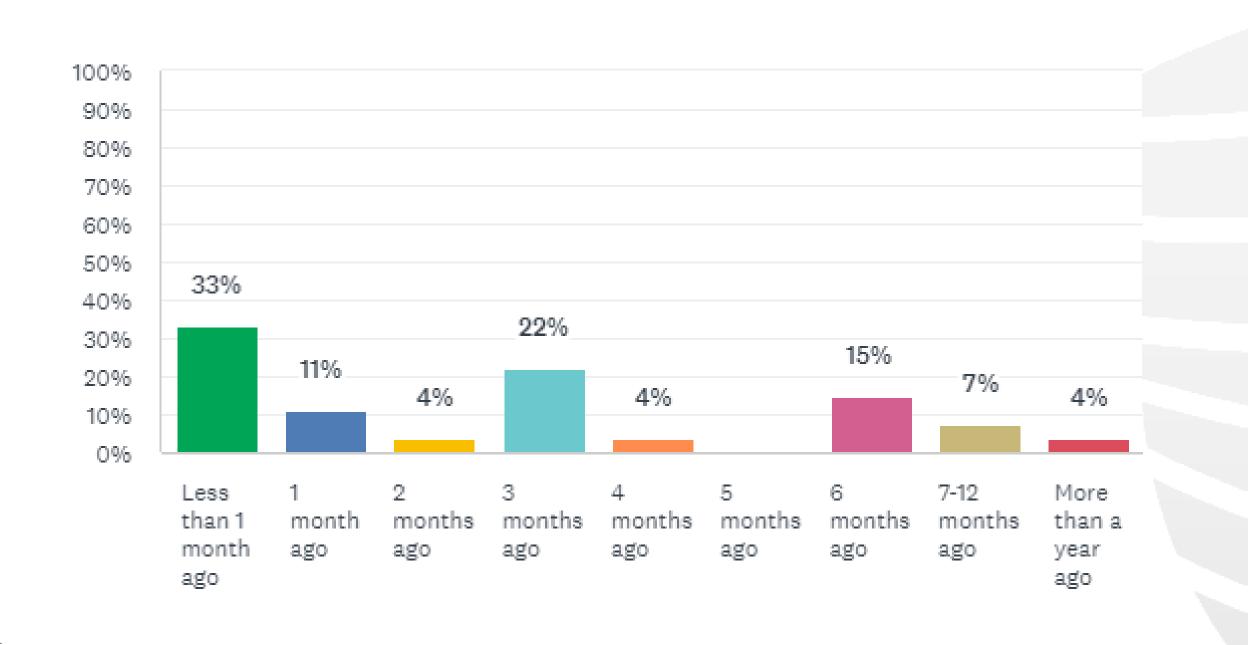
- Sister's Vacation home
- Local
- Personal Vacation home
- Live here
- Hotel





# How many months in advance did you book this trip?

Answered: 27 Skipped: 21



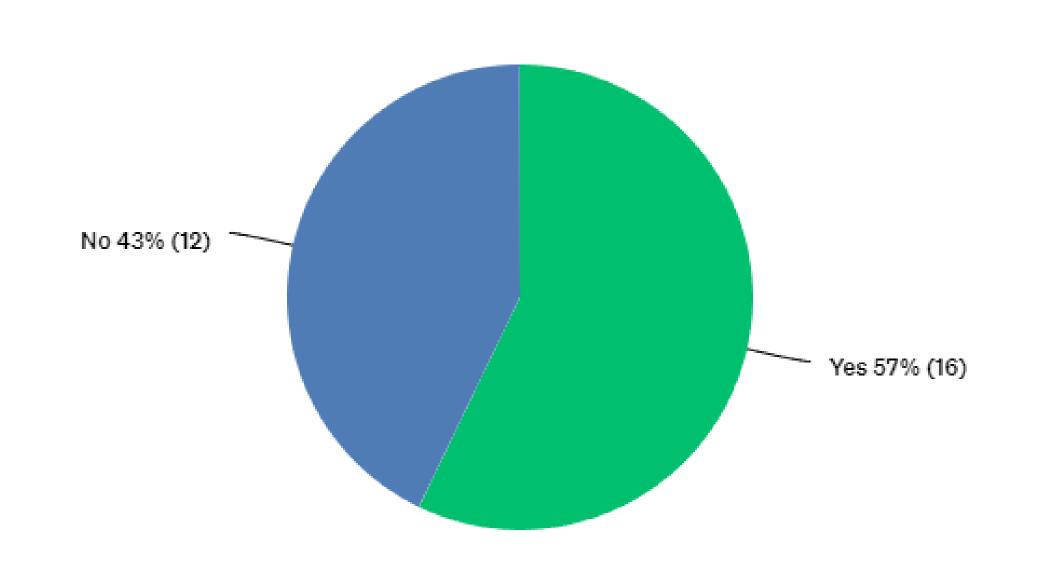


# How influential was this festival when planning your trip to Hilton Head?

EXTREMELY _ INFLUENTIAL	VERY INFLUENTIAL	MODERATELY _ INFLUENTIAL	SLIGHTLY INFLUENTIAL	NOT AT ALL INFLUENTIAL	TOTAL ▼	WEIGHTED _ AVERAGE
41% 11	19% 5	19% 5	7% 2	15% 4	27	3.63

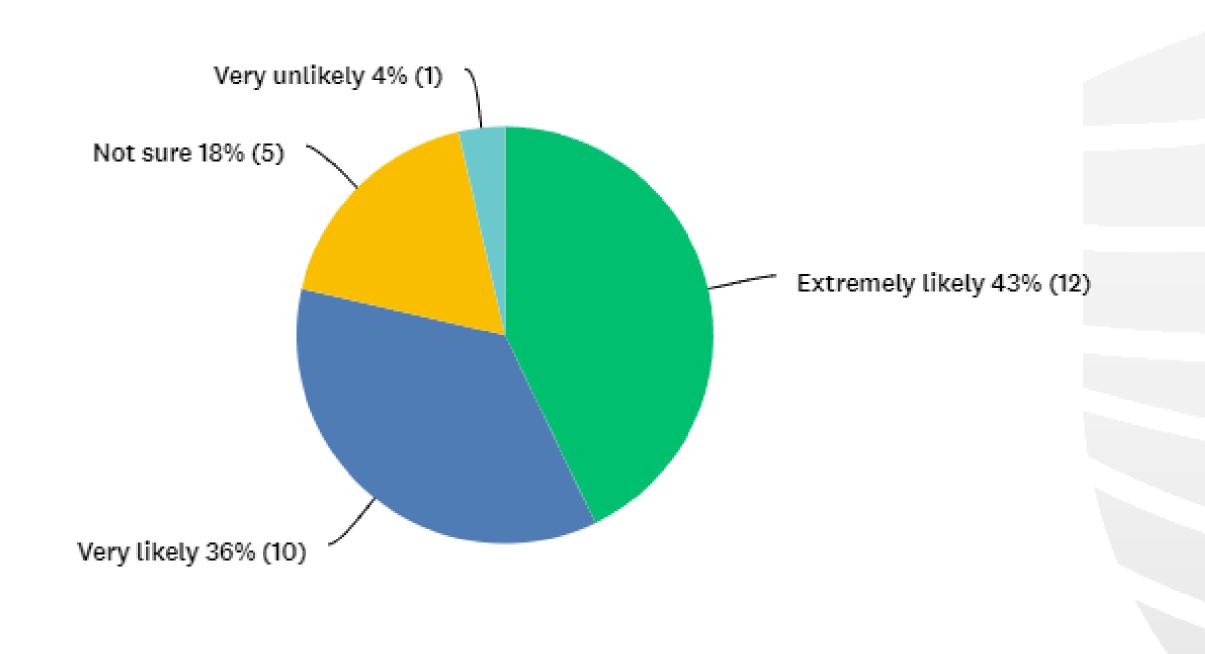


### Would you have been in Hilton Head at this time had it not been for the festival?



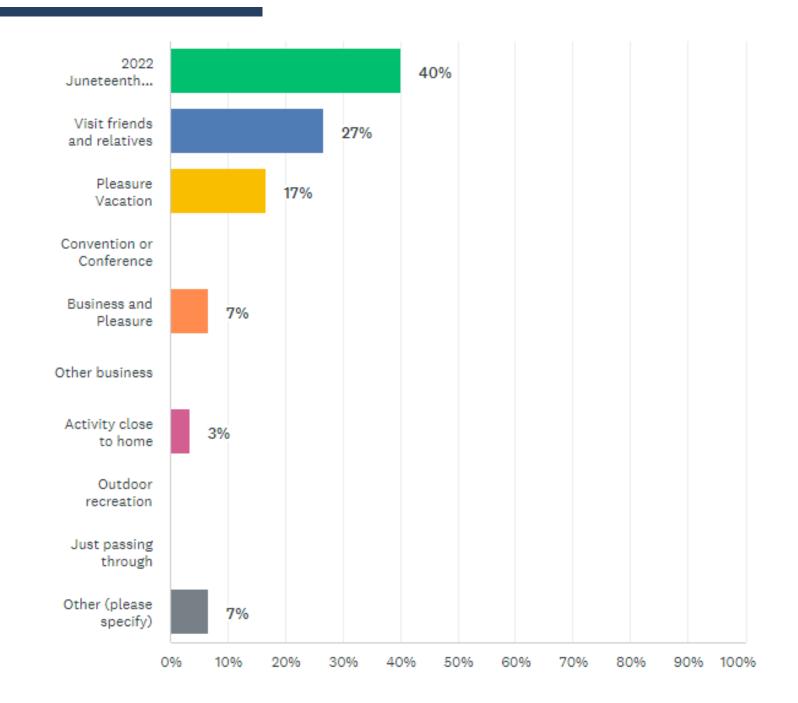


## How likely are you to return to Hilton Head when this festival is not being held?





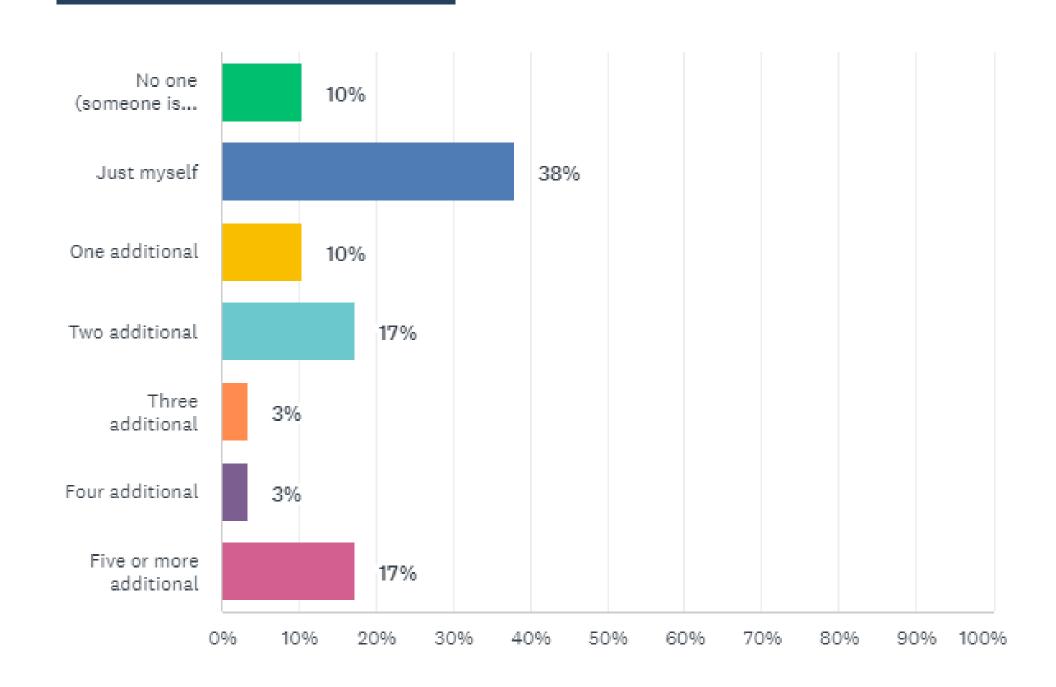
### What was your primary reason for this visit to Hilton Head Island?







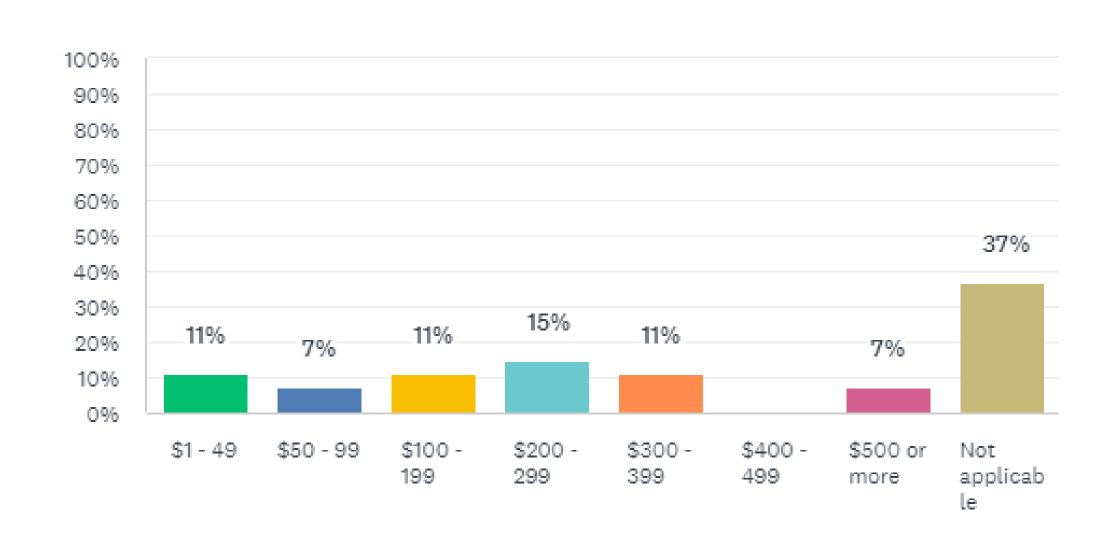
## How many people are you financially responsible for during this trip?







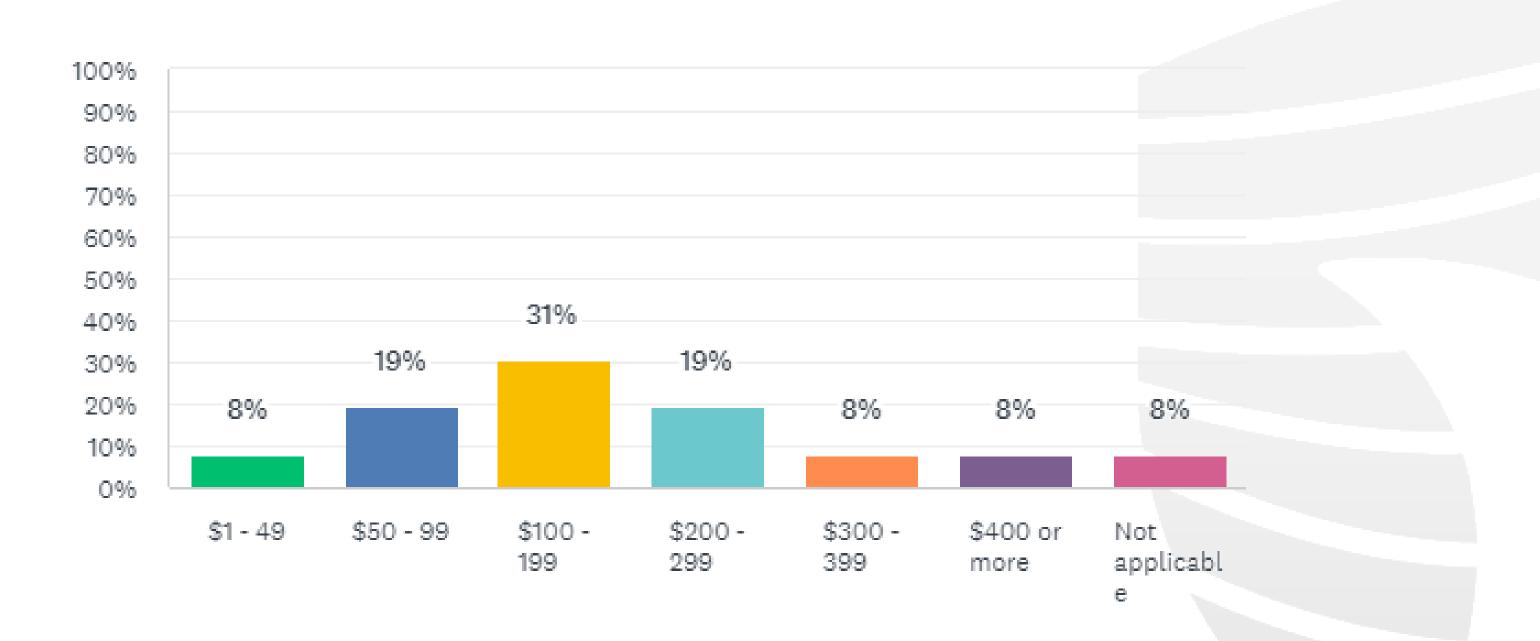
# Approximately, how much will you spend on lodging per night?





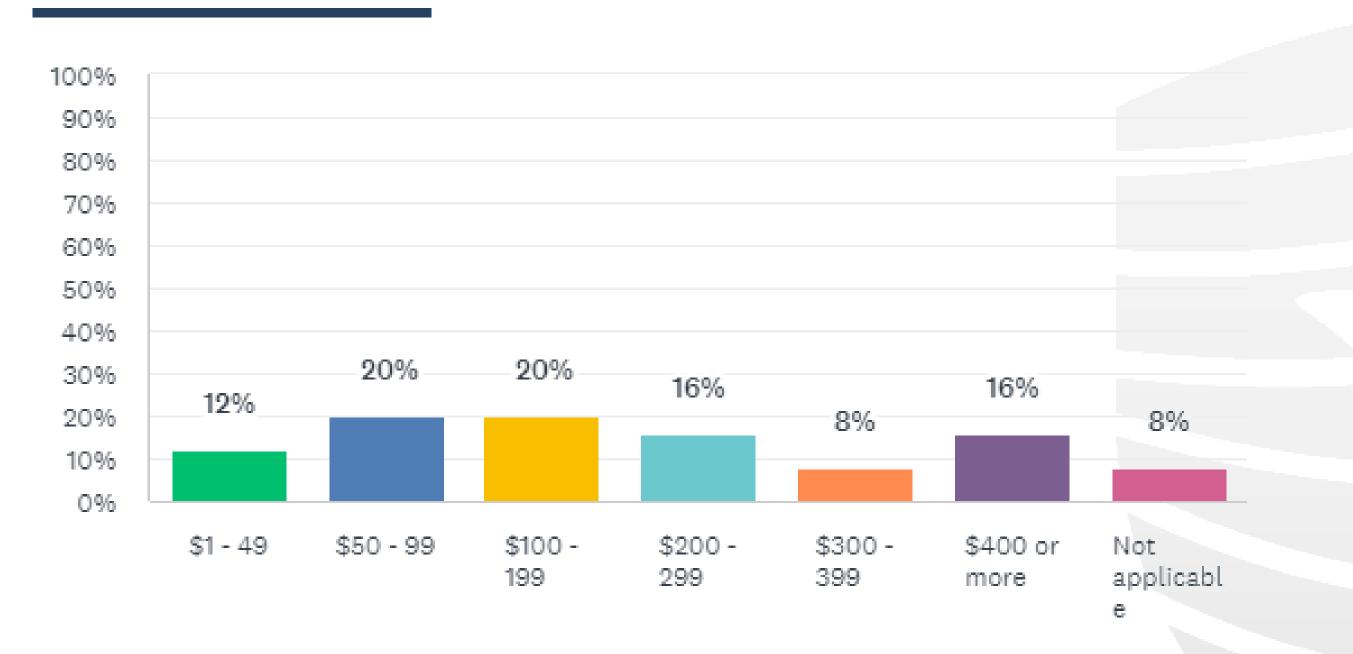


# Approximately, how much will you spend on restaurant dining per day?



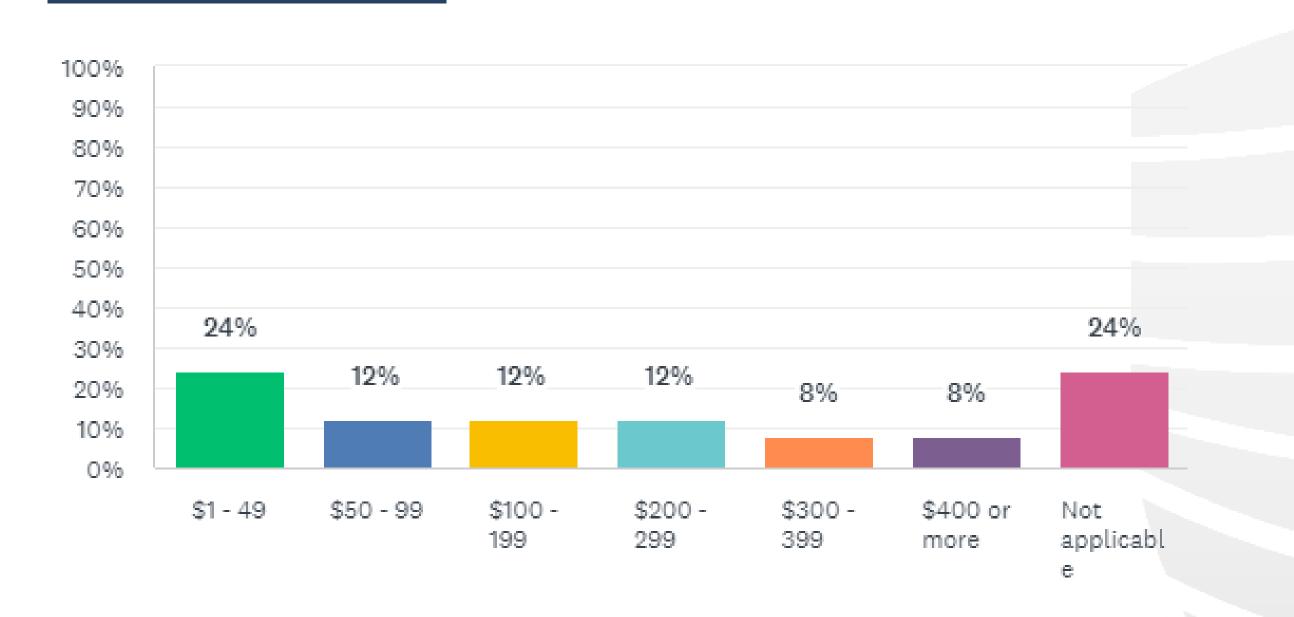


# Approximately, how much will you spend on retail purchases per day?



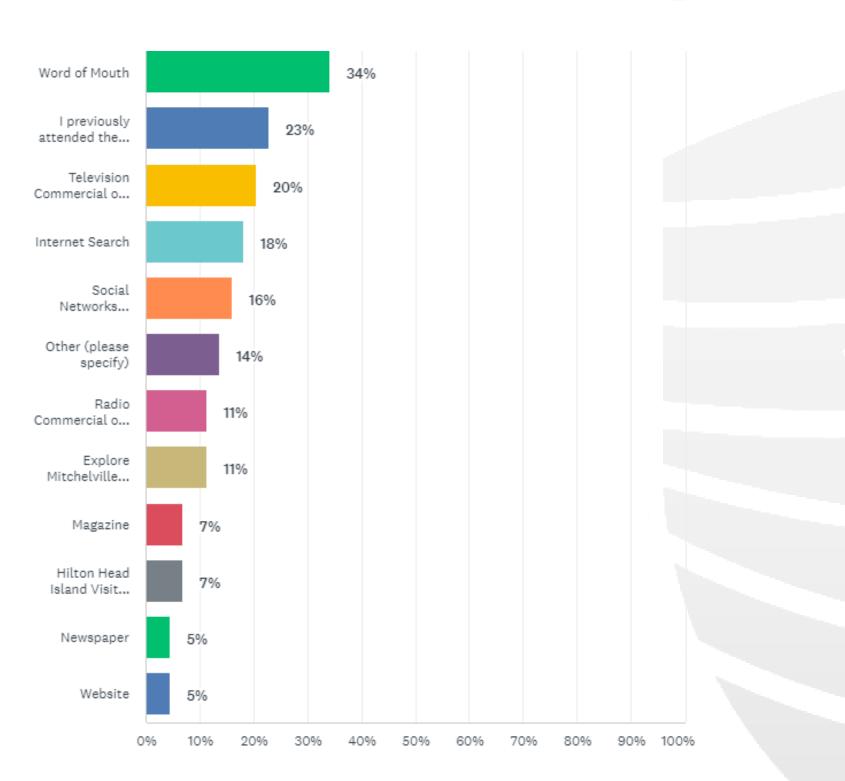


# Approximately, how much will you spend on recreation per day?



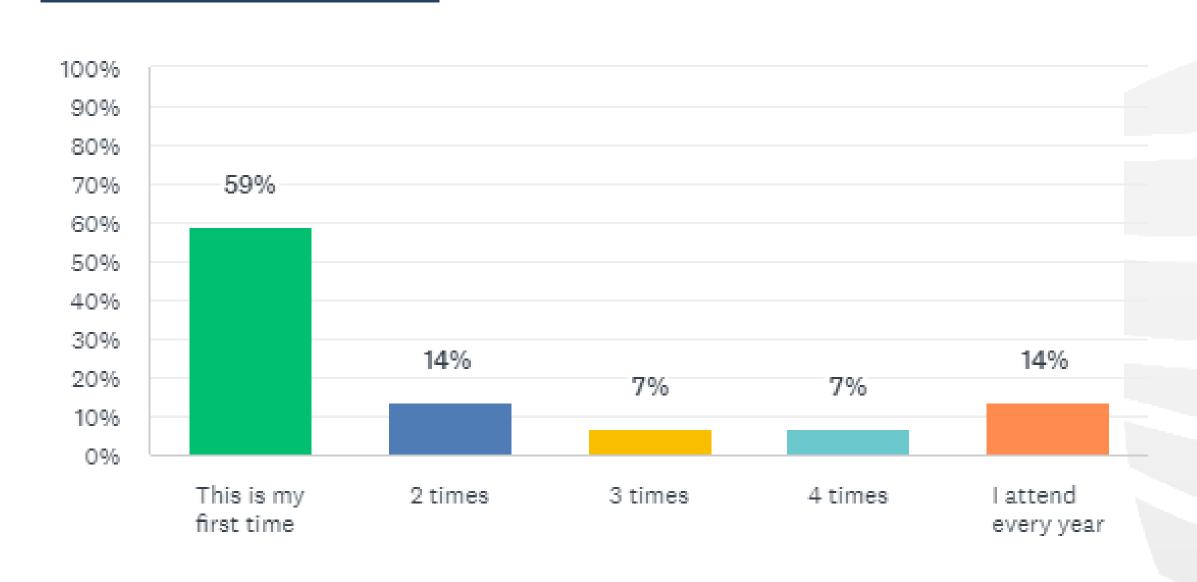


## How did you learn of 2022 Juneteenth Celebration? (check all)



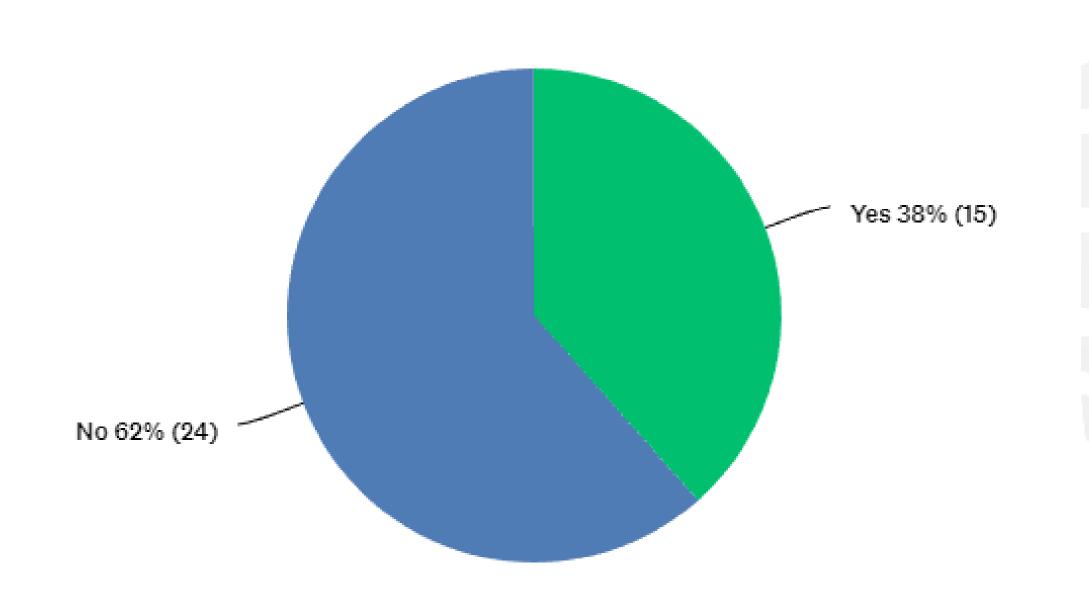


### Including this festival, how many times have you attended the Juneteenth Celebration on Hilton Head Island?





## Did you attend last year's Juneteenth Celebration?



## How would you rate the following festival characteristics?

	•	VERY GOOD	•	GOOD ▼	AVERAGE ▼	POOR ▼	VERY POOR	•	N/A ▼	TOTAL ▼	WEIGHTED AVERAGE	•
▼ Ambiance		74	1%	24%	2%	0%	0%		0%			
			31	10	1	0	(	0	0	42		4.71
▼ Music		8.	1%	16%	2%	0%	0%	6	0%			
			35	7	1	0	(	0	0	43		4.79
▼ Staff		84	1%	9%	7%	0%	0%	6	0%			
Friendliness			36	4	3	0	(	0	0	43		4.77
▼ Cost		65	5%	16%	16%	2%	0%	6	0%			
			28	7	7	1	(	0	0	43		4.44
▼ Event Location	n	8:	1%	16%	2%	0%	0%	6	0%			
			35	7	1	0	(	0	0	43		4.79
▼ Kid's Area		49	9%	14%	7%	0%	0%	6	30%			
			21	6	3	0	(	0	13	43		4.60
▼ Parking		50	)%	21%	21%	2%	0%	6	5%			
_			21	9	9	1	(	0	2	42		4.25

### How would you rate the following festival characteristics?

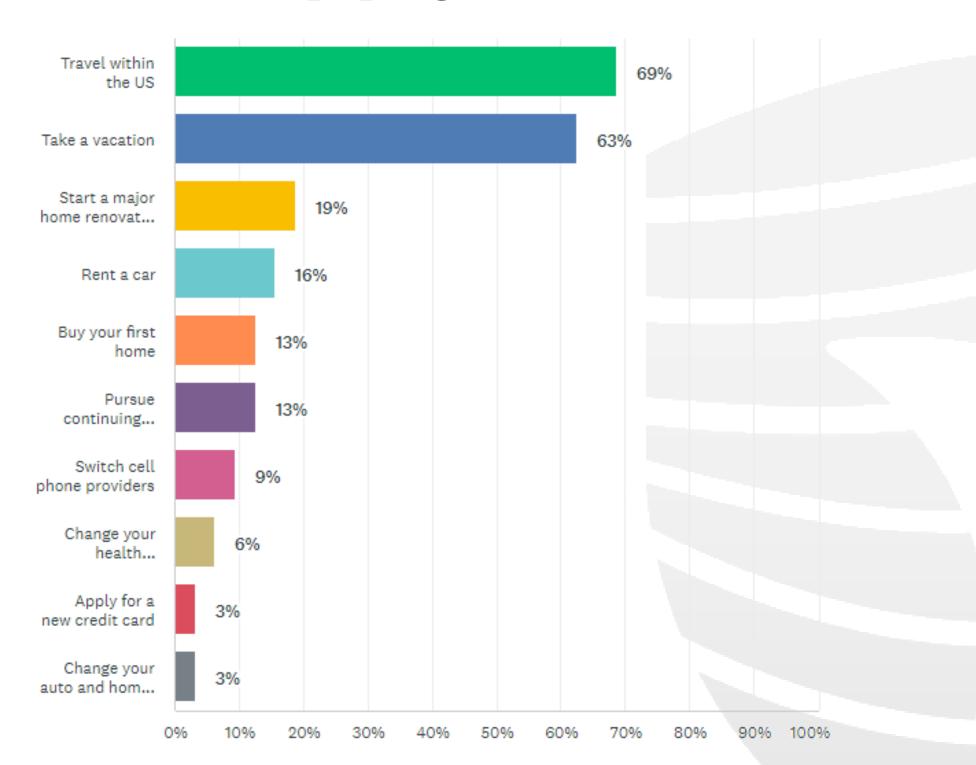
	•	VERY GOOD	•	GOOD ▼	AVERAGE ▼	POOR ▼	VERY POOF		N/A ▼	TOTAL ▼	WEIGHTED .
Overall Value of the Event		65° 2	% 8	28% 12	5% 2	2% 1		0% 0	0% 0	43	4.56
Crowd Flow		65°	% 8	28% 12	<b>7%</b> 3	<b>0</b> % 0		0% 0	0% 0	43	4.58
Quality of Food You Purchased		519 2	% !2	21% 9	12% 5	2% 1		0% 0	14% 6	43	4.41
Availability of Public Seating		58°	% .5	28% 12	12% 5	0% 0		0% 0	2% 1	43	4.48
Retail Vendor Variety		60° 2	% .5	26% 11	12% 5	<b>0%</b> 0		0%	2% 1	42	4.49

### How would you rate the following festival characteristics?

~	EXTREMELY LIKELY	VERY LIKELY	NOT SURE	VERY UNLIKELY	EXTREMELY UNLIKELY	TOTAL ▼	WEIGHTED AVERAGE
Return to next year's festival	65% 28	16% 7	19% 8	0% 0	0% 0	43	4.47
Recommend the festival to friends	<b>71%</b> 29	24% 10	5% 2	0% 0	0% 0	41	4.66



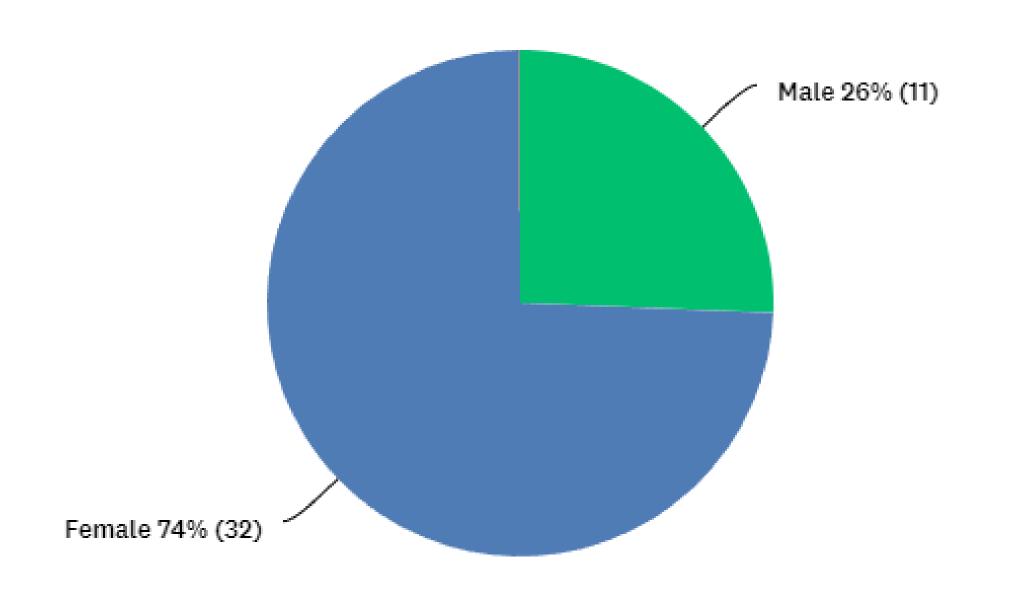
# Within the next 18 months, do you plan to: (select all that apply)







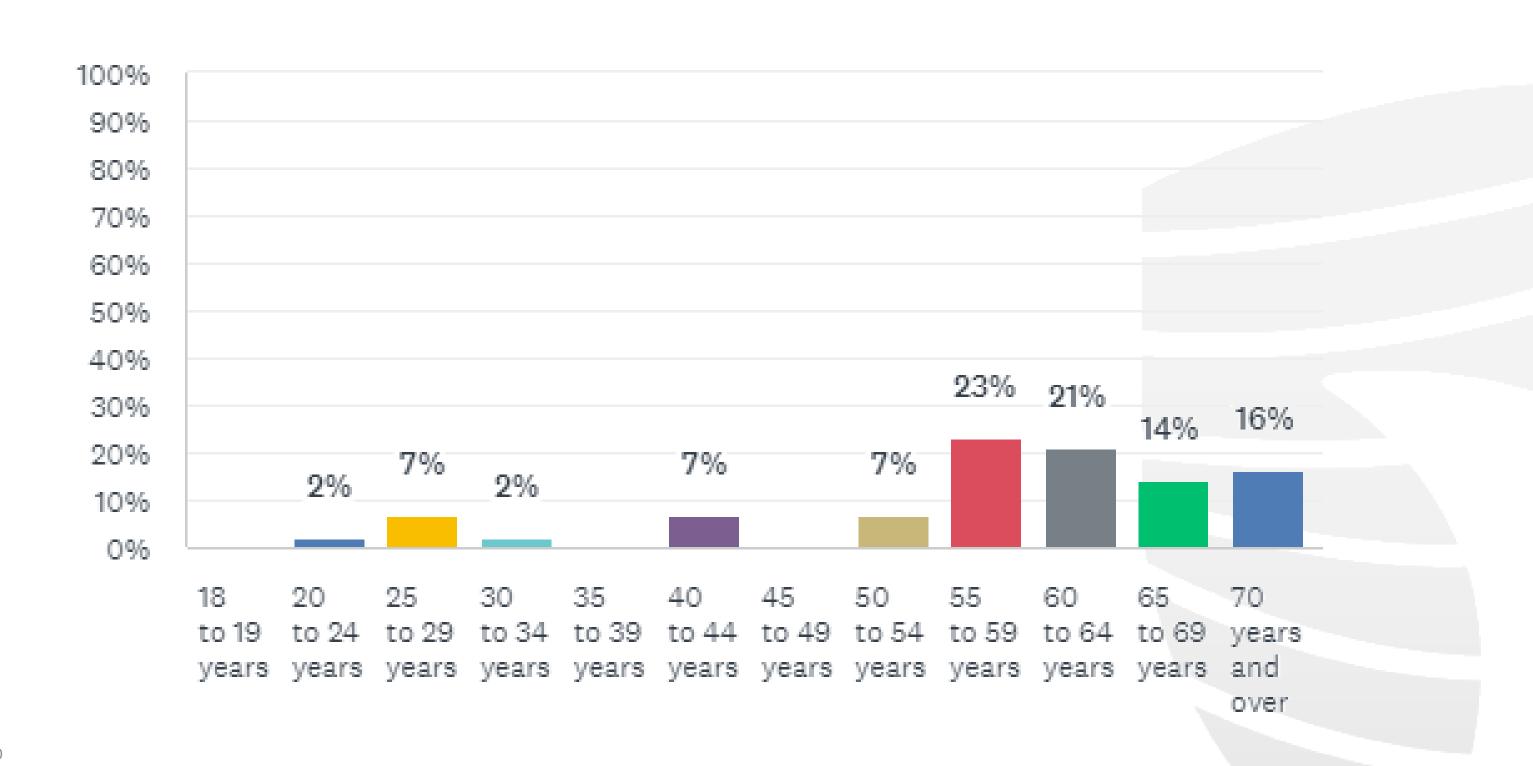
### Please indicate your gender.





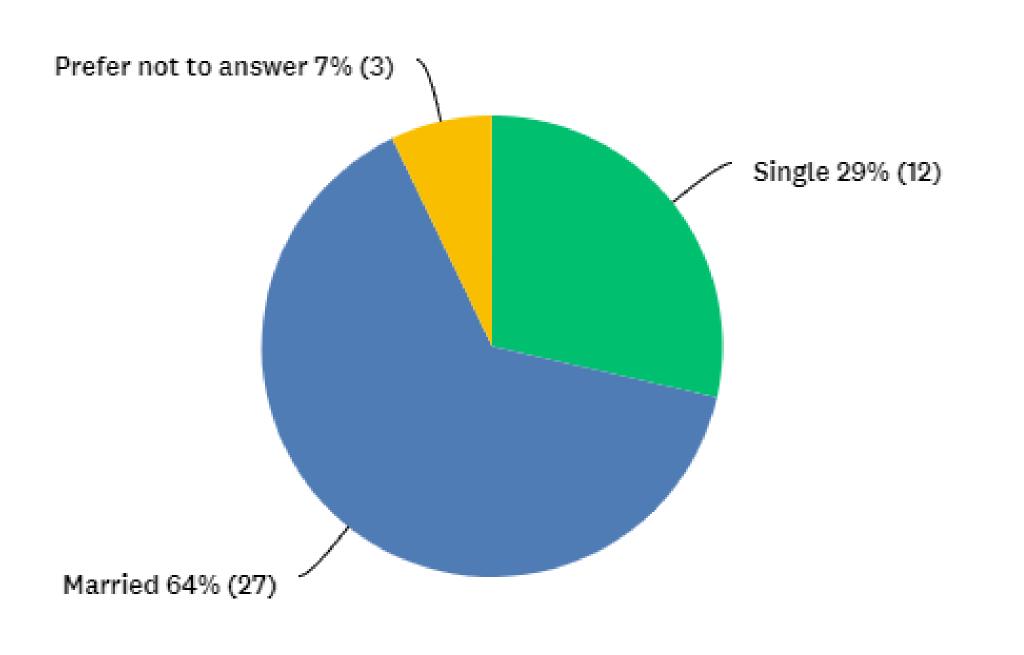


### Indicate your age below





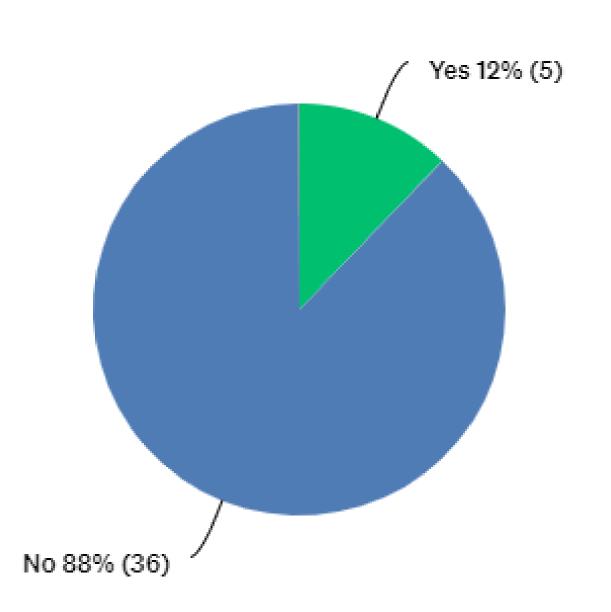
### Please indicate your marital status







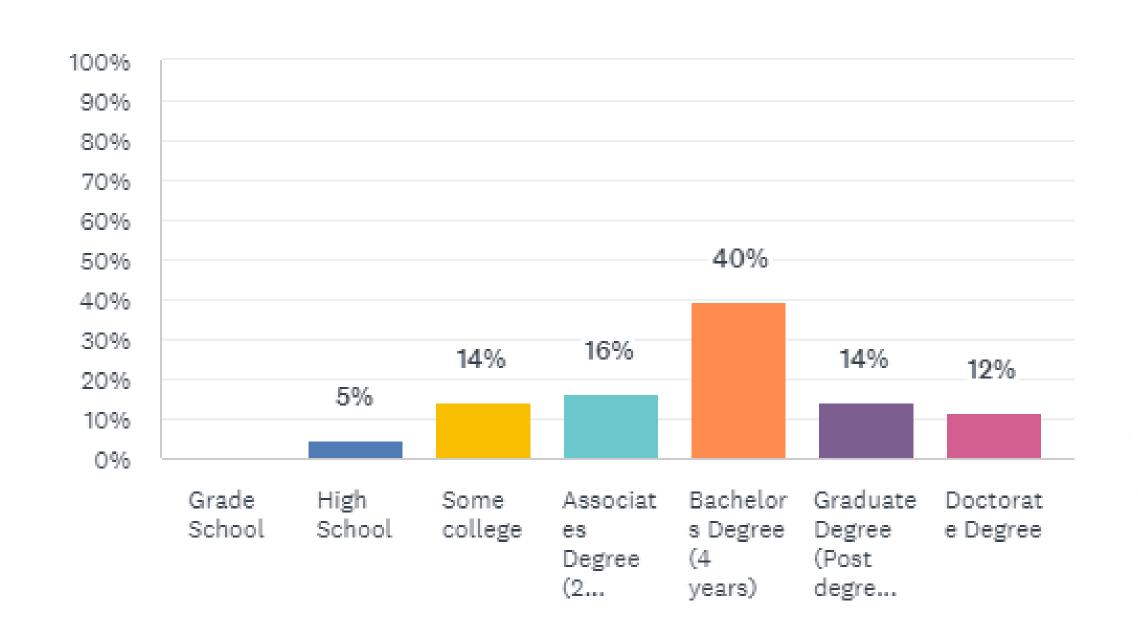
# Do you have any children under 18 living at home?







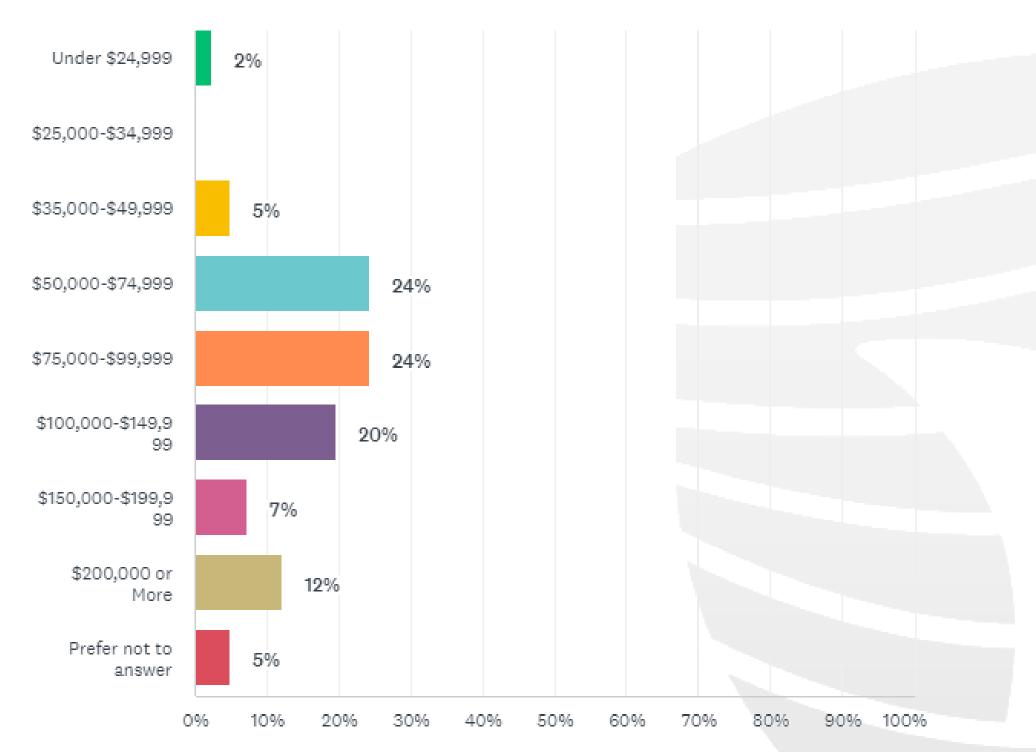
## Please indicate your highest level of education







# Which of the following includes your annual household income?



### **CENTER FOR EVENT MANAGEMENT AND HOSPITALITY TRAINING**

### Infographic



age **55-69** 



No children under 18 living at home



Bachelors' degree





Income \$50,000 - \$100,000



### **Additional Comments**

- Love this festival!
- Excellent
- Great event
- Need more food trucks that have faster service (i.e. hot dogs, hamburgers, sausage, peppers, fries, etc.)
- Awesome
- Love the event
- Survey too long
- Festival is great
- A program or agenda in paper or online link format would've been helpful and welcome, especially given the cost of the event. Also a map; laying out parking and restroom info, especially for disabled, would've been helpful.



CENTER FOR EVENT MANAGEMENT AND HOSPITALITY TRAINING

#### HISTORIC MITCHELVILLE FREEDOM PARK

#### HISTORIC MITCHELVILLE FREEDOM PARK

Program Title:	Program Title:
Program Evaluation Form	Program Evaluation Form
Email:	Email:
Zip Code:	Zip Code:
How did you find out about the program? TV Radio Newspaper advertisement Internet Other	How did you find out about the program? TV Radio Newspaper advertisement Internet Other
I found the program / event to be: very informative somewhat informative not informative	I found the program / event to be: very informative somewhat informative not informative
I have attended other programs on this topic: Yes No If yes, where?	I have attended other programs on this topic:  Yes No If yes, where?
This program increased my understanding of the topic: Yes No	This program increased my understanding of the topic: Yes No
This is my first time attending a program presented by the Historic Mitchelville Freedom Park HMFP):  Yes No	This is my first time attending a program presented by the Historic Mitchelville Freedom Park (HMFP):  Yes No
Are you a citizen (member) of HMFP?	Are you a citizen (member) of HMFP?
How do you rate the knowledge and delivery of the presenter(s)?  Excellent Good Fair Poor	How do you rate the knowledge and delivery of persons on the panel?  Excellent Good Fair Poor
Would you recommend that others attend future programs presented by HMFP?  Yes No	Would you recommend that others attend future programs presented by HMFP? Yes No
Other comments/suggestions:	Other comments/suggestions:

### "Individually we are one drop; but together we are an ocean."

#### Ryunosoke Saturo

**COLLABORATE, COMMUNICATE, COOPERATE, COORDINATE** - All that and in no particular order is how we work together in support of our organizational missions and commitment to our community. The arts, culture and history community comes together regularly because we believe that we are partners in promoting all that our Island has to offer to visitors, students and residents. We are there for each other and we actively seek out ways to partner when our missions intersect.

**WHO:** Coastal Discovery Museum, Culture HHI, Gullah Museum, Heritage Library, Hilton Head Island Land Trust, Lowcountry Gullah, Historic Mitchelville Freedom Park, Arts Council of Hilton Head.

WHO ELSE: USCB HH, Arts Center of Coastal Carolina, Art League, Beaufort County Schools, Chamber of Commerce, Heritage Classic Foundation, NIBCAA, MLK Committee for Social Justice, Island Recreation Center, Island Writers' Network, Morris Center, Beaufort County Public Library, Turtle Trackers, local artists, local authors, OLLI, local community groups and service organizations.

WHAT: Crescendo, Gullah Celebration, Juneteenth, Historic Holidays, Lantern Parade, Family Fun Day, Farmers Market, Our Storied Island, Gullah Food Festival, public art, historic site tours, Fish & Grits, Diversity Weekend, MLK Day, Griot's Corner, Mitchelville Annual Forum, Freedom Walk, Holiday Nights & Lights, Freedom Day, HHI Land Trust Eagle Nest, RBC Heritage, Art Moves, Return to Nature: Gullah Artists Documentary, Student Mural Exhibit, Hilton Head Island: The Pursuit of Freedom & Opportunity and the list goes on and on.

**HOW:** Shared radio, print and TV advertising, shared social media, event participation, event partnerships, combined research, shared resources, websites, board updates, training, brochures, rack cards, newsletters, volunteer sharing, mutual respect and strong communication.















REVENUES   Grants (Regional)   241,000   Donations / Citizenships (membership)   270,000   Management Agreement - TOHH   105,000   Grants (Organizational)   130,000   130,000   Individual Business Contributions & Sponsorships   100,000   Board Pledges—2023—16 members   16,000   Board Pledges—2023—16 members   16,000   at \$1,000   Experiment   1,000   Experiment			
Grants (Regional)			
Donations / Citizenships (membership)   270,000		244.222	
Management Agreement - TOHH	Grants (Regional)	241,000	
Management Agreement - TOHH	Denotions (Citizenskins (marsharskin)	270 000	
Grants (Organizational)         130,000           Program Income         50,000           Individual Business Contributions & Sponsorships         100,000           Corporate Sponsorship         100,000           Board Pledges-−2023-16 members at \$1,000         16,000           Miscellaneous Revenue (tours, etc.)         6,000           Investment Income         1,500           TOTAL RECEIPTS         926,500           EXPENSES         926,500           Staff - Paid Event / Program Staff         246,250           Program Costs (speakers/venue/etc.)         160,750           HMFP Campaign Management         130,000           Marketing (programs)         70,000           Fundraising costs         60,000           General Project marketing         30,000           Promotion of Master Plan (print, displays, direct marketing)         20,000           Payroll Taxes         15,000           Donor software and associated costs         15,000           Park maintenance & updates         15,000           Accounting fees         15,000           Archaeology Cost         15,000           Trash removal (Park)         15,000           Misc. Indirect Program Costs         10,000           Bookkeping fees	Donations / Citizenships (membership)	270,000	
Grants (Organizational)         130,000           Program Income         50,000           Individual Business Contributions & Sponsorships         100,000           Corporate Sponsorship         100,000           Board Pledges-−2023-16 members at \$1,000         16,000           Miscellaneous Revenue (tours, etc.)         6,000           Investment Income         1,500           TOTAL RECEIPTS         926,500           EXPENSES         926,500           Staff - Paid Event / Program Staff         246,250           Program Costs (speakers/venue/etc.)         160,750           HMFP Campaign Management         130,000           Marketing (programs)         70,000           Fundraising costs         60,000           General Project marketing         30,000           Promotion of Master Plan (print, displays, direct marketing)         20,000           Payroll Taxes         15,000           Donor software and associated costs         15,000           Park maintenance & updates         15,000           Accounting fees         15,000           Archaeology Cost         15,000           Trash removal (Park)         15,000           Misc. Indirect Program Costs         10,000           Bookkeping fees	Management Agreement TOHH	105 000	
Program Income   50,000     Individual Business Contributions & Sponsorships	Management Agreement - TOHH	103,000	
Program Income   50,000     Individual Business Contributions & Sponsorships	Grants (Organizational)	130 000	
Individual Business Contributions & Sponsorships	Granto (Grganizational)	100,000	
Individual Business Contributions & Sponsorships			
Corporate Sponsorship	Program Income	50,000	
Corporate Sponsorship	•		
Board Pledges202316 members at \$1,000	Individual Business Contributions & Sponsorships		
Company			
Gifts-in-kind-Rental Space MPP Offices   7,000     Miscellaneous Revenue (tours, etc.)   6,000     Investment Income		16,000	
Investment Income	at \$1,000		
Investment Income			
Investment Income			
Investment Income	0% 111   D 110   120 0%		
Interest - CD		·	
Interest - CD	wiscellaneous Revenue (tours, etc.)	6,000	
Interest - CD	Investment Income		
Staff - Paid Event / Program Staff   246,250   Program Costs (speakers/venue/etc.)   160,750   HMFP Campaign Management   130,000   Fundraising costs   60,000   General Project marketing   30,000   Fundraising costs   60,000   General Project marketing   30,000   Formotion of Master Plan (print, displays, direct marketing)   20,000   Payroll Taxes   16,000   Formotion of Master Plan (print, displays, direct marketing)   20,000   Payroll Taxes   16,000   Formotion of Master Plan (print, displays, direct marketing)   20,000   Payroll Taxes   15,000   Formotion of Master Plan (print, displays, direct marketing)   20,000   Formotion of Master Plan (print, displays, direct marketing)   20,000   Formotion of Master Plan (print, displays, direct marketing)   20,000   Formotion of Master Plan (print, displays, direct marketing)   20,000   Formotion of Master Plan (print, displays, direct marketing)   20,000   Formotion of Master Plan (print, displays, direct marketing)   20,000   Formotion of Master Plan (print, displays, direct marketing)   20,000   Formotion of Master Plan (print, displays, direct marketing)   20,000   Formotion of Master Plan (print, displays, direct marketing)   20,000   Formotion of Master Plan (print, displays, direct marketing)   20,000   Formotion of Master Plan (print, displays, direct marketing)   20,000   Formotion of Master Plan (print, displays, direct marketing)   20,000   Formotion of Master Plan (print, displays, direct marketing)   20,000   Formotion of Master Plan (print, displays, direct marketing)   20,000   Formotion of Master Plan (print, displays, direct marketing)   20,000   Formotion of Master Plan (print, displays, direct marketing)   20,000   Formotion of Master Plan (print, displays, direct marketing)   20,000   Formotion of Master Plan (print, displays, direct marketing)   20,000   Formotion of Master Plan (print, displays, direct marketing)   20,000   Formotion of Master Plan (print, displays, direct marketing)   20,000   Formotion of Master Plan (print, displays, direct		1 500	
Staff - Paid Event / Program Staff   246,250   Program Costs (speakers/venue/etc.)   160,750   HMFP Campaign Management   130,000   Marketing (programs)   70,000   Fundraising costs   60,000   General Project marketing   30,000   Promotion of Master Plan (print, displays, direct marketing)   20,000   Payroll Taxes   16,000   Donor software and associated costs   15,000   Park maintenance & updates   15,000   Accounting fees   15,000   Accounting fees   15,000   Misc. Indirect Program Costs   13,000   Misc. Indirect Program Costs   13,000   Educational Outreach/Curriculum Dev.   10,000   Archaeology Costs   10,000	IIIIeiesi - OD	1,500	
Staff - Paid Event / Program Staff   246,250   Program Costs (speakers/venue/etc.)   160,750   HMFP Campaign Management   130,000   Marketing (programs)   70,000   Fundraising costs   60,000   General Project marketing   30,000   Promotion of Master Plan (print, displays, direct marketing)   20,000   Payroll Taxes   16,000   Donor software and associated costs   15,000   Park maintenance & updates   15,000   Accounting fees   15,000   Accounting fees   15,000   Misc. Indirect Program Costs   13,000   Misc. Indirect Program Costs   13,000   Educational Outreach/Curriculum Dev.   10,000   Archaeology Costs   10,000		Į.	
Staff - Paid Event / Program Staff   246,250   Program Costs (speakers/venue/etc.)   160,750   HMFP Campaign Management   130,000   Marketing (programs)   70,000   Fundraising costs   60,000   General Project marketing   30,000   Promotion of Master Plan (print, displays, direct marketing)   20,000   Payroll Taxes   16,000   Donor software and associated costs   15,000   Park maintenance & updates   15,000   Accounting fees   15,000   Accounting fees   15,000   Misc. Indirect Program Costs   13,000   Misc. Indirect Program Costs   13,000   Educational Outreach/Curriculum Dev.   10,000   Archaeology Costs   10,000	TOTAL RECEIPTS	926.500	
Staff - Paid Event / Program Staff   246,250		5=5,000	
Program Costs (speakers/venue/etc.)         160,750           HMFP Campaign Management         130,000           Marketing (programs)         70,000           Fundraising costs         60,000           General Project marketing         30,000           Promotion of Master Plan (print, displays, direct marketing)         20,000           Payroll Taxes         16,000           Donor software and associated costs         15,000           Park maintenance & updates         15,000           Accounting fees         15,000           Grant Preparation /Lobbying/Consultation         15,000           Trash removal (Park)         15,000           Misc. Indirect Program Costs         13,000           Educational Outreach/Curriculum Dev.         10,000           Bookkeeping fees         10,000           Archaeology Costs         10,000           Property / Terrorism / Liability Insurance         8,000           Rent, Parking & Utilities MPP Offices         7,000           Conferences/Natl. Meetings/Workshops         6,000           Project travel costs         6,000           Dues / Memberships and Subscriptions         5,000           Interest Expense / Service Charges         4,500           Hospitality         4,400			
Program Costs (speakers/venue/etc.)         160,750           HMFP Campaign Management         130,000           Marketing (programs)         70,000           Fundraising costs         60,000           General Project marketing         30,000           Promotion of Master Plan (print, displays, direct marketing)         20,000           Payroll Taxes         16,000           Donor software and associated costs         15,000           Park maintenance & updates         15,000           Accounting fees         15,000           Grant Preparation /Lobbying/Consultation         15,000           Trash removal (Park)         15,000           Misc. Indirect Program Costs         13,000           Educational Outreach/Curriculum Dev.         10,000           Bookkeeping fees         10,000           Archaeology Costs         10,000           Property / Terrorism / Liability Insurance         8,000           Rent, Parking & Utilities MPP Offices         7,000           Conferences/Natl. Meetings/Workshops         6,000           Project travel costs         6,000           Dues / Memberships and Subscriptions         5,000           Interest Expense / Service Charges         4,500           Hospitality         4,400			
HMFP Campaign Management       130,000         Marketing (programs)       70,000         Fundraising costs       60,000         General Project marketing       30,000         Promotion of Master Plan (print, displays, direct marketing)       20,000         Payroll Taxes       16,000         Donor software and associated costs       15,000         Park maintenance & updates       15,000         Accounting fees       15,000         Grant Preparation /Lobbying/Consultation       15,000         Trash removal (Park)       15,000         Misc. Indirect Program Costs       13,000         Educational Outreach/Curriculum Dev.       10,000         Bookkeeping fees       10,000         Archaeology Costs       10,000         Property / Terrorism / Liability Insurance       8,000         Rent, Parking & Utilities MPP Offices       7,000         Conferences/Natl. Meetings/Workshops       6,000         Project travel costs       6,000         Dues / Memberships and Subscriptions       5,000         Interest Expense / Service Charges       4,500         Hospitality       4,400         Park Utilities       4,000         Depreciation and amortization       4,000         Even			
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Fundraising costs         60,000           General Project marketing         30,000           Promotion of Master Plan (print, displays, direct marketing)         20,000           Payroll Taxes         16,000           Donor software and associated costs         15,000           Park maintenance & updates         15,000           Accounting fees         15,000           Grant Preparation /Lobbying/Consultation         15,000           Trash removal (Park)         15,000           Misc. Indirect Program Costs         13,000           Educational Outreach/Curriculum Dev.         10,000           Bookkeeping fees         10,000           Archaeology Costs         10,000           Property / Terrorism / Liability Insurance         8,000           Rent, Parking & Utilities MPP Offices         7,000           Conferences/Natl. Meetings/Workshops         6,000           Project travel costs         6,000           Dues / Memberships and Subscriptions         5,000           Interest Expense / Service Charges         4,500           Hospitality         4,400           Park Utilities         4,000           Depreciation and amortization         3,000           Event Transportation         3,000           Leg	Program Costs (speakers/venue/etc.)	160,750	
General Project marketing         30,000           Promotion of Master Plan (print, displays, direct marketing)         20,000           Payroll Taxes         16,000           Donor software and associated costs         15,000           Park maintenance & updates         15,000           Accounting fees         15,000           Grant Preparation /Lobbying/Consultation         15,000           Trash removal (Park)         15,000           Misc. Indirect Program Costs         13,000           Educational Outreach/Curriculum Dev.         10,000           Bookkeeping fees         10,000           Archaeology Costs         10,000           Property / Terrorism / Liability Insurance         8,000           Rent, Parking & Utilities MPP Offices         7,000           Conferences/Natl. Meetings/Workshops         6,000           Project travel costs         6,000           Dues / Memberships and Subscriptions         5,000           Interest Expense / Service Charges         4,500           Hospitality         4,400           Park Utilities         4,000           Depreciation and amortization         4,000           Event Transportation         3,000           Technology upgrades for Project         3,000	Program Costs (speakers/venue/etc.)	160,750	
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Misc. Indirect Program Costs       13,000         Educational Outreach/Curriculum Dev.       10,000         Bookkeeping fees       10,000         Archaeology Costs       10,000         Property / Terrorism / Liability Insurance       8,000         Rent, Parking & Utilities MPP Offices       7,000         Conferences/Natl. Meetings/Workshops       6,000         Project travel costs       6,000         Dues / Memberships and Subscriptions       5,000         Interest Expense / Service Charges       4,500         Hospitality       4,400         Park Utilities       4,000         Depreciation and amortization       4,000         Event Transportation       3,000         Legal Counsel       3,000         Technology upgrades for Project       3,000         Storage       3,000	Program Costs (speakers/venue/etc.) HMFP Campaign Management  Marketing (programs) Fundraising costs General Project marketing Promotion of Master Plan (print, displays, direct marketing) Payroll Taxes Donor software and associated costs Park maintenance & updates Accounting fees	160,750 130,000 70,000 60,000 30,000 20,000 16,000 15,000 15,000	
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Hospitality       4,400         Park Utilities       4,000         Depreciation and amortization       4,000         Event Transportation       3,000         Legal Counsel       3,000         Technology upgrades for Project       3,000         Storage       3,000	Program Costs (speakers/venue/etc.) HMFP Campaign Management  Marketing (programs) Fundraising costs General Project marketing Promotion of Master Plan (print, displays, direct marketing) Payroll Taxes Donor software and associated costs Park maintenance & updates Accounting fees Grant Preparation /Lobbying/Consultation Trash removal (Park) Misc. Indirect Program Costs Educational Outreach/Curriculum Dev. Bookkeeping fees Archaeology Costs Property / Terrorism / Liability Insurance Rent, Parking & Utilities MPP Offices Conferences/Natl. Meetings/Workshops	160,750 130,000 70,000 60,000 30,000 20,000 16,000 15,000 15,000 15,000 15,000 15,000 10,000 10,000 10,000 8,000 7,000 6,000	
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Legal Counsel3,000Technology upgrades for Project3,000Storage3,000	Program Costs (speakers/venue/etc.) HMFP Campaign Management  Marketing (programs) Fundraising costs General Project marketing Promotion of Master Plan (print, displays, direct marketing) Payroll Taxes Donor software and associated costs Park maintenance & updates Accounting fees Grant Preparation /Lobbying/Consultation Trash removal (Park) Misc. Indirect Program Costs Educational Outreach/Curriculum Dev. Bookkeeping fees Archaeology Costs Property / Terrorism / Liability Insurance Rent, Parking & Utilities MPP Offices Conferences/Natl. Meetings/Workshops Project travel costs Dues / Memberships and Subscriptions Interest Expense / Service Charges Hospitality Park Utilities	160,750 130,000 70,000 60,000 30,000 20,000 16,000 15,000 15,000 15,000 15,000 10,000 10,000 10,000 6,000 6,000 6,000 4,500 4,400	
Technology upgrades for Project 3,000 Storage 3,000	Program Costs (speakers/venue/etc.) HMFP Campaign Management  Marketing (programs) Fundraising costs General Project marketing Promotion of Master Plan (print, displays, direct marketing) Payroll Taxes Donor software and associated costs Park maintenance & updates Accounting fees Grant Preparation /Lobbying/Consultation Trash removal (Park) Misc. Indirect Program Costs Educational Outreach/Curriculum Dev. Bookkeeping fees Archaeology Costs Property / Terrorism / Liability Insurance Rent, Parking & Utilities MPP Offices Conferences/Natl. Meetings/Workshops Project travel costs Dues / Memberships and Subscriptions Interest Expense / Service Charges Hospitality Park Utilities Depreciation and amortization	160,750 130,000 70,000 60,000 30,000 20,000 16,000 15,000 15,000 15,000 15,000 10,000 10,000 10,000 6,000 6,000 6,000 4,500 4,400	
Storage 3,000	Program Costs (speakers/venue/etc.) HMFP Campaign Management  Marketing (programs) Fundraising costs General Project marketing Promotion of Master Plan (print, displays, direct marketing) Payroll Taxes Donor software and associated costs Park maintenance & updates Accounting fees Grant Preparation /Lobbying/Consultation Trash removal (Park) Misc. Indirect Program Costs Educational Outreach/Curriculum Dev. Bookkeeping fees Archaeology Costs Property / Terrorism / Liability Insurance Rent, Parking & Utilities MPP Offices Conferences/Natl. Meetings/Workshops Project travel costs Dues / Memberships and Subscriptions Interest Expense / Service Charges Hospitality Park Utilities Depreciation and amortization Event Transportation	160,750 130,000 70,000 60,000 30,000 20,000 16,000 15,000 15,000 15,000 15,000 10,000 10,000 10,000 6,000 6,000 5,000 4,500 4,400 4,000 4,000	
	Program Costs (speakers/venue/etc.) HMFP Campaign Management  Marketing (programs) Fundraising costs General Project marketing Promotion of Master Plan (print, displays, direct marketing) Payroll Taxes Donor software and associated costs Park maintenance & updates Accounting fees Grant Preparation /Lobbying/Consultation Trash removal (Park) Misc. Indirect Program Costs Educational Outreach/Curriculum Dev. Bookkeeping fees Archaeology Costs Property / Terrorism / Liability Insurance Rent, Parking & Utilities MPP Offices Conferences/Natl. Meetings/Workshops Project travel costs Dues / Memberships and Subscriptions Interest Expense / Service Charges Hospitality Park Utilities Depreciation and amortization Event Transportation Legal Counsel	160,750 130,000 70,000 60,000 30,000 20,000 16,000 15,000 15,000 15,000 15,000 10,000 10,000 10,000 6,000 6,000 5,000 4,500 4,400 4,000 4,000 3,000 3,000	
YOTON, 1000	Program Costs (speakers/venue/etc.) HMFP Campaign Management  Marketing (programs) Fundraising costs General Project marketing Promotion of Master Plan (print, displays, direct marketing) Payroll Taxes Donor software and associated costs Park maintenance & updates Accounting fees Grant Preparation /Lobbying/Consultation Trash removal (Park) Misc. Indirect Program Costs Educational Outreach/Curriculum Dev. Bookkeeping fees Archaeology Costs Property / Terrorism / Liability Insurance Rent, Parking & Utilities MPP Offices Conferences/Natl. Meetings/Workshops Project travel costs Dues / Memberships and Subscriptions Interest Expense / Service Charges Hospitality Park Utilities Depreciation and amortization Event Transportation Legal Counsel Technology upgrades for Project	160,750 130,000 70,000 60,000 30,000 20,000 15,000 15,000 15,000 15,000 15,000 10,000 10,000 10,000 6,000 6,000 6,000 4,500 4,400 4,000 4,000 3,000 3,000	
	Program Costs (speakers/venue/etc.) HMFP Campaign Management  Marketing (programs) Fundraising costs General Project marketing Promotion of Master Plan (print, displays, direct marketing) Payroll Taxes Donor software and associated costs Park maintenance & updates Accounting fees Grant Preparation /Lobbying/Consultation Trash removal (Park) Misc. Indirect Program Costs Educational Outreach/Curriculum Dev. Bookkeeping fees Archaeology Costs Property / Terrorism / Liability Insurance Rent, Parking & Utilities MPP Offices Conferences/Natl. Meetings/Workshops Project travel costs Dues / Memberships and Subscriptions Interest Expense / Service Charges Hospitality Park Utilities Depreciation and amortization Event Transportation Legal Counsel Technology upgrades for Project Storage	160,750 130,000  70,000 60,000 30,000 20,000 15,000 15,000 15,000 15,000 15,000 10,000 10,000 10,000 6,000 6,000 6,000 4,000 4,000 4,000 4,000 3,000 3,000 3,000 3,000	
	Program Costs (speakers/venue/etc.) HMFP Campaign Management  Marketing (programs) Fundraising costs General Project marketing Promotion of Master Plan (print, displays, direct marketing) Payroll Taxes Donor software and associated costs Park maintenance & updates Accounting fees Grant Preparation /Lobbying/Consultation Trash removal (Park) Misc. Indirect Program Costs Educational Outreach/Curriculum Dev. Bookkeeping fees Archaeology Costs Property / Terrorism / Liability Insurance Rent, Parking & Utilities MPP Offices Conferences/Natl. Meetings/Workshops Project travel costs Dues / Memberships and Subscriptions Interest Expense / Service Charges Hospitality Park Utilities Depreciation and amortization Event Transportation Legal Counsel Technology upgrades for Project Storage Rotary fees	160,750 130,000  70,000 60,000 30,000 20,000 15,000 15,000 15,000 15,000 15,000 10,000 10,000 10,000 8,000 7,000 6,000 6,000 6,000 4,500 4,400 4,000 4,000 4,000 3,000 3,000 3,000 3,000 3,000 2,500	
	Program Costs (speakers/venue/etc.) HMFP Campaign Management  Marketing (programs) Fundraising costs General Project marketing Promotion of Master Plan (print, displays, direct marketing) Payroll Taxes Donor software and associated costs Park maintenance & updates Accounting fees Grant Preparation /Lobbying/Consultation Trash removal (Park) Misc. Indirect Program Costs Educational Outreach/Curriculum Dev. Bookkeeping fees Archaeology Costs Property / Terrorism / Liability Insurance Rent, Parking & Utilities MPP Offices Conferences/Natl. Meetings/Workshops Project travel costs Dues / Memberships and Subscriptions Interest Expense / Service Charges Hospitality Park Utilities Depreciation and amortization Event Transportation Legal Counsel Technology upgrades for Project Storage Rotary fees Organizational Supplies	160,750 130,000  70,000 60,000 30,000 20,000 15,000 15,000 15,000 15,000 15,000 10,000 10,000 7,000 6,000 6,000 6,000 4,500 4,400 4,000 4,000 3,000 3,000 3,000 3,000 2,500	
Web site hosting 2 non	Program Costs (speakers/venue/etc.) HMFP Campaign Management  Marketing (programs) Fundraising costs General Project marketing Promotion of Master Plan (print, displays, direct marketing) Payroll Taxes Donor software and associated costs Park maintenance & updates Accounting fees Grant Preparation /Lobbying/Consultation Trash removal (Park) Misc. Indirect Program Costs Educational Outreach/Curriculum Dev. Bookkeeping fees Archaeology Costs Property / Terrorism / Liability Insurance Rent, Parking & Utilities MPP Offices Conferences/Natl. Meetings/Workshops Project travel costs Dues / Memberships and Subscriptions Interest Expense / Service Charges Hospitality Park Utilities Depreciation and amortization Event Transportation Legal Counsel Technology upgrades for Project Storage Rotary fees	160,750 130,000  70,000 60,000 30,000 20,000 15,000 15,000 15,000 15,000 15,000 10,000 10,000 10,000 8,000 7,000 6,000 6,000 6,000 4,500 4,400 4,000 4,000 4,000 3,000 3,000 3,000 3,000 3,000 2,500	

Printing and Copying Expenses Postage, Mailing Service Board Retreat / Training Constant Contact Professional Fees - Chamber of Commerce	1,800 1,500 1,500 1,100 500	
Online Payment System Fees Admin Fees - Community Foundation PayPal fees	500 400 300	
Total	926,500	
Revenue Over (Under)	0	

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Coastal States CD	170,586.35
Comm Found of the Lowcountry	128,890.07
Paypal Account	87.50
South State Bank  Total Bank Accounts	518,919.52 <b>\$818,483.44</b>
	<b>фо 10,403.44</b>
Accounts Receivable	0.00
MOU TOHH 2021	0.00
Pledge Receivable - Blues and BBQ	0.00
Pledge Receivables Unrestricted Board Pledges 2019	2,750.00
Unrestricted Board Pledges 2020	4,138.00
Total Pledge Receivables	6,888.00
Total Accounts Receivable	\$6,888.00
Other Current Assets	φο,σσσ.σσ
MOU Town of HHI 2021	105,000.00
Prepaid Expenditures	1,240.85
Prepaid Expenditures-Anniversary Forum	0.00
Prepaid Expenditures-Blues and BBQ	0.00
Prepaid Blues and BBQ-Advertising	75.00
Prepaid Blues and BBQ-Band	0.00
Prepaid Blues and BBQ-Staging Park	0.00
Total Prepaid Expenditures-Blues and BBQ	75.00
Prepaid Expenditures-Juneteenth	
Prepaid Juneteenth Expense	0.00
Prepaid Juneteenth Marketing Expense	0.00
Total Prepaid Expenditures-Juneteenth	0.00
Prepaid Holiday Event	0.00
Total Prepaid Expenditures	1,315.85
Prepaid Property Insurance	0.00
TOHH A-Tax Receivable	185,000.00
TOHH A-Tax Receivable 2020	757.32
Total TOHH A-Tax Receivable	185,757.32
Uncategorized Asset	0.00
Total Other Current Assets	\$292,073.17
Total Current Assets	\$1,117,444.61
Fixed Assets	
Furniture and Equipment	22,807.04
Sign	2,655.00
zAccumulated Depreciation	-23,945.03

	TOTAL
Total Fixed Assets	\$1,517.01
Other Assets	
Collections-Exhibits	10,000.00
Total Other Assets	\$10,000.00
TOTAL ASSETS	\$1,128,961.62
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
South State Bank CC	0.00
Total Credit Cards	\$0.00
Other Current Liabilities	
Accounts Payable	10,991.05
Deferred Revenue - Blues and BBQ	0.00
Payroll Tax Payable	0.00
Unearned or Deferred Revenue	0.00
With Donor Restrictions	
Breedlove Grant	0.00
Total With Donor Restrictions	0.00
Total Unearned or Deferred Revenue	0.00
Wages Payable	0.00
Total Other Current Liabilities	\$10,991.05
Total Current Liabilities	\$10,991.05
Total Liabilities	\$10,991.05
Net Assets	
Net Assets With Donor Restrictions	69,795.48
Net Assets Without Donor Restrictions	906,770.02
Net Revenue	141,405.07
Total Net Assets	\$1,117,970.57
TOTAL LIABILITIES AND EQUITY	\$1,128,961.62

		TOTAL	
	AS OF DEC 31, 2021	AS OF DEC 31, 2020 (PY)	CHANGE
ASSETS			
Current Assets			
Bank Accounts			
Coastal States CD	170,586.35	169,573.69	1,012.66
Comm Found of the Lowcountry	128,890.07	128,890.07	0.00
Paypal Account	87.50	87.50	0.00
South State Bank	374,745.42	697,298.60	-322,553.18
Total Bank Accounts	\$674,309.34	\$995,849.86	\$ -321,540.52
Accounts Receivable			
Pledge Receivable - Blues and BBQ	0.00	0.00	0.00
Pledge Receivables			
Pledges Receivable - CFoLC (deleted)	-3,700.00	-3,700.00	0.00
Unrestricted Board Pledge 2017 (deleted)	10,774.00	10,774.00	0.00
Unrestricted Board Pledges 2019	7,250.00	7,250.00	0.00
Unrestricted Board Pledges 2020	10,000.00	10,000.00	0.00
Total Pledge Receivables	24,324.00	24,324.00	0.00
Total Accounts Receivable	\$24,324.00	\$24,324.00	\$0.00
Other Current Assets			
MOU Town of HHI 2021	105,000.00		105,000.00
Prepaid Expenditures	1,240.85	1,240.85	0.00
Prepaid Expenditures-Anniversary Forum	0.00	0.00	0.00
Prepaid Expenditures-Blues and BBQ			
Prepaid Blues and BBQ-Advertising	75.00	75.00	0.00
Prepaid Blues and BBQ-Band	0.00	1,000.00	-1,000.00
Prepaid Blues and BBQ-Staging Park	0.00	0.00	0.00
Total Prepaid Expenditures-Blues and BBQ	75.00	1,075.00	-1,000.00
Prepaid Expenditures-Juneteenth			
Prepaid Juneteenth Expense	0.00	0.00	0.00
Prepaid Juneteenth Marketing Expense	0.00	0.00	0.00
Total Prepaid Expenditures-Juneteenth	0.00	0.00	0.00
Prepaid Holiday Event	0.00	0.00	0.00
Total Prepaid Expenditures	1,315.85	2,315.85	-1,000.00
Prepaid Property Insurance	0.00	0.00	0.00
TOHH A-Tax Receivable	185,000.00	73,708.00	111,292.00
TOHH A-Tax Receivable 2020	757.32	769.93	-12.61
Total TOHH A-Tax Receivable	185,757.32	74,477.93	111,279.39
Uncategorized Asset	0.00	0.00	0.00
Total Other Current Assets	\$292,073.17	\$76,793.78	\$215,279.39
Total Current Assets	\$990,706.51	\$1,096,967.64	\$ -106,261.13
Fixed Assets			
Furniture and Equipment	22,807.04	22,807.04	0.00
• •			

		TOTAL	
	AS OF DEC 31, 2021	AS OF DEC 31, 2020 (PY)	CHANGE
Sign	2,655.00	2,655.00	0.00
zAccumulated Depreciation	-23,199.04	-19,507.00	-3,692.04
Total Fixed Assets	\$2,263.00	\$5,955.04	\$ -3,692.04
Other Assets			
Collections-Exhibits	10,000.00	10,000.00	0.00
Total Other Assets	\$10,000.00	\$10,000.00	\$0.00
TOTAL ASSETS	\$1,002,969.51	\$1,112,922.68	\$ -109,953.17
LIABILITIES AND EQUITY			
Liabilities			
Current Liabilities			
Credit Cards			
South State Bank CC	0.00	2,244.08	-2,244.08
Total Credit Cards	\$0.00	\$2,244.08	\$ -2,244.08
Other Current Liabilities			
Accounts Payable	10,991.05	10,991.05	0.00
Deferred Revenue - Blues and BBQ	0.00	10,811.24	-10,811.24
Payroll Tax Payable	0.00	0.00	0.00
Unearned or Deferred Revenue	0.00	0.00	0.00
With Donor Restrictions			
2020 Beaufort County (deleted)	0.00	4,000.00	-4,000.00
Breedlove Grant	0.00	0.00	0.00
Total With Donor Restrictions	0.00	4,000.00	-4,000.00
Total Unearned or Deferred Revenue	0.00	4,000.00	-4,000.00
Wages Payable	0.00		0.00
Total Other Current Liabilities	\$10,991.05	\$25,802.29	\$ -14,811.24
Total Current Liabilities	\$10,991.05	\$28,046.37	\$ -17,055.32
Total Liabilities	\$10,991.05	\$28,046.37	\$ -17,055.32
Net Assets			
Net Assets With Donor Restrictions	69,795.48	69,795.48	0.00
Net Assets Without Donor Restrictions	1,015,080.83	362,052.68	653,028.15
Net Revenue	-92,897.85	653,028.15	-745,926.00
Total Net Assets	\$991,978.46	\$1,084,876.31	\$ -92,897.85
TOTAL LIABILITIES AND EQUITY	\$1,002,969.51	\$1,112,922.68	\$ -109,953.17

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Comm Found of the Lowcountry	128,890.07
Paypal Account	87.50
South State Bank	697,298.60
Total Bank Accounts	\$826,276.17
Accounts Receivable	
Pledge Receivable - Blues and BBQ	0.00
Pledge Receivables	
Pledges Receivable - CFoLC	0.00
Unrestricted Board Pledge 2017	0.00
Unrestricted Board Pledge 2018	0.00
Unrestricted Board Pledges 2019	2,750.00
Unrestricted Board Pledges 2020	4,138.00
Total Pledge Receivables	6,888.00
Total Accounts Receivable	\$6,888.00
Other Current Assets	
Heritage Foundation Receivable	0.00
Prepaid Expenditures	1,240.85
Prepaid Expenditures-Anniversary Forum	0.00
Prepaid Expenditures-Blues and BBQ	
Prepaid Blues and BBQ-Advertising	75.00
Prepaid Blues and BBQ-Band	1,000.00
Prepaid Blues and BBQ-Staging Park	0.00
Total Prepaid Expenditures-Blues and BBQ	1,075.00
Prepaid Expenditures-Juneteenth	
Prepaid Juneteenth Expense	0.00
Prepaid Juneteenth Marketing Expense	0.00
Total Prepaid Expenditures-Juneteenth	0.00
Prepaid Holiday Event	0.00
Total Prepaid Expenditures	2,315.85
Prepaid Marketing Expense	0.00
Prepaid Office Manager Expense	0.00
Prepaid Property Insurance	0.00
TOHH A-Tax Receivable	0.00
TOHH A-Tax Receivable 2020	74,474.93
Total TOHH A-Tax Receivable	74,474.93
Uncategorized Asset	0.00
Undeposited Blues and BBQ	0.00
With Donor Restrictions	
TOHH A-Tax Receivable 2015	0.00

	TOTAL
TOHH A-Tax Receivable 2016	0.00
TOHH A-Tax Receivable 2017	0.00
TOHH A-Tax Receivable 2018	0.00
TOHH A-Tax Receivable 2019	0.00
Total With Donor Restrictions	0.00
Total Other Current Assets	\$76,790.78
Total Current Assets	\$909,954.95
Fixed Assets	
Furniture and Equipment	22,807.04
Sign	2,655.00
zAccumulated Depreciation	-20,816.04
Total Fixed Assets	\$4,646.00
Other Assets	
Collections-Exhibits	10,000.00
Total Other Assets	\$10,000.00
TOTAL ASSETS	\$924,600.95
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
*Accounts Payable	0.00
Total Accounts Payable	\$0.00
Credit Cards	
South State Bank CC	2,244.08
Total Credit Cards	\$2,244.08
Other Current Liabilities	
Accounts Payable	10,991.05
Old Uncleared Checks	0.00
Total Accounts Payable	10,991.05
Accrued Wages	0.00
Deferred Rev-2015 TOHH	0.00
Deferred Revenue - Blues and BBQ	10,811.24
Loan for eBooks	0.00
Payroll Tax Payable	0.00
	0.00
Unearned or Deferred Revenue	0.00
Unearned or Deferred Revenue 2020 State Grant	0.00
2020 State Grant	
2020 State Grant With Donor Restrictions	0.00
2020 State Grant With Donor Restrictions 2017 Beaufort Cnty	0.00

## Statement of Financial Position As of December 31, 2020

	TOTAL
Total Unearned or Deferred Revenue	4,000.00
Unrestricted Board Pledge-2017	0.00
Unrestricted Board Pledge-2018	0.00
Total Other Current Liabilities	\$25,802.29
Total Current Liabilities	\$28,046.37
Total Liabilities	\$28,046.37
Net Assets	
Net Assets With Donor Restrictions	69,795.48
Net Assets Without Donor Restrictions	186,103.68
Net Revenue	640,655.42
Total Net Assets	\$896,554.58
TOTAL LIABILITIES AND EQUITY	\$924,600.95

#### Statement of Activity

January 1 - September 1, 2022

GROSS PROFIT         \$709,755.71           Expenditures         FUNDRAISING EXPENSES           Blues and BBQ Marketing         4,426.00           Blues and BBQ Operating Expense         46,439.13           Compass Group         140,000.00           Grant Writing Expense         100.00		TOTAL
Archaeology Project Contributions         31,100.00           Contributions - Individual & Business         2,875.00           Corporate Contributions         46,900.00           Donations & Memberships - Individuals         177,40.33           Total Contributions - Individual & Business         178,915,37           Direct Public Grants         57,500.00           Mise Public Grants         57,500.00           Total Direct Public Grants         57,500.00           Direct Public Support         4,666.72           Gilts in Kind - Rental Space         4,666.72           MOU with Town Of HHI         105,000.00           MOU with Town Of HHI         105,000.00           Total Direct Public Support         31,000.00           SC Parks and Recreation Grants         31,000.00           TOHA - TAX 2022         4,577.82           Total Government Grants         166,832.00           Total Government Grants         647,014.96           Total Government Grants         647,014.96           Total Government Grants         168,332.00           Total Government Grants         100,000.00           Total FUNDRAISING INCOME         50,000.00           Total FUNDRAISING INCOME         141,25           Total INVESTMENT INCOME         141,25	Revenue	
Contributions - Individual & Business         2,875.00           Board Piedges         2,875.00           Corporate Contributions         46,900.00           Donations & Memberships - Individuals         127,140.33           Total Contributions - Individual & Business         176,915.37           Direct Public Grants         57,500.00           Miss Public Grants         57,500.00           Total Direct Public Grants         57,500.00           Direct Public Support         4,666.72           MOU with TOHH for 2021         105,000.00           MOU with TOHH for 2021         105,000.00           MOU with TOHH for 2021         214,866.72           MOU with TOHH for 2021         31,000.00           MOU with TOHH for 2021         31,000.00           MOU with TOHH for 2021         31,000.00           Government Grants         31,000.00           Total Direct Public Support         31,000.00           TOHA A TAX 2022         131,255.00           TOHI A - TAX 2022         131,255.00           TOHI A - TAX 2021         647,014.50           TOHI A - TAX 2022         131,255.00           TOHI A - TAX 2021         50,000.00           TOHI A - TAX 2022         131,255.00           TOHI A - TAX 2021		
Board Pledges         2,875.00           Corporate Contributions         46,900.00           Donations & Memberships - Individuals         127,140.31           Total Contributions - Individual & Business         176,915.37           Direct Public Grants         57,500.00           Miss Public Grants         57,500.00           Total Direct Public Support         4,666.72           Gifts in Kind - Rental Space         4,666.72           MOU with TOHH for 2021         105,000.00           MOU with Town Of Hill         105,000.00           Total Direct Public Support         214,666.72           Government Grants         31,000.00           SC Parks and Recreation Grants         31,000.00           TOHA - ATAX 2022         131,255.00           TOHA - ATAX 2021         4,577.82           Total Government Grants         647,014.90           Total Government Grants         647,014.90           Total Government Grants         647,014.90           Total Government Grants         166,832.90           Total Government Grants         166,832.90           Total Government Grants         166,832.90           Total Government Grants         114,25           Total Government Grants         12,281.40           Tota		31,100.00
Corporate Contributions         46,900.00           Donatons & Memberships - Individuals         127,140.33           Total Contributions - Individual & Business         176,915.37           Direct Public Grants         57,500.00           Miso Public Grants         57,500.00           Total Direct Public Grants         57,500.00           Direct Public Support         165,000.00           Gifts in Kind - Rental Space         4,666.72           MOU with TOHH for 2021         150,000.00           MOU with Town Of HHI         105,000.00           Total Direct Public Support         214,666.72           Government Grants         31,000.00           SC Parks and Recreation Grants         31,000.00           TOHA - ATAX 2022         131,255.00           TOHA - ATAX 2021         4,577.82           Total Government Grants         687,014.98           FUNDRAISING INCOME         50,000.00           Capital Campaign         50,000.00           Interest - South-State Checking         11,22           Interest - South-State Checking         14,22           Total INVESTMENT INCOME         12,281.48           PROGRAM INCOME         12,289.49           Total Revenue         \$709,755.71           GROSS PROFIT		0.075.00
Donations & Memberships - Individual & Business         172,140,37           Total Contributions - Individual & Business         176,915,30           Misc Public Grants         57,500,00           Total Direct Public Grants         57,500,00           Direct Public Support         4,666,72           Gilts in Kind - Rental Space         4,666,72           MOU with TOHH for 2021         105,000,00           MOU with TOHH for 2021         105,000,00           Government Grants         31,000,00           SC Parks and Recreation Grants         31,000,00           TOHA - ATAX 2022         131,255,08           TOHA - ATAX 2022         131,255,08           TOTAI Government Grants         66,822,90           TOTAI CONTRIBUTIONS, GIFTS & GRANTS         66,822,90           FUNDRAISING INCOME         50,000,00           Capital Campaign         50,000,00           Interest - SouthState Checking         141,23           Total INVESTMENT INCOME         141,23           Interest - SouthState Checking         141,23           Total PROGRAM INCOME         12,294,44           Total PROGRAM INCOME         12,295,44           Total PROGRAM INCOME         12,295,44           Total PROGRAM INCOME         \$709,755,71		
Total Contributions - Individual & Business         176,915.37           Direct Public Grants         57,500.00           Misc Public Grants         57,500.00           Total Direct Public Grants         57,500.00           Direct Public Support         4,666.72           Gits in Kind - Rental Space         4,666.72           MOU with TOWN Of HHI         105,000.00           Total Direct Public Support         214,666.72           Government Grants         31,000.00           SC Parks and Recreation Grants         31,000.00           TOHH - ATAX 2022         131,255.00           TOHI A-TAX 2021         166,832.90           Total Contributions, GifTs & GRANTS         647,014.90           Total Contributions, GifTs & GRANTS         647,014.90           Total FUNDRAISING INCOME         50,000.00           Investment Income         141.22           Interest - SouthState Checking         141.23           Admission/Ticket Sales Revenue         12,281.45           Total INVESTMENT INCOME         122,81.45           Admission/Ticket Sales Revenue         12,289.45           Total Revenue         \$709,755.71           GROSS PROFIT         \$709,755.71           Expenditures         \$709,755.71           FUNDR		
Direct Public Grants	<u> </u>	
Misc Public Grants         57,500.00           Total Direct Public Grants         57,500.00           Direct Public Support         (3fts in Kind - Rental Space         4,666.72           MOU with TOHH for 2021         105,000.00         105,000.00           MOU with Town Of HHI         105,000.00         214,666.72           Total Direct Public Support         214,666.72           Government Grants         31,000.00           SC Parks and Recreation Grants         31,000.00           TOHH - ATAX 2022         131,255.06           TOHH - ATAX 2021         4,577.82           Total Government Grants         66,832.90           Total Government Grants         647,014.96           FUNDRAISING INCOME         50,000.00           Total FUNDRAISING INCOME         50,000.00           Interest - SouthState Checking         141.23           Total INCOME         141.23           Interest - SouthState Checking         141.23           Total INCOME         125.994           Interest - SouthState Checking         141.23           Total INCOME         125.994           FORGRAM INCOME         125.994           Total PROGRAM INCOME         125.994           Total PROGRAM INCOME         125.994		176,915.37
Total Direct Public Support         4,666.72           Gifts in Kind - Rental Space         4,666.72           MOU with TOHH for 2021         105,000.00           MOU with TOHH for 2021         105,000.00           MOU with Town Of HHI         105,000.00           Total Direct Public Support         214,866.72           Government Grants         31,000.00           SC Parks and Recreation Grants         31,000.00           TOHH - ATAX 2022         131,255.06           TOHI A Tax 2021         4,577.82           Total Government Grants         647,014.95           FUNDRAISING INCOME         647,014.95           Capital Campaign         50,000.00           INVESTMENT INCOME         141.25           Interest - SouthState Checking         141.25           Total INVESTMENT INCOME         141.25           Admission/Ticket Sales Revenue         318.00           Total Revenue         3709,755.74           GROSS PROFIT         \$709,755.74           Expenditures         FUNDRAISING EXPENSES           Blues and BBQ Marketing         4,426.00           Blues and BBQ Operating Expense         46,439.12           Compass Group         140,000.00           Grant Writing Expense         100.00 <td></td> <td>F7 F00 00</td>		F7 F00 00
Direct Public Support         4,666.72           Gilts in Kind - Rental Space         4,666.72           MCU with TOHH for 2021         105,000.00           MCU with TOHH for 2021         214,666.72           Government Grants         214,666.72           Government Grants         31,000.00           TOHH - ATAX 2022         131,255.00           TOHH - ATAX 2021         4,577.82           TOtal Government Grants         166,832.90           TOLAI CONTRIBUTIONS, GIFTS & GRANTS         647,014.90           FUNDRAISING INCOME         50,000.00           Capital Campaign         50,000.00           INVESTMENT INCOME         101.22           Interest - SouthState Checking         141.23           TOTAI INVESTMENT INCOME         141.23           PROGRAM INCOME         12,281.48           Tour & Special Events Revenue         12,281.48           Tour & Special Events Revenue         12,599.48           Total PROGRAM INCOME         12,599.48           Total Revenue         \$709,755.71           GROSS PROFIT         \$0,000.00           Eveneditures         \$0,000.00           FUNDRAISING EXPENSES         Blues and BBQ Marketing         4,426.00           Blues and BBQ Operating Expense		
Gifts in Kind - Rental Space         4,666.72           MOU with TOHH for 2021         105,000.00           MOU with TOHH for 2021         105,000.00           Total Direct Public Support         214,666.72           Government Grants         31,000.00           SC Parks and Recreation Grants         31,000.00           TOHH - ATAX 2022         131,255.00           TOHA - Tax 2021         4,577.82           Total Government Grants         166,832.90           Total CONTRIBUTIONS, GIFTS & GRANTS         647,014.90           FUNDRAISING INCOME         50,000.00           Capital Campaign         50,000.00           INVESTMENT INCOME         141.23           Interest - SouthState Checking         141.23           Total INVESTMENT INCOME         141.23           Admission/Ticket Sales Revenue         141.23           Total PROGRAM INCOME         12,281.48           Total PROGRAM INCOME         12,599.48           Total PROGRAM INCOME         \$709,755.71           GROSS PROFIT         \$709,755.71           Expenditures         \$709,755.71           FUNDRAISING EXPENSES         Blues and BBQ Marketing         4,426.00           Blues and BBQ Operating Expense         46,439.13           Compass G		57,500.00
MOU with TOHH for 2021         105,000,00           MOU with Town Of HHI         105,000,00           Total Direct Public Support         214,666,72           Government Grants         31,000,00           SC Parks and Recreation Grants         31,000,00           TOHH - ATAX 2022         131,255,08           TOHH A-Tax 2021         4,577 as           Total Government Grants         166,832,90           Total CONTRIBUTIONS, GIFTS & GRANTS         647,014,98           FUNDRAISING INCOME         50,000,00           Total FUNDRAISING INCOME         50,000,00           INVESTMENT INCOME         141,23           Interest - SouthState Checking         141,23           TOtal INVESTMENT INCOME         141,23           Admission/Ticket Sales Revenue         12,281,45           Tour & Special Events Revenue         318,00           Total Revenue         \$709,755,71           GROSS PROFIT         \$709,755,71           Expenditures         \$709,755,71           FUNDRAISING EXPENSES         Blues and BBQ Marketing         4,426,00           Blues and BBQ Operating Expense         46,493,13           Compass Group         140,000,00           Grant Writing Expense         100,000           Total FUNDRAISI		
MOU with Town Of HHI         105,000.00           Total Direct Public Support         214,666.72           Government Grants         31,000.00           SC Parks and Recreation Grants         31,000.00           TOHH - ATAX 2022         131,255.05           TOHH A-Tax 2021         4,577.82           Total Government Grants         166,832.90           TOLAL CONTRIBUTIONS, GIFTS & GRANTS         647,014.96           FUNDRAISING INCOME         50,000.00           Capital Campaign         50,000.00           TOTAL FUNDRAISING INCOME         141.23           Interest - South State Checking         141.23           TOTAL INVESTMENT INCOME         141.23           PROGRAM INCOME         141.23           Admission/Ticket Sales Revenue         12,281.45           Total Revenue         318.00           Total Revenue         \$709,755.71           Expenditures           FUNDRAISING EXPENSES         80ea and BBQ Marketing         4,426.00           Blues and BBQ Marketing         4,426.00           Blues and BBQ Operating Expense         46,439.13           Compass Group         140,000.00           Grant Writing Expense         100.00           Total FUNDRAISING EXPENSES         190,000.00 </td <td>·</td> <td></td>	·	
Total Direct Public Support         214,666.72           Government Grants         31,000.00           SC Parks and Recreation Grants         31,000.00           TOHH - ATAX 2022         131,255.08           TOHH A-Tax 2021         4,577.82           Total Government Grants         166,832.90           Total CONTRIBUTIONS, GIFTS & GRANTS         647,014.98           FUNDRAISING INCOME         50,000.00           Capital Campaign         50,000.00           INVESTMENT INCOME         141.23           Interest - SouthState Checking         141.23           Total INVESTMENT INCOME         141.23           PROGRAM INCOME         141.23           Admission/Ticket Sales Revenue         12.281.45           Total PROGRAM INCOME         12.281.45           Atotal PROGRAM INCOME         12.599.45           Total Revenue         \$709,755.71           Expenditures         \$709,755.71           Expenditures         \$709,755.71           Expenditures         \$700,700.70           Blues and BBO Agriceting         4,426.00           Blues and BBO Operating Expense         46,439.13           Compass Group         40,000.00           Grant Writing Expense         100.00           To		
Government Grants         31,000,00           SC Parks and Recreation Grants         31,000,00           TOHH - ATAX 2022         131,255,08           TOHH A-Tax 2021         4,577.82           Total Government Grants         166,832.90           Total CONTRIBUTIONS, GIFTS & GRANTS         647,014.98           FUNDRAISING INCOME         50,000.00           INVESTMENT INCOME         50,000.00           Interest - SouthState Checking         141.23           Total INVESTMENT INCOME         141.25           Interest - SouthState Checking         141.25           Total INVESTMENT INCOME         141.25           PROGRAM INCOME         12,281.45           Tour & Special Events Revenue         318.00           Total PROGRAM INCOME         12,281.45           Total PROGRAM INCOME         12,599.46           Total Revenue         \$709,755.71           Expenditures         \$709,755.71           Expenditures         \$709,755.71           Elues and BBQ Marketing         4,426.00           Blues and BBQ Marketing         4,426.00           Blues and BBQ Operating Expense         46,439.13           Compass Group         140,000.00           Grant Writing Expense         100.00		
SC Parks and Recreation Grants       31,000.00         TOHH - ATAX 2022       131,255.00         TOHH A-Tax 2021       4,577.80         Total Government Grants       166,832.90         Total CONTRIBUTIONS, GIFTS & GRANTS       647,014.90         FUNDRAISING INCOME       50,000.00         Total FUNDRAISING INCOME       50,000.00         INVESTMENT INCOME       141.23         Interest - SouthState Checking       141.23         TOTAL INVESTMENT INCOME       141.23         Admission/Ticket Sales Revenue       12,281.45         Your & Special Events Revenue       318.00         Total PROGRAM INCOME       12,289.46         Total PROGRAM INCOME       12,599.46         Total Revenue       \$709,755.71         Expenditures       \$709,755.71         EVINDRAISING EXPENSES       \$709,755.71         Blues and BBQ Marketing       4,426.00         Blues and BBQ Marketing Expense       46,439.13         Compass Group       40,000.00         Grant Writing Expense       100.00         Total FUNDRAISING EXPENSES       190,965.15	• •	214,000.72
TOHH - ATAX 2022         131,255,06           TOHH A-Tax 2021         4,577,82           Total Government Grants         166,832,90           Total CONTRIBUTIONS, GIFTS & GRANTS         647,014,90           FUNDRAISING INCOME         50,000,00           Capital Campaign         50,000,00           INVESTMENT INCOME         141,23           Interest - SouthState Checking         141,23           Total INVESTMENT INCOME         141,23           PROGRAM INCOME         141,23           Admission/Ticket Sales Revenue         12,281,49           Total PROGRAM INCOME         12,281,49           Total PROGRAM INCOME         12,599,48           Total Revenue         \$709,755,71           GROSS PROFIT         \$709,755,71           Expenditures         \$709,755,71           FUNDRAISING EXPENSES         80           Blues and BBQ Marketing         4,426,00           Blues and BBQ Operating Expense         46,439,13           Compass Group         140,000,00           Grant Writing Expense         100,00           Total FUNDRAISING EXPENSES         190,965,15		04 000 00
TOHH A-Tax 2021         4,577.82           Total Government Grants         166,832.90           Total CONTRIBUTIONS, GIFTS & GRANTS         647,014.98           FUNDRAISING INCOME         50,000.00           Capital Campaign         50,000.00           INVESTMENT INCOME         50,000.00           Interest - SouthState Checking         141.23           Total INVESTMENT INCOME         141.23           Interest - SouthState Checking         141.23           PROGRAM INCOME         141.23           Admission/Ticket Sales Revenue         12,281.49           Tour & Special Events Revenue         318.00           Total PROGRAM INCOME         12,599.48           Total Revenue         \$709,755.71           GROSS PROFIT         \$709,755.71           Expenditures         \$709,755.71           FUNDRAISING EXPENSES         Blues and BBQ Marketing         4,426.00           Blues and BBQ Operating Expense         46,439.13           Compass Group         140,000.00           Grant Writing Expense         100.00           Total FUNDRAISING EXPENSES         190,985.15		
Total Government Grants         166,832.90           Total CONTRIBUTIONS, GIFTS & GRANTS         647,014.98           FUNDRAISING INCOME         50,000.00           Capital Campaign         50,000.00           INVESTMENT INCOME         50,000.00           Interest - SouthState Checking         141.23           Total INVESTMENT INCOME         141.23           PROGRAM INCOME         141.23           Admission/Ticket Sales Revenue         12,281.45           Tour & Special Events Revenue         318.00           Total PROGRAM INCOME         12,599.45           Total PROGRAM INCOME         \$709,755.71           GROSS PROFIT         \$709,755.71           Expenditures         \$709,755.71           FUNDRAISING EXPENSES         801.92           Blues and BBQ Marketing         4,426.00           Blues and BBQ Operating Expense         46,439.13           Compass Group         140,000.00           Grant Writing Expense         100.00           Total FUNDRAISING EXPENSES         190,965.15		
Total CONTRIBUTIONS, GIFTS & GRANTS         647,014.95           FUNDRAISING INCOME         50,000.00           Capital Campaign         50,000.00           Total FUNDRAISING INCOME         50,000.00           INVESTMENT INCOME         141.23           Interest - SouthState Checking         141.23           Total INVESTMENT INCOME         141.23           PROGRAM INCOME         12,281.45           Admission/Ticket Sales Revenue         12,281.45           Tour & Special Events Revenue         318.00           Total PROGRAM INCOME         12,599.45           Total Revenue         \$709,755.71           GROSS PROFIT         \$709,755.71           Expenditures         FUNDRAISING EXPENSES           Blues and BBQ Marketing         4,426.00           Blues and BBQ Operating Expense         46,439.13           Compass Group         140,000.00           Grant Writing Expense         100.00           Total FUNDRAISING EXPENSES         190,965.15		
FUNDRAISING INCOME         50,000.00           Capital Campaign         50,000.00           TOTAI FUNDRAISING INCOME         50,000.00           INVESTMENT INCOME         141.23           Interest - SouthState Checking         141.23           TOTAI INVESTMENT INCOME         141.23           PROGRAM INCOME         12,281.49           Admission/Ticket Sales Revenue         12,281.49           Tour & Special Events Revenue         318.00           Total PROGRAM INCOME         12,599.49           Total Revenue         \$709,755.71           GROSS PROFIT         \$709,755.71           Expenditures         FUNDRAISING EXPENSES           Blues and BBQ Marketing         4,426.00           Blues and BBQ Operating Expense         46,439.13           Compass Group         140,000.00           Grant Writing Expense         100.00           Total FUNDRAISING EXPENSES         190,965.15		
Capital Campaign         50,000.00           Total FUNDRAISING INCOME         50,000.00           INVESTMENT INCOME         141.23           Interest - SouthState Checking         141.23           Total INVESTMENT INCOME         141.23           PROGRAM INCOME         12,281.45           Admission/Ticket Sales Revenue         12,281.45           Tour & Special Events Revenue         318.00           Total PROGRAM INCOME         12,599.45           Total Revenue         \$709,755.71           GROSS PROFIT         \$709,755.71           Expenditures         FUNDRAISING EXPENSES           Blues and BBQ Marketing         4,426.00           Blues and BBQ Operating Expense         46,439.13           Compass Group         140,000.00           Grant Writing Expense         100.00           Total FUNDRAISING EXPENSES         190,965.13		647,014.99
Total FUNDRAISING INCOME         50,000.00           INVESTMENT INCOME         141.23           Interest - SouthState Checking         141.23           Total INVESTMENT INCOME         141.23           PROGRAM INCOME         4dmission/Ticket Sales Revenue         12,281.49           Tour & Special Events Revenue         318.00           Total PROGRAM INCOME         12,599.49           Total Revenue         \$709,755.71           GROSS PROFIT         \$709,755.71           Expenditures         FUNDRAISING EXPENSES           Blues and BBQ Marketing         4,426.00           Blues and BBQ Operating Expense         46,439.13           Compass Group         140,000.00           Grant Writing Expense         100.00           Total FUNDRAISING EXPENSES         190,965.13		F0 000 00
INVESTMENT INCOME         141.23           Interest - SouthState Checking         141.23           Total INVESTMENT INCOME         141.23           PROGRAM INCOME         318.00           Admission/Ticket Sales Revenue         12,281.49           Tour & Special Events Revenue         318.00           Total PROGRAM INCOME         12,599.49           Total Revenue         \$709,755.71           GROSS PROFIT         \$709,755.71           Expenditures         FUNDRAISING EXPENSES           Blues and BBQ Marketing         4,426.00           Blues and BBQ Operating Expense         46,439.13           Compass Group         140,000.00           Grant Writing Expense         100.00           Total FUNDRAISING EXPENSES         190,965.13		
Interest - SouthState Checking       141.23         Total INVESTMENT INCOME       141.23         PROGRAM INCOME       12,281.49         Admission/Ticket Sales Revenue       12,281.49         Tour & Special Events Revenue       318.00         Total PROGRAM INCOME       12,599.49         Total Revenue       \$709,755.71         Expenditures       FUNDRAISING EXPENSES         Blues and BBQ Marketing       4,426.00         Blues and BBQ Operating Expense       46,439.13         Compass Group       140,000.00         Grant Writing Expense       100.00         Total FUNDRAISING EXPENSES       190,965.13		50,000.00
Total INVESTMENT INCOME         141.23           PROGRAM INCOME         12,281.49           Admission/Ticket Sales Revenue         12,281.49           Tour & Special Events Revenue         318.00           Total PROGRAM INCOME         12,599.49           Total Revenue         \$709,755.71           GROSS PROFIT         \$709,755.71           Expenditures         FUNDRAISING EXPENSES           Blues and BBQ Marketing         4,426.00           Blues and BBQ Operating Expense         46,439.13           Compass Group         140,000.00           Grant Writing Expense         100.00           Total FUNDRAISING EXPENSES         190,965.13		
PROGRAM INCOME       12,281.49         Admission/Ticket Sales Revenue       12,281.49         Tour & Special Events Revenue       318.00         Total PROGRAM INCOME       12,599.49         Total Revenue       \$709,755.71         GROSS PROFIT       \$709,755.71         Expenditures       FUNDRAISING EXPENSES         Blues and BBQ Marketing       4,426.00         Blues and BBQ Operating Expense       46,439.13         Compass Group       140,000.00         Grant Writing Expense       100.00         Total FUNDRAISING EXPENSES       190,965.13		
Admission/Ticket Sales Revenue       12,281.48         Tour & Special Events Revenue       318.00         Total PROGRAM INCOME       12,599.48         Total Revenue       \$709,755.71         GROSS PROFIT       \$709,755.71         Expenditures       FUNDRAISING EXPENSES         Blues and BBQ Marketing       4,426.00         Blues and BBQ Operating Expense       46,439.13         Compass Group       140,000.00         Grant Writing Expense       100.00         Total FUNDRAISING EXPENSES       190,965.13		141.23
Tour & Special Events Revenue       318.00         Total PROGRAM INCOME       12,599.48         Total Revenue       \$709,755.71         GROSS PROFIT       \$709,755.71         Expenditures       FUNDRAISING EXPENSES         Blues and BBQ Marketing       4,426.00         Blues and BBQ Operating Expense       46,439.13         Compass Group       140,000.00         Grant Writing Expense       100.00         Total FUNDRAISING EXPENSES       190,965.13		
Total PROGRAM INCOME         12,599.48           Total Revenue         \$709,755.71           GROSS PROFIT         \$709,755.71           Expenditures         FUNDRAISING EXPENSES           Blues and BBQ Marketing         4,426.00           Blues and BBQ Operating Expense         46,439.13           Compass Group         140,000.00           Grant Writing Expense         100.00           Total FUNDRAISING EXPENSES         190,965.13		
Total Revenue         \$709,755.71           GROSS PROFIT         \$709,755.71           Expenditures         FUNDRAISING EXPENSES           Blues and BBQ Marketing         4,426.00           Blues and BBQ Operating Expense         46,439.13           Compass Group         140,000.00           Grant Writing Expense         100.00           Total FUNDRAISING EXPENSES         190,965.13		
GROSS PROFIT       \$709,755.71         Expenditures       FUNDRAISING EXPENSES         Blues and BBQ Marketing       4,426.00         Blues and BBQ Operating Expense       46,439.13         Compass Group       140,000.00         Grant Writing Expense       100.00         Total FUNDRAISING EXPENSES       190,965.13		
Expenditures FUNDRAISING EXPENSES Blues and BBQ Marketing Blues and BBQ Operating Expense Compass Group Grant Writing Expense  Total FUNDRAISING EXPENSES  LAMP 13  4,426.00 46,439.13  140,000.00 190,965.13	Total Revenue	\$709,755.71
FUNDRAISING EXPENSES  Blues and BBQ Marketing  Blues and BBQ Operating Expense  Compass Group  Grant Writing Expense  Total FUNDRAISING EXPENSES  4,426.00 4,426.00 140,000.00 140,000.00 190,965.13	GROSS PROFIT	\$709,755.71
Blues and BBQ Marketing  Blues and BBQ Operating Expense  Compass Group  Grant Writing Expense  Total FUNDRAISING EXPENSES  4,426.00 46,439.13 140,000.00 140,000.00 190,965.13	Expenditures	
Blues and BBQ Operating Expense 46,439.13 Compass Group 140,000.00 Grant Writing Expense 100.00 Total FUNDRAISING EXPENSES 190,965.13	FUNDRAISING EXPENSES	
Compass Group140,000.00Grant Writing Expense100.00Total FUNDRAISING EXPENSES190,965.13	-	4,426.00
Grant Writing Expense 100.00  Total FUNDRAISING EXPENSES 190,965.13		46,439.13
Total FUNDRAISING EXPENSES 190,965.13	·	140,000.00
•		100.00
MANAGEMENT & ADMINISTRATION	Total FUNDRAISING EXPENSES	190,965.13
	MANAGEMENT & ADMINISTRATION	

#### Statement of Activity

January 1 - September 1, 2022

	TOTAL
Bank Fee	
Interest Expense	2,371.06
Late Fee/Penalty	78.00
Total Bank Fee	2,449.06
Bateau Panels	10,645.00
Conference, Convention, Meeting	3,395.63
Constant Contact	646.60
Donor Software Costs	3,217.29
Dues and Subscriptions	9.99
Chamber of Commerce	175.00
Museum Associations/Orgs	1,075.00
Rotary Fees	620.00
Total Dues and Subscriptions	1,879.99
Facilities and Equipment	
Depr and Amort - Allowable	2,769.03
Donated Facilities	4,666.72
Park Maintenance & Updates	2,684.03
Park Utilities	1,848.00
Public Storage - Archaeology	936.00
Storage	1,129.00
Trash Removal	6,800.00
Total Facilities and Equipment	20,832.78
Insurance Expense	
Liability/Event/Terrorism Insurance	540.00
Total Insurance Expense	540.00
Misc/Indirect Program Expense	902.83
Office/Organizational Supplies	976.31
Outside Services	
Accountant	11,890.00
Bookkeeper	2,619.00
Consultant	16,000.00
Legal Fees	314.07
Total Outside Services	30,823.07
Paid Event/ Program Staff	
Administrative Asst	5,835.20
Development Consultant (PT)	35,006.84
Event/Tour Staff	1,600.00
Executive Director	58,922.10
Griot's Corner Facilitator	4,800.00
Payroll Processing Fee	877.90
Payroll Taxes	7,134.14
Program/Project Manager	28,500.00
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## Statement of Activity January 1 - September 1, 2022

	TOTAL
Postage, Mailing Service	702.83
Printing and Copying	381.60
Project Travel Costs	89.40
Technology Upgrades	6,161.18
Total MANAGEMENT & ADMINISTRATION	226,319.75
PROGRAM SERVICES EXPENSE	
Event Transportation	0.00
Freedom Day	9,515.00
Griot's Corner Expense	619.15
Holiday Event	1,335.00
Juneteenth Celebration	61,527.30
Juneteenth Celebration - Performance	4,000.00
Total Juneteenth Celebration	65,527.30
Misc Indirect Program Costs	3,883.72
Hospitality	2,112.26
Total Misc Indirect Program Costs	5,995.98
Program Marketing	
Freedom Day Marketing	4,619.31
General Project Marketing	15,748.52
Griot's Corner Marketing	1,800.00
Holiday/Tree Lighting Marketing	16,099.50
Juneteenth Marketing	13,656.00
Master Plan Marketing	16,150.00
Total Program Marketing	68,073.33
Total PROGRAM SERVICES EXPENSE	151,065.76
otal Expenditures	\$568,350.64
IET OPERATING REVENUE	\$141,405.07
NET REVENUE	\$141,405.07

		TOTAL	
	JAN - DEC 2021	JAN - DEC 2020 (PY)	CHANGE
Revenue			
CONTRIBUTIONS, GIFTS & GRANTS		200.00	-200.00
Contributions - Individual & Business	1,825.00		1,825.00
Board Pledges	6,000.00	10,000.00	-4,000.00
Corporate Contributions	100,000.00	545.00	99,455.00
Donations & Memberships - Individuals	72,998.08	84,972.67	-11,974.59
Total Contributions - Individual & Business	180,823.08	95,517.67	85,305.41
Direct Public Grants	25,000.00	4,500.00	20,500.00
Misc Public Grants	6,500.00		6,500.00
Total Direct Public Grants	31,500.00	4,500.00	27,000.00
Direct Public Support			
1862 Campaign		711.52	-711.52
Breedlove Foundation	30,000.00		30,000.00
Gifts in Kind - Rental Space	7,000.08	7,000.00	0.08
Gifts In Kind-Exec Director Costs	0.00	50,000.00	-50,000.00
Heritage Classic Foundation Match	2,000.00	600.00	1,400.00
Memorials	970.70		970.70
MOU with TOHH for 2021	105,000.00		105,000.00
Total Direct Public Support	144,970.78	58,311.52	86,659.26
Government Grants			
Beaufort County ATax	20,000.00		20,000.00
County A-Tax 2020		16,000.00	-16,000.00
SC Parks and Recreation Grants	10,999.05	725,000.00	-714,000.95
TOHH A-Tax 2019 (deleted)		15,178.92	-15,178.92
TOHH A-Tax 2020	33,732.13	185,003.00	-151,270.87
TOHH A-Tax 2021	185,000.60		185,000.60
Total Government Grants	249,731.78	941,181.92	-691,450.14
Total CONTRIBUTIONS, GIFTS & GRANTS	607,025.64	1,099,711.11	-492,685.47
FUNDRAISING INCOME			
Blues and BBQ			
Blues and BBQ Admissions	40.00	1,500.00	-1,460.00
Blues and BBQ Donations	21,601.24		21,601.24
Total Blues and BBQ	21,641.24	1,500.00	20,141.24
Total FUNDRAISING INCOME	21,641.24	1,500.00	20,141.24
Grant Income (deleted)	0.00		0.00
INVESTMENT INCOME			
Interest - CD	1,012.66	4,573.69	-3,561.03
Interest - CFoLC	,	397.69	-397.69
Interest - SouthState Checking	444.75	302.67	142.08
Total INVESTMENT INCOME	1,457.41	5,274.05	-3,816.64
PROGRAM INCOME			

		TOTAL	
	JAN - DEC 2021	JAN - DEC 2020 (PY)	CHANGE
Freedom Day (deleted)		500.00	-500.00
Griot's Corner	4,000.00	20,000.00	-16,000.00
Juneteenth Celebration			
Juneteenth Celebration - Sponsors	50.00		50.00
Juneteenth Celebration -Donation	1,500.00		1,500.00
Juneteenth Celebration -Food and Water	388.36		388.36
Juneteenth Celebration Admissions	17,306.46		17,306.46
Total Juneteenth Celebration	19,244.82		19,244.82
Tour & Special Events Revenue	820.00	1,575.25	-755.25
Total PROGRAM INCOME	24,064.82	22,075.25	1,989.57
Rev Released from Restrictions			
Restrictions Satisfied by Pymts		0.00	0.00
Total Rev Released from Restrictions		0.00	0.00
Unapplied Cash Payment Income		5,862.00	-5,862.00
Total Revenue	\$654,189.11	\$1,134,422.41	\$ -480,233.30
GROSS PROFIT	\$654,189.11	\$1,134,422.41	\$ -480,233.30
Expenditures			
Christmas Tree Lighting (deleted)	0.00		0.00
FUNDRAISING EXPENSES	30.38		30.38
Blues and BBQ Marketing	1,668.53		1,668.53
Blues and BBQ Operating Expense	-900.00		-900.00
Blues and BBQ Expense Entertainment	4,700.00	0.00	4,700.00
Blues and BBQ Expense-Staging Park (deleted)		4,740.00	-4,740.00
Total Blues and BBQ Operating Expense	3,800.00	4,740.00	-940.00
Event Sponsorship (deleted)	100.00		100.00
Golf Outing Expenses (deleted)	100.00		100.00
Grant Writing Expense	10,400.00	3,750.00	6,650.00
Total FUNDRAISING EXPENSES	16,098.91	8,490.00	7,608.91
MANAGEMENT & ADMINISTRATION	0.00		0.00
Administrative Fees - CFLC		2,056.19	-2,056.19
Bank Fee	66.00		66.00
Bank charges (deleted)	0.00	39.00	-39.00
Interest Expense	327.74	131.85	195.89
Late Fee/Penalty	2,597.00		2,597.00
Square Fees (deleted)	276.16	88.24	187.92
Total Bank Fee	3,266.90	259.09	3,007.81
Board Retreat and Training		1,461.99	-1,461.99
Business Expenses (deleted)	3,000.00	73.91	2,926.09
Conference, Convention, Meeting	3,472.67	1,507.70	1,964.97
Constant Contact	898.80	1,059.30	-160.50
Dues and Subscriptions	791.85	3,162.00	-2,370.15

		TOTAL	
	JAN - DEC 2021	JAN - DEC 2020 (PY)	CHANG
Museum Associations/Orgs	1,000.00		1,000.0
Rotary Fees	920.00		920.0
Total Dues and Subscriptions	2,711.85	3,162.00	-450.1
Facilities and Equipment			
Depr and Amort - Allowable	3,692.04	1,758.00	1,934.0
Donated Facilities	7,000.08	7,000.00	0.0
Park Lease	4.00		4.0
Park Maintenance & Updates	14,388.00	14,867.58	-479.5
Park Updates (deleted)	28,125.00		28,125.0
Park Utilities	525.00		525.0
Storage	527.00	413.62	113.3
Total Facilities and Equipment	54,261.12	24,039.20	30,221.9
Insurance Expense			
Liability/Event/Terrorism Insurance	540.00	540.00	0.0
Property Insurance	6,896.84	5,592.22	1,304.6
Total Insurance Expense	7,436.84	6,132.22	1,304.6
Misc/Indirect Program Expense		302.34	-302.3
Office/Organizational Supplies	612.61		612.6
Other Types of Expenses			
Marketing	16,558.39	24,360.50	-7,802.1
Marketing Project Mgmt	14,300.00		14,300.0
Marketing Supplies	818.55	76.86	741.6
Media Buy Radio/TV (deleted)		1,000.00	-1,000.0
Social Media (deleted)		10,740.00	-10,740.0
Strategic Planning		4,500.00	-4,500.0
Total Marketing	31,676.94	40,677.36	-9,000.4
Membership (deleted)		170.00	-170.0
Other Costs			
All Other Expenses			
Supplies	168.54	1,375.40	-1,206.8
Total All Other Expenses	168.54	1,375.40	-1,206.8
Travel and Meetings (deleted)		307.73	-307.7
Total Other Costs	168.54	1,683.13	-1,514.5
Telephone, Telecommunications (deleted)		692.25	-692.2
Total Other Types of Expenses	31,845.48	43,222.74	-11,377.2
Outside Services	12,720.64		12,720.6
Accountant	16,233.25	12,491.35	3,741.9
Audit/Review Expense (deleted)	8,115.00	,	8,115.0
Fundraising Fees	210,000.00	17,500.00	192,500.0
Legal Fees	418.09	345.83	72.2
Total Outside Services	247,486.98	30,337.18	217,149.8

		TOTAL	
	JAN - DEC 2021	JAN - DEC 2020 (PY)	CHANGE
Paid Event/ Program Staff			
Executive Director	94,275.51	97,137.68	-2,862.17
Griot's Corner Facilitator	6,000.00	7,200.00	-1,200.00
Health Insurance (deleted)		2,473.64	-2,473.64
Payroll Processing Fee	1,186.44	71.11	1,115.33
Payroll Taxes	10,700.25	6,496.93	4,203.32
Program/Project Manager	45,600.00	46,000.00	-400.00
Total Paid Event/ Program Staff	157,762.20	159,379.36	-1,617.16
Postage, Mailing Service	735.82	212.54	523.28
Printing and Copying		83.88	-83.88
Technology Upgrades	17,150.65	14,592.56	2,558.09
Website		228.00	-228.0
Website (deleted)		228.00	-228.0
Total Website		456.00	-456.0
Total MANAGEMENT & ADMINISTRATION	530,641.92	288,338.20	242,303.7
PROGRAM SERVICES EXPENSE			
Archaeology Project	61,842.46	59,180.29	2,662.1
Educational Outreach/Curriculum Dev	7,146.14	5,420.00	1,726.1
Freedom Day	300.00	3,381.76	-3,081.7
Entertainment	4,900.00	182.41	4,717.5
Staging (deleted)		7,808.00	-7,808.0
Total Freedom Day	5,200.00	11,372.17	-6,172.1
Griot's Corner Expense	246.43	2,523.77	-2,277.3
Holiday Event	-1,683.00	21,149.48	-22,832.4
Juneteenth Celebration	4,751.63	1,500.00	3,251.6
Juneteenth Celebration - Merchandise (deleted)	1,764.14		1,764.1
Juneteenth Celebration - Performance	19,685.06	5,300.00	14,385.0
Juneteenth Celebration-Staging Park	15,532.33	1,875.00	13,657.3
Total Juneteenth Celebration	41,733.16	8,675.00	33,058.1
Miscellaneous Indirect Program Costs		464.00	-464.0
Hospitality	397.88	347.46	50.4
Reenactments and Tours	400.00	200.00	200.0
Supplies	183.17	1,389.04	-1,205.8
Total Miscellaneous Indirect Program Costs	981.05	2,400.50	-1,419.4
MPP Anniversary Forum Expenses	3,200.00	3,300.00	-100.0
Program Marketing	167.76	10,925.00	-10,757.24
Anniversary Forum Marketing		3,000.00	-3,000.00
Freedom Day Marketing	4,700.00		4,700.00
General Project Marketing	8,150.00	6,977.28	1,172.7
Griot's Corner Marketing	2,250.00	6,450.00	-4,200.00
Holiday/Tree Lighting Marketing	24,138.00		24,138.0
Juneteenth Marketing	26,834.13	24,575.00	2,259.13

		TOTAL	
	JAN - DEC 2021	JAN - DEC 2020 (PY)	CHANGE
Master Plan Marketing	15,790.00	6,820.91	8,969.09
Total Program Marketing	82,029.89	58,748.19	23,281.70
Travel (deleted)	-350.00	11,796.66	-12,146.66
Total PROGRAM SERVICES EXPENSE	200,346.13	184,566.06	15,780.07
Total Expenditures	\$747,086.96	\$481,394.26	\$265,692.70
NET OPERATING REVENUE	\$ -92,897.85	\$653,028.15	\$ -745,926.00
NET REVENUE	\$ -92,897.85	\$653,028.15	\$ -745,926.00

	TOTAL
Revenue	
CONTRIBUTIONS, GIFTS & GRANTS	200.00
Direct Public Grants	4,500.00
Direct Public Support	
1862 Campaign	711.52
Gifts in Kind - Rental Space	7,000.00
Gifts In Kind-Exec Director Costs	50,000.00
Heritage Classic Foundation Match	600.00
Total Direct Public Support	58,311.52
Government Grants	
County A-Tax 2020	16,000.00
SC Grant	725,000.00
TOHH A-Tax 2019	15,178.92
TOHH A-Tax 2020	185,000.00
Total Government Grants	941,178.92
Sponsorships Donations & Pledges	
Board Pledges	10,000.00
Corporate Contributions	545.00
Individ, Business Contributions	84,972.67
Total Sponsorships Donations & Pledges	95,517.67
Total CONTRIBUTIONS, GIFTS & GRANTS	1,099,708.11
FUNDRAISING INCOME	
Blues and BBQ	
Blues and BBQ Admissions	1,500.00
Total Blues and BBQ	1,500.00
Total FUNDRAISING INCOME	1,500.00
INVESTMENT INCOME	
Interest - CFoLC	397.69
Interest - SouthState Checking	302.67
Total INVESTMENT INCOME	700.36
PROGRAM INCOME	
Freedom Day	500.00
Griot's Corner	20,000.00
Reenactments and Tours	1,575.25
Total PROGRAM INCOME	22,075.25
Rev Released from Restrictions	·
Restrictions Satisfied by Pymts	0.00
Total Rev Released from Restrictions	0.00
Total Revenue	\$1,123,983.72
GROSS PROFIT	\$1,123,983.72
Expenditures	Ψ.,.23,000.72
FUNDRAISING EXPENSES	
I UNUNAIOING EAFENGES	

	TOTAL
Blues and BBQ Expense	
Blues and BBQ Expense Entertainment	0.00
Blues and BBQ Expense-Staging Park	4,740.00
Total Blues and BBQ Expense	4,740.00
Grant Writing Expense	3,750.00
Total FUNDRAISING EXPENSES	8,490.00
MANAGEMENT & ADMINISTRATION	
Business Expenses	73.91
Administrative Fees - CFLC	2,056.19
Interest Expense	131.85
Square Fees	88.24
Total Business Expenses	2,350.19
Contract Services	
Accounting Fees	12,491.35
Fundraising Fees	17,500.00
Legal Fees	345.83
Payroll Processing Fee	71.11
Total Contract Services	30,408.29
Dues and Subscriptions	3,162.00
Facilities and Equipment	
Depr and Amort - Allowable	3,692.04
Donated Facilities	7,000.00
Park Maintenance	14,867.58
Property Insurance	5,592.22
Storage	413.62
Total Facilities and Equipment	31,565.46
Insurance - Liability, D and O	540.00
Other Types of Expenses	
Bank Fee	
Bank charges	39.00
Total Bank Fee	39.00
Marketing	24,360.50
Constant Contact	1,059.30
Marketing Supplies	76.86
Media Buy Radio/TV	1,000.00
Social Media	10,740.00
Strategic Planning	4,500.00
Total Marketing	41,736.66
Membership	170.00
Other Costs	
All Other Expenses	
Miscellaneous Expense	302.34

	TOTAL
Supplies	1,375.40
Total All Other Expenses	1,677.74
Travel and Meetings	307.73
Board Retreat and Training	1,461.99
Conference, Convention, Meeting	1,507.70
Total Travel and Meetings	3,277.42
Total Other Costs	4,955.16
Technology Upgrades	14,592.56
Telephone, Telecommunications	692.25
Total Other Types of Expenses	62,185.63
Paid Event/ Program Staff	
Executive Director Costs	97,137.68
Griot's Corner Coordinator	7,200.00
Health Insurance	2,473.64
Payroll Taxes	6,496.93
Program Manager Costs	46,000.00
Total Paid Event/ Program Staff	159,308.25
Printing and Postage	
Postage, Mailing Service	212.54
Printing and Copying	83.88
Total Printing and Postage	296.42
Website	228.00
Website Hosting	228.00
Total Website	456.00
Total MANAGEMENT & ADMINISTRATION	290,272.24
PROGRAM SERVICES EXPENSE	
Archaeology Project	59,180.29
Educational Outreach/Curriculum Dev	5,420.00
Freedom Day	3,381.76
Entertainment	182.41
Staging	7,808.00
Total Freedom Day	11,372.17
Griot's Corner Expense	
Griot's Corner Genl Expense	2,523.77
Total Griot's Corner Expense	2,523.77
Holiday Event	21,149.48
Juneteenth Celebration	1,500.00
Juneteenth Celebration - Performance	5,300.00
Juneteenth Celebration-Staging Park	1,875.00
Total Juneteenth Celebration	8,675.00
Miscellaneous Indirect Program Costs	464.00
Hospitality	347.46

	TOTAL
Reenactments and Tours	200.00
Supplies	1,389.04
Total Miscellaneous Indirect Program Costs	2,400.50
MPP Anniversary Forum Expenses	
MPP Anniversary Forum Genl Expenses	3,300.00
Total MPP Anniversary Forum Expenses	3,300.00
Program Marketing	10,925.00
General Project Marketing	6,977.28
Griot's Corner Marketing	6,450.00
Juneteenth Celebration Mktg	24,575.00
Master Plan Marketing	6,820.91
MPP Anniversary Forum Marketing	3,000.00
Total Program Marketing	58,748.19
Travel	11,796.66
Total PROGRAM SERVICES EXPENSE	184,566.06
Total Expenditures	\$483,328.30
NET OPERATING REVENUE	\$640,655.42
NET REVENUE	\$640,655.42

990

Return of Organization Exempt From Income Tax

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

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

2021 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Inspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information. For the 2021 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Mitchelville Preservation Project, Check if applicable: Address change Doing business as Historic Mitchelville Preservation 27-2308109 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 843-255-7300 Initial return PO Box 21758 Final return/ City or town, state or province, country, and ZIP or foreign postal code HILTON HEAD ISLAND SC 29925 654,188 **G** Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Ahmad Ward H(b) Are all subordinates included? If "No," attach a list. See instructions **X** 501(c)(3) ) (insert no.) 4947(a)(1) or 527 501(c) ( www.EXPLOREMITCHELVILLE.ORG H(c) Group exemption number ▶ Website: Year of formation: 2010 Form of organization: X Corporation Trust Association M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: See Schedule O Governance 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 Activities & 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) 3 6 Total number of volunteers (estimate if necessary) 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) 1,099,708 628,626 Revenue 9 Program service revenue (Part VIII, line 2g) 22,075 24,065 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,274 1,457 <u>-3,24</u>0 -5**,**459 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,123,817 648,689 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) .... 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 144,109 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 150,576 16a Professional fundraising fees (Part IX, column (A), line 11e) 17,500 210,000 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ ..... 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ...... 315,046 378,987 476,655 739,563 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 647,162 -90,874 19 Revenue less expenses. Subtract line 18 from line 12. Beginning of Current Year End of Year 5 1,095,484 987,556 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 28,048 10,994 22 Net assets or fund balances. Subtract line 21 from line 20 1,067,436 976,562 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 Sian Here Ahmad Ward Key Employee Type or print name and title Print/Type preparer's name Preparer's signature Check Paid David E Williams, CPA David E Williams, CPA 06/22/22 self-employed P01510199 Preparer Williams C.P.A., LLC 46-1684469 Firm's name Firm's EIN ▶ **Use Only** 840 William Hilton Pkwy Ste B 29928-3434 843-715-9568 Hilton Head, SC

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

-orm	990 (2021) MITCHEIVIIIE Pres	servation Pr	oject, 27	-2308IU9	Page 4
Pa	rt III Statement of Program Servi Check if Schedule O contains			nic Port III	X
1	Briefly describe the organization's mission:	a response or note	e to arry line in ti	115 Fait III	
_	ee Schedule O				
_	<del></del>				
2	Did the organization undertake any significant p	program services during	the year which were	not listed on the	
					Yes X No
	If "Yes," describe these new services on Scheo				
3	Did the organization cease conducting, or make	e significant changes in	how it conducts, any	program	Yes X No
	services?  If "Yes," describe these changes on Schedule (				Tes A No
4	Describe the organization's program service ac		of its three largest r	orogram services, as me	easured by
•	expenses. Section 501(c)(3) and 501(c)(4) orga			-	-
	the total expenses, and revenue, if any, for each			ŭ	•
a W M s 1	uneteenth is the oldest t was on June 19, 1865 rrived at Galveston, Terere now free. MPP host itchelville Freedom Partage performances and cook at Historic Mitchelistory, and education five performances.	when union on a control of the contr	officer Mays that the Luneteent ogram highlyramming the promotes A	jor General war had en th celebrati lights the p nat gives vi frican Ameri	Gordon Granger ded and all slaves on in Historic ark and features sitors a unique can culture,
	·				
S	ee Schedule O	including			evenue \$
h	oliday Event - Community oliday season with ente istoric Mitchelville Fr	y event for rtainment an	the entire		
4d	Other program services (Describe on Schedule				
		ding grants of \$		) (Revenue \$	)
4e	Total program service expenses ▶	309,814			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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			37
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۱ ـ		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		x	
_	complete Schedule D, Part III	8		
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			
		9		х
10	debt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<del>"</del>		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
••	VII, 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 "Yes,"</i>			
_	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		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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	١.,		37
	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	4-		
40	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	40	x	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	_^	+
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		x
200	If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<del>  ^</del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
۱ ۵	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	democracy government on Factors, constituting, into T: II Too, complete concedure i, I also I alia II			

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 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b 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 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 27 X 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 A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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. Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 16 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable **b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and X reportable gaming (gambling) winnings to prize winners?

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)			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	3	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	S.				
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	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	acco	unt)?	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 A	ccour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\dots$			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?		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 the	е				
	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 contribution	ns 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 g	oods				
				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	S				
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	1?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For			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	d by th	ne			
				8		
9	Sponsoring organizations maintaining donor advised funds.					
а				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:		I			
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		4		
11	Section 501(c)(12) organizations. Enter:		1			
а	Gross income from members or shareholders	11a		4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources	441				
40-	against amounts due or received from them.)	11b	<u> </u>	10-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		·	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		$\dashv$		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?			120		
а				13a		
b	<b>Note:</b> 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					
b	· · · · · · · · · · · · · · · · · · ·	12h				
•	the organization is licensed to issue qualified health plans	13b 13c		$\dashv$		
C 140	Enter the amount of reserves on hand			14a		х
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			140		
13	and the second s			15		х
	excess parachute payment(s) during the year?			13		Λ
16	If "Yes," see instructions and file Form 4720, Schedule N.	inace	202	16		х
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes" complete Form 4720. Schedule O	II ICON	IC:	10		
17	If "Yes," complete Form 4720, Schedule O.  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.			.,		

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

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	16			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by t	he 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					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Int	<u>ernal</u>	Revenue	Code.	)	
					Yes	
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	orm?	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 ris	e to co	onflicts?	12b	Х	
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	X	
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?					
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		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed SC					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (s	ection	5U1(C)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
40	Own website Another's website X Upon request Other (explain on Schedule O)		Para a P			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	est po	licy, and			
20	financial statements available to the public during the tax year.	nde 🏲				
20 Ma	State the name, address, and telephone number of the person who possesses the organization's books and reco	ias 🟲				
	elody Irvin PO Box 21758 Ilton Head Island SC 2992	5	0.4	3-25	5_7	300
	Iton Head Island SC 2992	ر.	04	<u> </u>	<u> </u>	<u> </u>

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

- 1				
- 1	Check this box if neither the organization no	or any related organization	company and current office	ar diractor or tructaa
- 1		oi aity telateu organization	COMPENSALED ANY CURTER OFFICE	zi. ulicului. Ul liusicc.

(A) Name and title	(B) Average hours per week	box	, unle	ess pe nd a d	ition more rson i directo	than one s both ar or/trustee	in 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) Ahmad Ward										
	40.00								_	
Key Employee	0.00			X				100,000	0	0
(2)Jamie Berndt										
57	2.00								_	
Director	0.00	X						0	0	0
(3) Margot Brown	2.00									
Dime at an	0.00	$ \mathbf{x} $						o	0	0
Director (4) Ochieng Ubri Car		^						0	0	<u> </u>
(4) Ochreng Obri Car	4.00									
Director	0.00	$ \mathbf{x} $						0	0	0
(5) Carlton Dallas	0.00	122								
(5) CGI I COII DGI I G	2.00									
Director	0.00	$ \mathbf{x} $						0	0	0
(6) Herbert Ford										
(-)	2.00									
Director	0.00	$ \mathbf{x} $						0	0	0
(7) Hester Hodde										
•	2.00									
Director	0.00	x						0	0	0
(8) Kirsten Hotchkis	<b>3</b> S									
	2.00									
Director	0.00	X						0	0	0
(9) Didi Summers, PI										
	2.00									
Director	0.00	X						0	0	0
(10) Anna Ponder PhD										
	2.00	.						_	_	_
Director	0.00	X						0	0	0
(11) Michael Scioscia										
	2.00	.						_	_	
Director	0.00	X						0	0	Form <b>990</b> (2021)

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Part VII Section A. Officers	s, Directors, Tru	stee	es, K	ey E	mpl	oyee	es, a	nd Highest Compensated	Employees (continued)	т——			
					C)								
(A)	(B)	(d	lo not		ition more	than c	one	(D)	(E)		(F)		
Name and title	Average	bo	x, unl	ess pe	erson i	is both	an	Reportable	Reportable	Est	imated		
	hours per week				directo	or/trust	ee)	compensation from the	compensation from related	, c	of oth compens		
	(list any	Individual or director	nsti	Officer	Key	e High	Former	organization (W-2/	organizations (W-2/		from t	he	
	hours for related	lirect	Institutional	βĕ	em	lest	ner	1099-MISC/	1099-MISC/		ganizatio ed orga		
	organizations	or tr	. –		employee	Com		1099-NEC)	1099-NEC)	Totale	ca orga	inzation	3
	below	trustee	trustee		ee	Highest compensated employee							
	dotted line)		ee			ated							
(12) Raymond Werts	\$												
	2.00												
Director	0.00	X						0	0				(
(13) Lola Campbell	i.												
	4.00												
Vice Chairperson	0.00			X				0	0				(
(14) Melody Irvin													
	4.00												
Treasurer	0.00			X				0	0				(
(15) Thomas C Barr													
	2.00												
Chairman Emeritus	0.00			x				0	0				(
(16) Gloria Holmes									-				
, , , , , , , , , , , , , , , , , , , ,	4.00												
Secretary	0.00			x				0	0				(
(17) Shirley Peter													
(17) BILLICY TOOL	4.00												
Chairperson	0.00			x				0	0				(
Chariperson	0.00		+	<u> </u>		1			0	<b>-</b>			
			-										
								100 000					
1b Subtotal							<b>•</b>	100,000					
c Total from continuation shee	•							100 000					
d Total (add lines 1b and 1c)						<u></u>	<u> </u>	100,000	•	<u> </u>			
2 Total number of individuals (in				thos	e lis	ted a	bove	e) who received more than	\$100,000 of				
reportable compensation from	the organization	1 🚩	<u> </u>									Yes	No
3 Did the organization list any fo	ormer officer, dir	ecto	r, tru	stee	, ke	/ emi	ploye	ee, or highest compensated	d	ſ			
employee on line 1a? If "Yes,"	" complete Sche	dule	J fo	suc	h in	dividu	ial				3		X
4 For any individual listed on line	e 1a, is the sum	of r	epor	table	con	npens	satio	n and other compensation	from the				1
organization and related organ													v
<ul><li>individual</li><li>5 Did any person listed on line 1</li></ul>											4		X
5 Did any person listed on line 1 for services rendered to the or											5		х
Section B. Independent Contracto		03,	COII	ipicio	, 00	ricuu	10 0	tor such person					
1 Complete this table for your five		ensa	ated	inde	oend	lent o	contr	actors that received more	than \$100,000 of				
compensation from the organization	zation. Report co							lar year ending with or with	in the organization's tax ye	ear.			
Name and	(A) business address							Descrint	(B) ion of services		Co	(C) mpensat	ion
Name and	business uddress							Dosario	ion or services		001	пропои	OII
							t						
							+						
							$\vdash$			+			
							-						
2 Total number of independent	contractors (c. 1	٠۵:-		n - '	lies'	- بام	41	on listed observal with a		$\rightarrow$			
2 Total number of independent of received more than \$100,000								se listed above) who	0				
10001100 HIGH \$100,000	J. John Por Idadiol			~ ~ (	ے ۱۱ اس		. 🛩		U				

MITCHELVILL 06/22/2022 11:46 AM Form 990 (2021) Mitchelville Preservation Project, 27-2308109 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (A) Total revenue (D) Revenue excluded (B) Related or exempt Unrelated function revenue from tax under husiness revenue sections 512-514 Gifts, Grants ilar Amounts 1a Federated campaigns ..... 1a **b** Membership dues ..... 1b c Fundraising events ..... 1c 21,601 **d** Related organizations ..... 1d e Government grants (contributions) 249,732 **f** All other contributions, gifts, grants, 357,293 and similar amounts not included above ...... 1f g Noncash contributions included in 1g lines 1a-1f ..... 628,626 h Total. Add lines 1a-1f. Business Code 19,245 19,245 Juneteenth Program Service Revenue 4,000 4,000 Griot's Corner Reenactments & Tours 820 820 f All other program service revenue ..... 24,065 g Total. Add lines 2a-2f  $\blacktriangleright$ 3 Investment income (including dividends, interest, and other similar amounts) 1,457 1,457 Income from investment of tax-exempt bond proceeds Royalties ..... (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 7a other than inventory **b** Less: cost or other Other Revenue basis and sales exps. 7c c Gain or (loss) d Net gain or (loss) ..... **8a** Gross income from fundraising events (not including \$ ..... 21,601 of contributions reported on line 1c). See Part IV, line 18 ... 40 **b** Less: direct expenses ..... 5,499 -5,459 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 ......

0

Miscellaneous Revenue **b** Less: direct expenses .....

**10a** Gross sales of inventory, less returns and allowances ......

**b** Less: cost of goods sold ......

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

Total revenue. See instructions .

c Net income or (loss) from gaming activities

c Net income or (loss) from sales of inventory

d All other revenue

9b

10a

10b

Business Code

648,689

25,522

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all

Sect	Check if Schedule O contains a respons			olete column (A).	
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C)	(D)
	Pb, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2					
	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				
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	139,876	23,779	103,508	12,589
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	10,700	1,819	7,918	963
11	Fees for services (nonemployees):				
а	Management				
b		418		418	
С	Accounting	24,348		24,348	
d					
е	Professional fundraising services. See Part IV, line 17	210,000			210,000
f	Investment management fees				
g	, J				
	(A) amount, list line 11g expenses on Schedule O.)	30,307	30,307		
12	Advertising and promotion	113,707	82,030	31,677	
13	Office expenses	10,697	560	10,137	
14	Information technology	17,151	17,151		
15	Royalties			1.1.100	
16	Occupancy	50,569	31,941	16,608	2,020
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4 252	0.044	2 - 2 - 2	
19	Conferences, conventions, and meetings	4,370	2,244	2,126	
20	Interest				
21	Payments to affiliates	1 660	1 660		
22	Depreciation, depletion, and amortization	1,669	1,669	B 43B	
23	Insurance	7,437		7,437	
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.)	61 042	61 042		
a	Archaeology Project	61,842	61,842		
b	Juneteenth Event Educational Outreach	40,049	40,049 7,146		
C	· · · · · · · · · · · · · · · · · · ·		5,200		
d	Freedom Day	5,200	4,077		
	All other expenses	4,077 739,563	309,814	204,177	225,572
25 26	Total functional expenses. Add lines 1 through 24e	139,303	309,014	4U7,1//	443,314
_0	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

					(A)		(B)					
					Beginning of year		End of year					
	1	Cash—non-interest-bearing			88	1	88					
	2	Savings and temporary cash investments		995,762	2	674,221						
	3	Pledges and grants receivable, net	81,363	3	297,645							
	4	Accounts receivable, net		4								
	5	Loans and other receivables from any current or former	nd other receivables from any current or former officer, director,									
		trustee, key employee, creator or founder, substantial co										
		controlled entity or family member of any of these perso		5								
	6	Loans and other receivables from other disqualified pers										
ţ		under section 4958(f)(1)), and persons described in sec	6									
Assets	7	Notes and loans receivable, net				7						
⋖	8	Inventories for sale or use				8						
	9	Prepaid expenses and deferred charges			2,316	9	1,316					
1	I0a	Land, buildings, and equipment: cost or other										
		basis. Complete Part VI of Schedule D	10a	25,462								
	b	Less: accumulated depreciation	10b	21,176	5,955	10c	4,286					
1	11	Investments—publicly traded securities		11								
1	12	Investments—other securities. See Part IV, line 11		12								
1	13	Investments—program-related. See Part IV, line 11 $\dots$			13							
1	14	Intangible assets				14						
1	15			10,000	15	10,000						
1	16	Total assets. Add lines 1 through 15 (must equal line 3)		1,095,484	16	987 <b>,</b> 556						
1	17	Accounts payable and accrued expenses			13,237	17	10,994					
1	18	Grants payable		18								
1	19	Deferred revenue	14,811	19								
2	20	Tax-exempt bond liabilities		20								
2	21	Escrow or custodial account liability. Complete Part IV of	f Schedule D	) <u> </u>		21						
တ္က 2	22	Loans and other payables to any current or former office	er, director,									
Liabilities		trustee, key employee, creator or founder, substantial co										
jap		controlled entity or family member of any of these perso	ns			22						
<b>-</b>   2	23	Secured mortgages and notes payable to unrelated third	d parties			23						
2	24	Unsecured notes and loans payable to unrelated third p	arties			24						
2	25	Other liabilities (including federal income tax, payables t	o related thir	d								
		parties, and other liabilities not included on lines 17-24).	Complete Pa	art X								
		of Schedule D				25						
2	26	Total liabilities. Add lines 17 through 25			28,048	26	10,994					
		Organizations that follow FASB ASC 958, check here	∍ ► X									
88		and complete lines 27, 28, 32, and 33.										
Fund Balances	27				1,067,436	27	976,562					
8 2	28	Net assets with donor restrictions	<u></u>		28							
립		Organizations that do not follow FASB ASC 958, che	ck here									
		and complete lines 29 through 33.										
0 2	29	Capital stock or trust principal, or current funds			29							
Set 3	30	Paid-in or capital surplus, or land, building, or equipmen				30						
Net Assets or	31	Retained earnings, endowment, accumulated income, o				31						
<b>₹</b> 3	32	Total net assets or fund balances			1,067,436	32	976,562					
	33	Total liabilities and net assets/fund balances			1,095,484	33	987 <b>,</b> 556					

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		548,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		739,	
3	Revenue less expenses. Subtract line 2 from line 1	3		-90,	874
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,0	67,	436
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		976,	562
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	<u>. Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990:				
	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	$\perp$	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?		20		
	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		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

#### 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.

2021

Open to Public Inspection

Mitchelville Preservation Project, Employer identification number Name of the organization Inc. 27-2308109 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 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 III, 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).

(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
organization	(11) = 11	(described on lines 1–10	(iv) Is the organization listed in your governing			other support (see
•		above (see instructions))	docu	ment?	instructions)	instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Schedule A (Form 990) 2021 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	Tialis to quality	under the test	is listed below,	please comple	ete i ait iii.)	
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	205,334		579,318	,,	, ,	V
2	Tax revenues levied for the organization's benefit and either paid	203,334	365,145	5/9,310	1,099,708	628,626	2,878,131
	to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	6,900	6,900	6,900			20,700
4	Total. Add lines 1 through 3	212,234	372,045	586,218	1,099,708	628,626	2,898,831
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						2,898,831
	tion B. Total Support		,	,	,		
Caler	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
7	Amounts from line 4	212,234	372,045	586,218	1,099,708	628,626	2,898,831
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	105	624	1,429			2,158
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.)		730	30			760
11	<b>Total support</b> . Add lines 7 through 10						2,901,749
12	Gross receipts from related activities, etc.	(see instructions)				12	178,090
13	First 5 years. If the Form 990 is for the o	rganization's first, s	econd, third, fourth	n, or fifth tax year a	as a section 501(c)	)(3)	
	organization, check this box and stop her						<u></u>
Sec	tion C. Computation of Public Se	<del></del>					
14	Public support percentage for 2021 (line 6			n (f))			99.90 %
15	Public support percentage from 2020 Scho	,,					99.88%
16a	33 1/3% support test—2021. If the organ				33 1/3% or more, o	check this	<b>⊾</b> 5
	box and <b>stop here.</b> The organization qual						▶ <u>X</u>
b	33 1/3% support test—2020. If the organ			nization			
17a	this box and <b>stop here</b> . The organization <b>10%-facts-and-circumstances test—202</b>						
11a	10% or more, and if the organization mee	=					
	Part VI how the organization meets the fa						
	organization		_				▶□
b	10%-facts-and-circumstances test—202						······
	15 is 10% or more, and if the organization	· ·		•			
	in Part VI how the organization meets the				-	•	
	organization						▶ □
18	<b>Private foundation.</b> If the organization did instructions	d not check a box of	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	ee	▶ □

Page 2

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

Sec	etion A. Public Support	quality under	the tests listed	below, please	complete Part	11.)	
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	.,		, ,	,		
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						
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						
7a							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sec	tine 6.)						
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
9	Amounts from line 6	(4) = 4 + 1	(0, 2010	(0, =0.10	(0, =0=0	(0, ===	(-)
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
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.)						
14	First 5 years. If the Form 990 is for the or	rganization's first, s					, _
500	organization, check this box and stop here						·····
				mn (f))		15	%
16	Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))  Public support percentage from 2020 Schedule A, Part III, line 15						
	ction D. Computation of Investme					16	%
17	Investment income percentage for 2021 (li			3. column (f))		17	%
18	Investment income percentage from 2020 S	Schedule A. Part I	II. line 17	o, oolariir (i))		18	%
19a	33 1/3% support tests—2021. If the organ	nization did not ch	neck the box on line	e 14, and line 15 is	more than 33 1/3		, ,,
	17 is not more than 33 1/3%, check this bo						▶ □
b	33 1/3% support tests—2020. If the organ	-	=				_
	line 18 is not more than 33 1/3%, check th	is box and <b>stop h</b>	ere. The organizat	tion qualifies as a	publicly supported	organization	▶ ∟
20	Private foundation. If the organization did	d not check a box	on line 14, 19a, or	19b, check this bo	ox and see instruc	tions	▶ [

#### Part IV **Supporting Organizations**

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

#### Section A. All Supporting Organizations

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

		Yes	No
		162	INO
	1		
	2		
	2-		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	6		
	7		
	8		
	9a		
	9b		
	00		
	9с		
	10a		
	10b		
Sche	edule A	(Form 9	90) 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		
С	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	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			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization expects for the benefit of any supported organization other than the supported.	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	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Secti	supported organizations played in this regard. on 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 instr	uctions)	L	
2	Activities Test. Answer lines 2a and 2b below.	ĺ	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		
р	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III N	aonizo	tions		
			Pag	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on N		` '		
instructions. All other Type III non-functionally integrated supporting organizations mu	ist comp	iele Sections A through E		
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year	
			(optional)	
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3.	4			
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or collection				
of gross income or for management, conservation, or maintenance of				
property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1 Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year):				
a Average monthly value of securities	1a			
<b>b</b> Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other factors				
(explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d.	3			
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
see instructions).	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by 0.035.	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C – Distributable Amount			Current Year	
1 Adjusted net income for prior year (from Section A, line 8, column A)	1			
2 Enter 0.85 of line 1.	2			
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4 Enter greater of line 2 or line 3.	4			
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				
emergency temporary reduction (see instructions).	6			
7 Check here if the current year is the organization's first as a non-functionally integrated		I supporting organization	1	

Schedule A (Form 990) 2021

(see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2021 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 **a** From 2016 **b** From 2017 **c** From 2018 ..... **d** From 2019 **e** From 2020 f Total of lines 3a through 3e **g** Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2022. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 .... c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule A (Form 990) 2021

Schedule A (For	m 990) 2021	Mito	chelville	Preservat:	ion Project,	27-2308109	Page 8
Part VI	III, line 12; I B, lines 1 at 3a, and 3b;	Part IV, Section nd 2; Part IV, S Part V, line 1;	A, lines 1, 2, 3 section C, line Part V, Section	3b, 3c, 4b, 4c, 5a 1; Part IV, Section B, line 1e; Part	a, 6, 9a, 9b, 9c, 11a, n D, lines 2 and 3; F	10; Part II, line 17a or 11b, and 11c; Part IV, Part IV, Section E, lines 5, 6, and 8; and Part V, instructions.)	Section 1c, 2a, 2b,
Dart T	T Line	10 - Othe	r Income	Detail			
F.G.T.C	1, 11116	10 - 00116					
				\$	760		
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•							

#### 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 Mitchelville Preservation Project, Inc. 27-2308109 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year \_\_\_\_\_ Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ ...... Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X .....

Schedule D (Form 990) 2021 MICCHEIV:	lite Preser	vation Pro	ject,	2/-230	ретоэ	Page <b>Z</b>
Part III Organizations Maintaining	g Collections of A	Art, Historical T	reasures,	or Other S	Similar Ass	sets (continued)
3 Using the organization's acquisition, access collection items (check all that apply):	ion, and other records,	check any of the fo	ollowing that n	nake significar	nt use of its	
a Public exhibition	d 🗌 L	oan or exchange pr	ogram			
b Scholarly research	e 🗌 O	Other				
c Preservation for future generations						
4 Provide a description of the organization's of	collections and explain h	how they further the	organization'	s exempt purp	pose in Part	
XIII.						
5 During the year, did the organization solicit	or receive donations of	art, historical treas	ures, or other	similar		
assets to be sold to raise funds rather than	to be maintained as pa	art of the organization	n's collection	?		Yes X No
Part IV Escrow and Custodial A	rrangements.					
Complete if the organizatio 990, Part X, line 21.	n answered "Yes"	on Form 990, F	Part IV, line	9, or repo	rted an am	ount on Form
1a Is the organization an agent, trustee, custoo	tian or other intermedia	ary for contributions	or other asse	ts not		
						☐ Yes ☐ No
included on Form 990, Part X? <b>b</b> If "Yes," explain the arrangement in Part XII						[ 163 [ 140
b ii res, explain the arrangement in rait XII	i and complete the folio	Jwing table.				Amount
c Reginning halance					1c	7.11104111
c Beginning balance					1d	
d Additions during the year						
e Distributions during the year						
<ul><li>f Ending balance</li><li>2a Did the organization include an amount on</li></ul>	Form 000 Port V line	21 for approve or as	otadial assau	nt linbility?		Yes No
<b>b</b> If "Yes," explain the arrangement in Part XII						
Part V Endowment Funds.	i. Check here ii the exp	Dianation has been p	Jiovided on F	ait Aiii		
Complete if the organization	n answered "Ves"	on Form 990 E	Part IV/ line	10		
Complete if the organization	(a) Current year	(b) Prior year	(c) Two ye		(d) Three years b	ack (e) Four years back
4a Barianian of man halance	(a) Current year	(b) Filor year	(c) Two ye	ars back	(d) Three years b	ack (e) Four years back
1a Beginning of year balance			+			
<b>b</b> Contributions						
c Net investment earnings, gains, and						
losses			_			
d Grants or scholarships						
e Other expenditures for facilities and						
programs			-			
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of the cur	rrent year end balance	(line 1g, column (a)	) held as:			
a Board designated or quasi-endowment ▶	%					
<b>b</b> Permanent endowment ▶%						
c Term endowment ▶ %						
The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.					
3a Are there endowment funds not in the poss	ession of the organizati	on that are held and	d administered	d for the		
organization by:						Yes No
(i) Unrelated organizations						3a(i)
(ii) Related organizations						3a(ii)
<b>b</b> If "Yes" on line 3a(ii), are the related organize	zations listed as require	ed on Schedule R?				3b
4 Describe in Part XIII the intended uses of the						
Part VI Land, Buildings, and Equ	ıipment.					
Complete if the organizatio	n answered "Yes"	on Form 990, P	art IV, line	11a. See I	Form 990,	Part X, line 10.
Description of property	(a) Cost or other ba	sis (b) Cost or	other basis	(c) Accu	ımulated	(d) Book value
	(investment)	(otl	her)	depred	ciation	
1a Land						
<b>b</b> Buildings						
c Leasehold improvements						
d Equipment						
e Other			25,462		21,176	4,286
<b>Total.</b> Add lines 1a through 1e. (Column (d) must		X, column (B), line 1				4,286

Part VII	Investments - Other Securities.	5 000 B ( N/ !	441 0 5 000	D 1 V 1 10
	Complete if the organization answered "Yes" on			
	(a) Description of security or category	(b) Book value	(c) Method o	
	(including name of security)		Cost or end-of-year	ar market value
(1) Financial	derivatives			
(2) Closely he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.	ı		
	Complete if the organization answered "Yes" on	Form 990 Part IV lin	ne 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-year	
(4)			1	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, lir	<u>ne 11d. See Form 990,</u>	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, col. (B) line 15.)		<b>&gt;</b>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, lin	ne 11e or 11f. See Forr	n 990, Part X,
	line 25.	,		
1.	(a) Description of liability			(b) Book value
	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) T-1-1 (O-1)	(h) more to more France 000 Post (1/10) (1/10) (1/10)		<u> </u>	
	n (b) must equal Form 990, Part X, col. (B) line 25.)		<b>_</b>	
∠. Liability for	uncertain tax positions. In Part XIII, provide the text of the foo	tnote to the organization's	•	

Pa	Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form			
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		·····	
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Donated services and use of facilities	2c		
d	Recoveries of prior year grants  Other (Describe in Part XIII.)	2d		
e	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 VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.,	)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial S			
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)			
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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	/	4b	4-	
_	A del Para Array del Ala			
	Add lines 4a and 4b  Total expenses, Add lines 3 and 4c. (This must equal Form 000, Part Lline 1)	 o I	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	B.)		
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information.	8.)	5	
<b>5</b> <b>Pa</b> Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4.	3.); Part IV, lines 1b and 2b; P	art V, line 4; Part X, line	
<b>5</b> <b>Pa</b> Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information.	3.); Part IV, lines 1b and 2b; P	art V, line 4; Part X, line	
<b>5</b> <b>Pa</b> Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4.	3.); Part IV, lines 1b and 2b; P	art V, line 4; Part X, line	
<b>5</b> <b>Pa</b> Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4.	3.); Part IV, lines 1b and 2b; P	art V, line 4; Part X, line	
<b>5</b> <b>Pa</b> Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4.	3.); Part IV, lines 1b and 2b; P	art V, line 4; Part X, line	
Pa Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; P provide any additional inforr	art V, line 4; Part X, line nation.	
Pa Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4.	; Part IV, lines 1b and 2b; P provide any additional inforr	art V, line 4; Part X, line nation.	
Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; P provide any additional inforr	art V, line 4; Part X, line nation.	
Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; P provide any additional inforr	art V, line 4; Part X, line nation.	
Pa Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	9.) ; Part IV, lines 1b and 2b; P provide any additional inforr	art V, line 4; Part X, line nation.	
Pa Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	9.) ; Part IV, lines 1b and 2b; P provide any additional inforr	art V, line 4; Part X, line nation.	
Provided the state of the state	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; P provide any additional inforr	art V, line 4; Part X, line nation.	
Provided the state of the state	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; P provide any additional inforr	art V, line 4; Part X, line nation.	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; P provide any additional inforr	art V, line 4; Part X, line nation.	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; P provide any additional inforr	art V, line 4; Part X, line nation.	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	(Part IV, lines 1b and 2b; P provide any additional inforr	art V, line 4; Part X, line nation.	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	(Part IV, lines 1b and 2b; P provide any additional inforr	art V, line 4; Part X, line nation.	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; P provide any additional inforr	art V, line 4; Part X, line nation.	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; P provide any additional inforr	art V, line 4; Part X, line nation.	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; P provide any additional inforr	art V, line 4; Part X, line nation.	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; P provide any additional inforr	art V, line 4; Part X, line nation.	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; P provide any additional inforr	art V, line 4; Part X, line nation.	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	; Part IV, lines 1b and 2b; P provide any additional inforr	art V, line 4; Part X, line nation.	
5 Pa Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; P provide any additional inforr	art V, line 4; Part X, line nation.	

Schedule D (Fe	orm 990) 2021 🛚 🛚	Mitchelville	Preservation	Project,	27-2308109	Page <b>5</b>
Part XIII	Supplementa	I Information (con	Preservation tinued)			
	• • • • • • • • • • • • • • • • • • • •	,	/			
• • • • • • • • • • • • • • • • • • • •						
•						

#### SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public

Mitchelville Preservation Project, Name of the organization

Employer identification number 27-2308109

Part I Fundraising Activities. Complete if Form 990-EZ filers are not required to	the organization	on ar	nswe rt	red "Yes" on Form	n 990, Part IV, line			
1 Indicate whether the organization raised funds through a				Check all that apply.		_		
a Mail solicitations	e Solicitation	of no	n-gov	ernment grants				
b Internet and email solicitations	f Solicitation		_	=				
c Phone solicitations								
d In-person solicitations	g openiar rain	araion	ng ov	onto				
2a Did the organization have a written or oral agreement w	rith any individual (	incluc	dina of	fficers directors truste	es.			
or key employees listed in Form 990, Part VII) or entity	in connection with	profe	ssiona	al fundraising services	?	Yes X No		
b If "Yes," list the 10 highest paid individuals or entities (fu compensated at least \$5,000 by the organization.	ındraisers) pursuar	nt to a	green	nents under which the	fundraiser is to be			
compensated at least \$5,000 by the organization.			id fund-		(v) Amount paid to	(vi) Amount paid to		
(i) Name and address of individual	(ii) Activity	custo	have ody or	(iv) Gross receipts	(or retained by)	(or retained by)		
or entity (fundraiser)	()		rol of utions?	from activity	fundraiser listed in col. (i)	organization		
		Yes	No					
1								
2								
3								
4								
5								
6								
7								
8								
9								
0								
Total								
3 List all states in which the organization is registered or li registration or licensing.	censed to solicit c	ontrib	utions	or has been notified in	t is exempt from			
registration of heatisting.								

Schedule G (Form 990) 2021 Mitchelville Preservation Project, 27-2308109 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with

		gross receipts of	greater than \$5,000.			
			(a) Event #1  Blues and BBQ	(b) Event #2	(c) Other events  None	(d) Total events (add col. (a) through col. (c))
une			(event type)	(event type)	(total number)	coi. (c))
Revenue	1	Gross receipts	21,641			21,641
	2	Less: Contributions	21,601			21,601
	3	Gross income (line 1 minus line 2)	40			40
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
rect E						
⊡	8	Entertainment				
	9	Other direct expenses	5,499			5,499
	10	Direct expense summary.	Add lines 4 through 9 in column (c	d)	<b>.</b>	5,499
	11 art	Net income summary. Su	btract line 10 from line 3, column (or plete if the organization answers	<u>wered "Ves" on Form 990</u>	Part IV line 19 or ren	-5,459
	art		rm 990-EZ, line 6a.	wered res on rollingso	, raitiv, inc 15, or 1cp	orted more than
anı			(a) Bingo			
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Bingo	, ,	(c) Other gaming	
		Gross revenue  Cash prizes	(a) Bingo	, ,	(c) Other gaming	
	2		(a) Bingo	, ,	(c) Other gaming	
ct Expenses	2	Cash prizes  Noncash prizes	(a) Bingo	, ,	(c) Other gaming	
Expenses	3 4	Cash prizes  Noncash prizes  Rent/facility costs	(a) Bingo	, ,	(c) Other gaming	
ct Expenses	3 4	Cash prizes  Noncash prizes	(a) Bingo	, ,	(c) Other gaming	
ct Expenses	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs		bingo/progressive bingo		
ct Expenses	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes%	bingo/progressive bingo  Yes %  No	Yes %	
ct Expenses	2 3 4 5 6	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.	Yes % No  Add lines 2 through 5 in column (column (col	Yes % No	Yes % No	
ct Expenses	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summ	Yes % No  Add lines 2 through 5 in column (conary. Subtract line 7 from line 1, co	Yes % No  No  Jumn (d)	Yes % No	
Direct Expenses	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summ  ter the state(s) in which the organization licensed to	Yes % No  Add lines 2 through 5 in column (conary. Subtract line 7 from line 1, cone organization conducts gaming act to conduct gaming activities in each	Yes % No  No  llumn (d)  tivities: of these states?	Yes % No	col. (a) through col. (c)
Direct Expenses	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summ  ter the state(s) in which the organization licensed to	Yes % No  Add lines 2 through 5 in column (or hary. Subtract line 7 from line 1, core organization conducts gaming active states and the second states are supplied to the secon	Yes % No  lumn (d)  tivities: of these states?	Yes % No	col. (a) through col. (c)
d a b	2 3 4 5 6 7 8 En Is	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summ  ter the state(s) in which the the organization licensed to tho," explain:	Yes % No  Add lines 2 through 5 in column (conary. Subtract line 7 from line 1, cone organization conducts gaming activities in each	Yes % No  No  lumn (d)  tivities: of these states?	Yes % No	col. (a) through col. (c)
Direct Expenses	2 3 4 5 6 7 8 En Is :	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summ  ter the state(s) in which the the organization licensed to tho," explain:	Yes % No  Add lines 2 through 5 in column (conary. Subtract line 7 from line 1, cone organization conducts gaming activities in each	Yes % No  No  lumn (d)  tivities: of these states?	Yes % No	col. (a) through col. (c)
Direct Expenses	2 3 4 5 6 7 8 En Is :	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summary.  ter the state(s) in which the organization licensed to tho," explain:	Yes % No  Add lines 2 through 5 in column (conary. Subtract line 7 from line 1, cone organization conducts gaming activities in each	Yes % No  No  lumn (d)  tivities: of these states?	Yes % No	col. (a) through col. (c)

Sche	dule G (Form 990) 2021	Mitchelville	Preservation	Project,	27-2308109			F	Page 3
11	Does the organization condu	uct gaming activities with	nonmembers?					Yes	No
12	Is the organization a grantor						_		_
	formed to administer charita	ble gaming?		· 				Yes	☐ No
13	Indicate the percentage of g								ш
а	The organization's facility					13a			%
b	An outside facility					13b			<del></del> %
14	An outside facility	s of the nerson who prepa	res the organization's gami	ng/special events bo	oks and				
	records:	o and person who prope	iloo tilo organization o gami	ng/opeoidi evento be	iono ana				
	records.								
	Nama								
	Name								
	Addross								
	Address >								
45-	Dane the averagination have								
ısa	Does the organization have	•	,	0 0			$\Box$	V	<b>Пы</b>
	revenue?						Ш	Yes	∐ No
b	If "Yes," enter the amount of				and the				
	amount of gaming revenue r		<b>&gt;</b> \$						
С	If "Yes," enter name and add	dress of the third party:							
	Name								
	A.11								
	Address >								
4.0	Operations are a second in forms of the								
16	Gaming manager information	n:							
	Name &								
	Name								
	Oi	<b>\</b>							
	Gaming manager compensa	ation > \$							
	Description of continuous	: 🔈							
	Description of services prov	ided							
	Director/officer	☐ Employee	Independent centre	otor					
	Director/officer	Employee	Independent contra	CiOi					
17	Mandatan, diatributiona								
	Mandatory distributions:  Is the organization required	under etete leur te melre e	sharitable distributions from	the gening proceed	o to				
а				0 01				Voc	
h	retain the state gaming licer Enter the amount of distribut	tions required under state	low to be distributed to oth	or exempt ergenizeti			ш	Yes	∐ No
D		•		er exempt organizati	OHS OF				
Pa	spent in the organization's or t IV Supplemental		de the explanations re	nuired by Part I	line 2h columns (iii	) and (	//). a	nd	
. u			16, and 17b, as appli					i i u	
	See instruction		ro, and rro, ao appli	oabio: 7 1100 prov	ac any additional in	omati	0		
	Coo mondono								

#### 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

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. Open to Public Inspection

Name of the organization Employer identification number Mitchelville Preservation Project, 27-2308109

Form 990	- Organization's Mission							
Preservin	g the history of Mitchelville and preserving a historically							
significa	ignificant site; to reveal an American story of former slaves who created							
a culture	of sacrifice, resistence and resilience in a quest to define an							
inclusive	freedom.							

Form 990 - Additional Information

Part IV, Line 11g

The Other fees for services expense is contract labor paid for office help, program services, grant writing and fundraising assistance.

Form 990, Part III - Additional Information

Mitchelville Preservation Project started Griot's Corner in 2018 which is a literacy program for children pre-K through third grade.

Also new in 2018 is the Archaeology Dig at Mitchelville which will display excavated findings for the first large-scale dig lead by Brockington and Associates. The dig uncovered remains of old homes, wells and garbage pits, and recovered more than 20,000 artifacts representing the personal belongings, tools and household goods from the first self-governed Freed Slaves' Town in America, established on Hilton Head in 1862.

The Mitchelville Anniversary Forum started in 2018 is a one-day symposium that examines different aspects of the Mitchelville story and how it resonates in present time. Each year has a unique theme.

Form 990, Part III, Line 4b - Second Accomplishment

Schedule O (Form 990) 2021 Page 2

Name of the organization

Mitchelville Preservation Project,

Employer identification number

27-2308109

Archeology at Mitchelville Exhibition. In the fall of 1862, Major General Ornsby Mitchel, Commander of the Department of the South at Hilton Head Island, ordered the construction of a freedman's town to serve as a new home for thousands of former slaves who flocked to the island after it fell to union forces in November 1861. Mitchelville was more than a refugee camp. The town's new residents built their own homes with materials provided by the Union Army. They were responsible for creating their own government, enforcing town ordinances, establishing schools and ensuring that every child between the ages of 6 and 15 attended regularly.

Mitchelville proved that freed men and women could govern, sustain and educate themselves. Archeology at Mitchelville will display excavated findings from the first large-scale dig by Brockington and Associates. The dig uncovered remnants of old homes, wells and garbage pits, and recovered more than 20,000 artifacts.

Form 990, Part III, Line 4d - All Other Accomplishments

Mitchelville Anniversary Forum is a one-day symposium that examines aspects of the Mitchelville story and how it resonates in present time. The 2019

Anniversary Forum seeks to examine access and who has it. It looked at the issues revolving around historic and contemporary access in 21st century

America This session examined access to quality education, issues associated with health care and the growing political power of women, 100 years after gaining the right to vote in 1920.

Modeling our ancestors to grow and influence our community (MAGIC)

leadership program was designed to engage area high school students in discovering their own leadership abilities by exploring historical concepts

and participating in a variety of learning experiences. Lifelong learning

Schedule O (Form 990) 2021 Page 2

Name of the organization

Mitchelville Preservation Project,

Employer identification number

27-2308109

is a core value that is promoted to participants. MAGIC youth is designed to engage high school students in discovering their own leadership abilities by exploring lessons of Mitchelville and reconstruction and participating in a variety of learning experiences. MAGIC seeks to build the self-worth of participants by instilling pride in their area, based on the events of reconstruction and the history of Mitchelville; providing an opportunity for internal growth through interactive activities that encourage critical thinking and collaboration; and introducing the tools necessary for career advancement.

Griot's Corner is a literacy program at Historic Mitchelville Freedom Park designed for early readers from pre-K through third grade and welcomes classes of up to thirty children for the program under the big oak tree in Stories center on diversity with this year's special focus on relationships, story tellers, and will include guest readers from the community. The children will also share in activities like art, games, and music related to the theme. Historic Mitchelville, the site of the first mandatory education program in South Carolina in 1862, keeps the spirit of public education alive through the tradition of storytelling to help encourage the importance of literature in the understanding of all people. Freedom Day Celebration - Mitchelville Freedom Park is a network to freedom site recognizing the community as the 1st self-governing town of formerly enslaved people. In 1862, shortly before the Emancipation Proclamation was signed -- while most of the African-American population in the south was still enslaved -- the people of Mitchelville were busy creating a completely new, self-governed culture that would be the guidepost for generations to follow. These industrious new citizens build homes on neatly arranged streets, elected their own officials, developed laws, built

Schedule O (Form 990) 2021 Page 2

Name of the organization

Mitchelville Preservation Project,

Employer identification number

27-2308109

an economy, and implemented mandatory education for their children. In fact, the reports of the success of Mitchelville were so glowing, that the previous underground railroad freedom fighter, Harriet Tubman, was sent to Hilton Head to see this bustling town, so she could share the story of Mitchelville's self-governed success with future freedom towns.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Prior to filing, the Board of Directors reviews the Form 990.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The organization has a Conflicts of Interest policy and procedures to

monitor compliance with the Conflict of Interest policy and they are

reviewed regularly by the Board of Directors.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Executive Director is paid by an unrelated organization who determined
the compensation.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The Board of Directors will determine compensation based on an evaluation
of performance and local salary structure when compensation is given.

Form 990, Part VI, Line 18 - No Public Disclosure Explanation

The organization makes its Form 990 available for public inspection upon

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
The organization makes its documents required to be available for public

Schedule O (Form 990) 2021

Name of the organization  Mitchelizi11e	Preservation	Project	Employer identification number 27-2308109
	Preservacion	rioject,	27-2306109
inspection.			
			Page 4 of 4

Form **4562** 

**Depreciation and Amortization** 

(Including Information on Listed Property)

▶ Attach to your tax return.

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

OMB No. 1545-0172

27-2308109

Internal Revenue Service Name(s) shown on return Mitchelville Preservation Project, Identifying number

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. 1,050,000 Maximum amount (see instructions) 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) 2,620,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 1,050,000 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 (b) Cost (business use only) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 2,282 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.) 14 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 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A 1,669 MACRS deductions for assets placed in service in tax years beginning before 2021 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 (a) Classification of property (business/investment use (e) Convention (f) Method (a) Depreciation deduction only-see instructions) service 19a 3-year property b 5-year property C 7-year property 10-year property е 15-year property 20-year property 25-year property 25 vrs. Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L MM S/L 39 yrs. i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year S/L 12 yrs. 30-year 30 yrs. MM S/L 40-year MM S/L 40 yrs. Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 1,669 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

MITCHELVILL Mitchelville Preservation Project,
27-2308109 Federal Asset Report Form 990, Page 1

06/22/2022 11:46 AM

FYE: 12/31/2021

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonu	Basis s for Depr	Per Conv Meth	Prior	Current
Prior  1 2 3 4 5 6	MACRS: Sign - Speedy Sign Sign - Speedy signs Sign - Meeting Dynamics Theater Seating The Repertoire Computers - Gullah Great Computers Computer - Reidel	1/23/18 12/21/17 7/14/18 12/31/14 4/30/15 5/28/19	980 980 695 20,000 525 2,282 25,462		X X X X X X	669 566 438 10,000 262 0 11,935	7 HY S/L 7 HY S/L 7 HY S/L 7 HY S/L 5 HY S/L 5 HY S/L	311 414 257 15,770 473 2,282 19,507	96 81 63 1,429 0 0
	Grand Totals Less: Dispositions and Transfo Less: Start-up/Org Expense Net Grand Totals	ers 	25,462 0 0 25,462			11,935 0 0 11,935		19,507 0 0 19,507	1,669 0 0 1,669

MITCHELVILL Mitchelville Preservation Project,
27-2308109

Bonus Depreciation Report

FYE: 12/31/2021

Form	990,	Page	1

06/22/2022 11:46 AM

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	Sign - Speedy Sign	1/23/18	980		0	0	311	669
2	Sign - Speedy signs	12/21/17	980		0	0	414	566
3	Sign - Meeting Dynamics	7/14/18	695		0	0	257	438
4	Theater Seating The Repertoire	12/31/14	20,000		0	0	10,000	10,000
	Computers - Gullah Great Computers	4/30/15	525		0	0	263	262
6	Computer - Reidel	5/28/19	2,282		2,282	0	0	0
		Grand Total	25,462		0	0	11,245	11,935

FYE: 12/31/2021

**All Business Activities** 

06/22/2022 11:46 AM

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

MITCHELVILL Mitchelville Preservation Project, 27-2308109 Federal Statements 6/22/2022 11:46 AM

FYE: 12/31/2021

27-2308109

**Taxable Interest on Investments** 

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

Amount Obs (\$ or %)

1,457 1,457 Total

6/22/2022 11:46 AM

27-2308109

FYE: 12/31/2021

## **Federal Statements**

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

Description	E	Total Program Expenses Service			Management & General		Fund Raising	
Griot's Corner Coordinator Payroll processing fees Grant writing Outside Services	\$	6,000 1,186 10,400 12,721	\$	6,000 1,186 10,400 12,721	\$		\$ 	
Total	\$	30,307	\$	30,307	\$	0	\$	0

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

Description	E	Total Expenses		Program Service	Management & General		Fund Raising	
MPP Anniversary Misc. Griot's Corner	\$	2,850 981 246	\$	2,850 981 246	\$		\$	
Total	\$	4,077	\$	4,077	\$	0	\$	0

6/22/2022 11:46 AM

27-2308109

## **Federal Statements**

FYE: 12/31/2021

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

Description	Amount
	\$
Beaufort County ATax SC Parks & Recreation Grants TOHH A-Tax 2020 TOHH A-Tax 2021 Direct Public Grants MOU with TOHH for 2021 Corporate Contributions Individual Business Contributions Heritage Classic Foundation Match Memorials Gifts in kind Coastal Discovery Museum Paid wages of Executive Director	20,000 11,000 33,732 185,000 31,500 105,000 100,000 80,823 2,000 30,970 7,000
Blues and BBQ Cash Contribution Total	21,601 \$ 628,626

### Schedule A, Part II, Line 12 - Current year

Description	Amount
Griot's Corner Reenactments & Tours	\$ 4,000 820 1,457
Blues and BBQ Juneteenth Archeology at Mitchelville Holiday Event	1,137 40 19,245
Total	\$ 25,562

MITCHELVILL Mitchelville Preservation Project, 27-2308109 Federal Statements 6/22/2022 11:46 AM

27-2308109

FYE: 12/31/2021

### Blues and BBQ

### Other Direct Fundraising or Gaming Expenses

Description	 mount
Direct expenses Marketing	\$ 1,669 3,830
Total	\$ 5,499

### Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning

, and ending

# Mitchelville Preservation Project, 27-2308109 Inc.

Net Asset / Fund Balance at Begin					
Revenue					
Contributions	_	1,099,708			
Program service revenue	_	22,075 5,274			
Investment income	_	<b>5,274</b>			
Capital gain / loss	_				
Fundraising / Gaming:					
Gross revenue	1,500				
Direct expenses	4,740				
Net income	_	-3,240			
Other income	_	0			
Total revenue			1,:	L23,817	
Expenses					
Program services	_	290,250			
Management and general	_	158,158			
Fundraising	_	28,247			
Total expenses				476 <b>,</b> 655	
Excess / (deficit)					647,162
Changes					
Net Asset / Fund B	alance at End of Yo	ear			1,067,436
		ou.			
Reconciliation of F				Reconciliation o	of Expenses
otal revenue per financial statements		Total e			
otal revenue per financial statements ess:		Total e	expenses pe	r financial statem	of Expenses
otal revenue per financial statements ess: Unrealized gains		Total e Less: Do	expenses pe	r financial statem ces	of Expenses
otal revenue per financial statements ess: Unrealized gains Donated services		Total e Less: Do Pr	expenses pe onated servi	r financial statem ces	of Expenses
otal revenue per financial statements ess: Unrealized gains Donated services Recoveries		Total e Less: Do Pr	expenses pe onated servi ior year adju	r financial statem ces	of Expenses
otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other		Total e Less: Do Pr Lo	expenses pe onated servi	r financial statem ces	of Expenses
otal revenue per financial statements ess:  Unrealized gains  Donated services  Recoveries  Other lus:		Total e Less: Do Pr Lc Of	expenses pe onated servicior year adju esses her	r financial statem ces ustments	of Expenses
otal revenue per financial statements ess:  Unrealized gains Donated services Recoveries Other us: Investment expenses		Total e Less: Do Pr Lo Ot Plus:	expenses per conated serviction year adjustes esses ther	r financial statem ces ustments	of Expenses
otal revenue per financial statements ess:  Unrealized gains Donated services Recoveries Other us:		Total e Less: Do Pr Lc Ot Plus:	expenses per onated servicior year adju- esses her vestment ex her	r financial statem ces ustments	of Expenses nents
otal revenue per financial statements ess:  Unrealized gains Donated services Recoveries Other us: Investment expenses Other		Total e Less: Do Pr Lc Ot Plus:	expenses per onated servicior year adju- esses her vestment ex her	r financial statem ces ustments penses	of Expenses nents
otal revenue per financial statements ess:  Unrealized gains Donated services Recoveries Other us: Investment expenses Other		Total e Less: Do Pr Lc Ot Plus:	expenses per onated service ior year adju- esses ther westment ex ther Total expe	r financial statem ces ustments penses	of Expenses nents
otal revenue per financial statements ess:  Unrealized gains Donated services Recoveries Other us: Investment expenses Other	1,123,8 Beginning	Total e Less: Do Pr Lo Ot Plus: Inv Ot  17  Balance Sh Ending	expenses per onated service ior year adju- esses ther vestment ex ther Total expenses	r financial statem ces ustments penses	f Expenses hents  476,655
otal revenue per financial statements ess:  Unrealized gains Donated services Recoveries Other us: Investment expenses Other	1,123,8  Beginning 599,3	Total 6 Less: Do Pr Lo Ot Plus: Inv Ot   Balance Sh Ending 32 1,095	expenses per	r financial statem ces ustments penses enses per return	f Expenses hents  476,655
otal revenue per financial statements ess:  Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return	1,123,8  Beginning 599,3 179,0	Total 6 Less: Do Pr Lo Or Plus: Inv Or  17  Balance Sh Ending 32 1,095,	expenses per properties per	r financial statem ces ustments  penses enses per return  Differences	## ## ## ## ## ## ## ## ## ## ## ## ##
otal revenue per financial statements ess:  Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return  Assets	1,123,8  Beginning 599,3	Total 6 Less: Do Pr Lo Or Plus: Inv Or  17  Balance Sh Ending 1,095, 58 28	expenses per properties per	r financial statem ces ustments penses enses per return	## ## ## ## ## ## ## ## ## ## ## ## ##
otal revenue per financial statements ess:  Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return  Assets Liabilities	Beginning 599,3 179,0 420,2	Total 6 Less: Do Pr Lo Or Plus: Inv Or  17  Balance Sh Ending 32 1,095,	expenses per properties per	r financial statem ces ustments  penses enses per return  Differences	### ### ##############################
otal revenue per financial statements ess:  Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return  Assets Liabilities	Beginning 599,3 179,0 420,2	Total 6 Less: Do Pr Lo Of Plus: Inv Of     Balance Sh Ending 1,095 58 28 74 1,067	expenses per properties per	r financial statem ces ustments  penses enses per return  Differences	## ## ## ## ## ## ## ## ## ## ## ## ##

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

OMB	No	15/5-00/7

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

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

Department of the Treasury Internal Revenue Service

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

Name of exempt organization or person subject to tax Mitchelville Preservation Project,

Taxpayer identification number

Inc.	27-2308109	)
Name and title of officer or person subject to tax Ahmad Ward	•	
Executive Director		
Part I Type of Return and Return Information (Whole Dollars Only)		
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from 18879-EO and enter the applicable amount, if any, from 18879-EO and enter the applicable amount, if any, from 18879-EO and enter the applicable amount, if any, from 18879-EO and enter the applicable amount, if any, from 18879-EO and enter the applicable amount, if any, from 18879-EO and enter the applicable amount, if any, from 18879-EO and enter the applicable amount, if any, from 18879-EO and enter the applicable amount, if any, from 18879-EO and enter the applicable amount, if any, from 18879-EO and enter the applicable amount, if any, from 18879-EO and enter the applicable amount, if any, from 18879-EO and enter the applicable amount, if any, from 18879-EO and enter the applicable amount, if any, from 18879-EO and enter the applicable amount, if any, from 18879-EO and enter the applicable amount, if any, from 18879-EO and enter the applicable amount, if any, from 18879-EO and enter the applicable amount and enter the ap	om the return. If you	
check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with	this form was	
blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you ent	ered -0- on the	
return, then enter -0- on the applicable line below. <b>Do not</b> complete more than one line in Part I.		
1a Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,123,817
2a Form 990-EZ check here ▶ ☐ b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶  b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ □ b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here ▶ b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 1)	7b	
Part II Declaration and Signature Authorization of Officer or Person Subject to Ta		
Under penalties of perjury, I declare that X I am an officer of the above organization or I I am a person subjection		
	and that I have exa	mined a copy
of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and	•	
true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the	ne electronic return.	
I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the re	turn to the IRS and	
to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason	on 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 of	designated Financial	
Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the	e tax preparation	
software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this a	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 prio	r to the payment	
(settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of to	axes to receive	
confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a	a personal	
identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic fur	nds withdrawal.	
PIN: check one box only		
X   authorize David E. Williams C.P.A., LLC to enter my PIN	52565 as my	signature
ERO firm name	Enter five numbers, but	oignataro
	do not enter all zeros	
on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return	is being filed with a	
state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementi	oned ERO to enter my	
PIN on the return's disclosure consent screen.	·	
As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature of	•	
electronically filed return. If I have indicated within this return that a copy of the return is being filed with a strong lating charities as part of the IRS Fod/State program. I will enter my PIN on the return's disclosure con		
regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure cor		
Signature of officer or person subject to tax   Date	11/12/21	
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		

number (EFIN) followed by your five-digit self-selected PIN.

57839707134

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

David E Williams, 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

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 **2020** Open to Public Inspection

For the 2020 calendar year, or tax year beginning , and ending D Employer identification number C Name of organization Mitchelville Preservation Project, Check if applicable: Address change Doing business as Historic Mitchelville Preservation 27-2308109 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 843-255-7300 Initial return PO Box 21758 Final return/ City or town, state or province, country, and ZIP or foreign postal code HILTON HEAD ISLAND SC 29925 1,128,557 **G** Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Ahmad Ward PO Box 21758 H(b) Are all subordinates included? If "No," attach a list. See instructions Hilton Head Island SC 29925 **X** 501(c)(3) 501(c) ( ) **◄** (insert no.) 4947(a)(1) or Tax-exempt status www.EXPLOREMITCHELVILLE.ORG H(c) Group exemption number ▶ Website: Year of formation: 2010 Form of organization: X Corporation Trust Association M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: See Schedule O Governance 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 Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 16 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 2 5 6 Total number of volunteers (estimate if necessary) 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) 579,318 1,099,708 Revenue 9 Program service revenue (Part VIII, line 2g) 78,195 22,075 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,429 5,274 26,652 -3,240 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 685,594 1,123,817 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) 0 100,000 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 144,109 16a Professional fundraising fees (Part IX, column (A), line 11e) 17,500 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 346,103 315,046 446,103 476,655 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 239,491 647,162 19 Revenue less expenses. Subtract line 18 from line 12. Beginning of Current Year End of Year 5 599,332 1,095,484 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 179,058 28,048 22 Net assets or fund balances. Subtract line 21 from line 20 420,274 1,067,436 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 Sian Executive Director Here Ahmad Ward Type or print name and title Print/Type preparer's name Preparer's signature Check Paid David E Williams, CPA David E Williams, CPA 11/29/21 self-employed P01510199 Preparer Williams C.P.A., LLC 46-1684469 Firm's name Firm's EIN ▶ **Use Only** 840 William Hilton Pkwy Ste B 29928-3434 843-715-9568 Hilton Head, SC X Yes No May the IRS discuss this return with the preparer shown above? See instructions

orm 990	(2020) Mitchelville Prese		, 27-2308109	Page Z
Part III	<b>3</b>		ing in this Dort III	X
1 Brief	Check if Schedule O contains a ly describe the organization's mission:	response or note to any i	ine in this Part III	<u> </u>
	Schedule O			
~ ~.~				
<b>2</b> Did	he organization undertake any significant prog	gram services during the year w	which were not listed on the	
				Yes X No
	es," describe these new services on Schedule			
	he organization cease conducting, or make si	-	· · ·	□ v <sub></sub> <b>▽</b> v <sub>-</sub>
	ces?es," describe these changes on Schedule O.			Yes X No
	cribe the organization's program service accord	onlishments for each of its thre	e largest program services, as mea	asured by
	nses. Section 501(c)(3) and 501(c)(4) organiz			-
	otal expenses, and revenue, if any, for each p		<del>g</del>	,
	, ,	· ·		
It warri	eteenth is the oldest k was on June 19, 1865 wh .ved at Galveston, Texa	nen union office s with news tha its annual June This program tural programmi	on to recognize the Major General ( at the war had endeteenth celebration highlights the parties wis the parties of the partie	Gordon Granger led and all slaves on in Historic ark and features sitors a unique can culture,
4b (Coc See	e: ) (Expenses \$ 59 Schedule O	,180 including grants of \$	) (Rev	enue \$ )
holi	e: )(Expenses \$ 21 .day Event - Community .day season with entert .oric Mitchelville Free	ainment and ref	entire family to k	
1d Oth	r program conject (Describe on Schodule O	1		
	r program services (Describe on Schedule O. enses \$ 176,671 including	) g grants of \$	) (Revenue \$	<b>22,</b> 075 )
	program service expenses	290,250	, (	-, /

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	١.		37
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_	х	
_	complete Schedule D, Part III	8		
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			
		9		х
10	debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<del>9</del>		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
••	VII, 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 "Yes,"</i>			
_	complete Schedule D, Part VI	11a	х	
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		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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	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	١		37
4.0	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	40		v
4-7	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	4-	х	
10	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		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		x
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		^
פו	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
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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

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 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b 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 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 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A 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 A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and X 19? Note: All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 16 **1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and

X

reportable gaming (gambling) winnings to prize winners?

Form 990 (2020) Mitchelville Preservation Project, 27-2308109

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

	Statemente regarding exist into I milgo and Tax Compilation (Continue	<i>aoa,</i>			1	1				
٥-	Fater the courbest of combines are rested as Fam W.O. Taracan'ttel of Ware and Tara				Yes	No				
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2-	2							
L	Statements, filed for the calendar year ending with or within the year covered by this return	2a		26	x					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur. <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions			2b	<u>^</u>					
20		)		20		x				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a 3b	+					
b 4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,									
44	a financial account in a foreign country (such as a bank account, securities account, or other financial		-	4a		x				
h	If "Vos." onter the name of the foreign country.					21				
b	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		, ,	5a		х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax years					X				
	If "Voc" to line Fo or Fh. did the organization file Form 9996 T2			50	1	21				
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				1					
va	organization solicit any contributions that were not tax deductible as charitable contributions?	<del>-</del>		6a		x				
h	If "Yes," did the organization include with every solicitation an express statement that such contributions	ne or		u		21				
b	gifts were not tax deductible?	115 01		6b						
7										
7	Organizations that may receive deductible contributions under section 170(c).	anda								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g			70						
h	and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?			76	+					
b				7b	1					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S		70						
4	required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d								
d	= : : : : : : : : : : : : : : : : : : :			7e						
_	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra- If the organization received a contribution of qualified intellectual property, did the organization file For		00 as required?							
g h	If the organization received a contribution of qualified intellectual property, and the organization file roll of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintainer			C:   711						
0	sponsoring organizations maintaining donor advised runds. Did a donor advised rund maintainer sponsoring organization have excess business holdings at any time during the year?	л Бу п	i <del>c</del>	8						
9	Sponsoring organizations maintaining donor advised funds.									
	Did the energying organization make any tayable distributions under section 40662			9a						
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b						
ь 10	Section 501(c)(7) organizations. Enter:									
		10a								
a	Initiation fees and capital contributions included on Part VIII, line 12  Grees receipts, included on Form 900, Part VIII, line 12, for public use of club facilities	10a								
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	IUD								
		11a								
a b	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources	ııa								
J		11b								
12a			?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	l 1								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120								
a	Le the converted to Personal to Service market have the release to service the service of the O			13a						
u	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which									
	the organization is licensed to issue qualified health plans	13b								
С		13c								
14a				14a		х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	 e ()				† <del></del>				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					<u> </u>				
. •	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	incom	162	16		х				
	If "Yes," complete Form 4720, Schedule O.	II ICOIT	I <del>C</del> :	10						
	ii 100, Ostripioto i Oriii 7120, Oorioddio O.									

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

Sec	tion A. Governing Body and Management					
			1.0		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16	_		
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.	١	1.0			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					37
	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					3.5
				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			1_		3.5
_	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,			l		3.5
	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 ye	ar by tl	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					
	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	mai k	evenue C	ode.)		
					Yes	
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	rm?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	onflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
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?				37	
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					37
	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					
<del></del>	organization's exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► SC					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (S	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 X Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	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 🕨				
	elody Irvin PO Box 21758 Ulton Head Island SC 2992	) E	0.4	3-25	E 7	200
H 1	LILON DEAU ISLANO SU 2997		04	ューノ・つ	· ) — /	コロロ

Form 990 (2020)	Mitchelville	Preservation	Project.	27-2308109
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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

[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 (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					ne an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-WISC)	(W-21099-WISC)	related organizations
(1) James Berndt	5.00									
Director	0.00	X						0	0	0
(2) Charles Bogguess										
Director	5.00 0.00	x						o	o	0
(3) Margot Brown										
Director	2.00 0.00	x						o	o	0
(4) Lola Campbell										
	4.00									
Director	0.00	X						0	0	0
(5) Ochieng Ubri Car	-									
Director	1.00 0.00	x						0	0	0
(6) Herbert Ford										
Director	4.00 0.00	x						0	o	0
(7) Kirsten Hotchkis										
	4.00									_
Director	0.00	X						0	0	0
(8) Didi Summers, PF	ىنە 2.00									
Director	0.00	x						0	o	0
(9) Anna Ponder PhD	0.00	Λ						<u> </u>	0	
(9)12214 1 011401 1125	2.00									
Director	0.00	х						0	0	0
(10) Michael Scioscia										
	2.00									
Director	0.00	X						0	0	0
(11) Raymond Werts	2.00									
Director	0.00	x						0	0	0

MITCHELVILL 11/29/2021 4:38 PM Form 990 (2020) Mitchelville Preservation Project, 27-2308109

Part VII	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)							J						
	(A) Name and title		bo off	x, unle	ess pe	ition more rson i	than cost both	an	(D) Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(	(F) timated a of othe compensa from th	er ation ne	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		ganizatio ed orgar		5
(12) C	harles Curl													
Vice Ch	airperson	5.00 0.00			x				0	0				0
	elody Irvin													
Treasure		4.00 0.00			x				o	0				0
	homas C Barr	well Jr	•											
Chairmar	n Emeritus	2.00 0.00			x				0	0				0
	loria Holmes									0				
		4.00												_
Secretar (16) S	ry hirley Pete:	0.00			X				0	0				0
		13.00												
Chairper	rson	0.00			X				0	0				0
1b Subtot	al							<b>&gt;</b>						
	rom continuation shee													
		cluding but not I						bove	e) who received more than	\$100,000 of				
reporta	ble compensation from	the organization	<b>)</b>	0								—т	Yes	No
									ee, or highest compensated	d				
	vee on line 1a? If "Yes," y individual listed on line								on and other compensation	from the		3		X
organiz	zation and related orgar	nizations greater	thar	1 \$15	50,00	0? /	f "Ye	s," c	complete Schedule J for su	ch		4		Х
5 Did an	y person listed on line 1	1a receive or ac	crue	com	pens	atior	n fror	n ar	ny unrelated organization or	· individual				
	vices rendered to the or ndependent Contracto		/es, <sup>~</sup>	com	piete	Sci	nedu	ie J	for such person			5		X
1 Comple	ete this table for your fiv	ve highest comp							ractors that received more than year anding with an with		or			
compe		(A) business address	лпре	iisai	1011 1	OI II	ie ca		lar year ending with or with	(B) ion of services	ear.	Cor	(C) npensatio	on
	rame and	Dadinoso dadroso							2000.191	ion or sorvices			- porioda	
								_						
	number of independent of more than \$100,000								se listed above) who	0				

Form 990 (202	0) WITCHEIVIIIE	Preservation	Project,	27-2308109		Page
Part VIII	Statement of Revenu					_
	Check if Schedule O c	ontains a response or	note to any line in	n this Part VIII		
			(A)	(B)	(C)	(D)

_		CHECK II	SCITE	Edule O Conta	31115	a respor	ise of flote	to any line in this	s rait vIII	<u></u>	
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated camp	naigns		1a						
ran	h	Membership due	20		1b						
Ωñ,	c	Fundraising eve	nte		1c						
ifts ır⊿	4	Related organiza	atione		1d						
nilsi G	u	Government grants (co	atioi is	ne)	1e		941,179				
Sir		All other contributions,			16		J11 / 1 / J	-			
utic	٠	and similar amounts no			1f		158,529				
gig						<u></u>	50,000				
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions i			1g	·		1,099,708			
<u>a C</u>	n	Total. Add lines	ia-ii				<u> </u>				
	2-	g.,;					Business Code	20,000	20,000		
vice	Za L	2a Griot's Corner b Reenactments & Tours					1,575	1,575			
Serv	b							500	500		
Program Service Revenue	C	Freedom Day	Ÿ					300	300		
gra	d										
Pro	e										
		All other program						22,075			
_		Total. Add lines						22,073			
	3	Investment incor		-				5,274	5,274		
	4	other similar amounts)					3,2/4	3,2/4			
	4	<ul><li>4 Income from investment of tax-exempt bond proceeds</li><li>5 Royalties</li></ul>									
	Э	Royaities									
	٥-	O		(i) Real		(11)	Personal	-			
		Gross rents	6a					-			
		Less: rental expenses	6b					-			
	_	Rental inc. or (loss)	6c	1>							
	d Net rental income or (loss)					<u>P</u>					
		sales of assets		(i) Securities	(ii) Other		) Other	-			
		other than inventory	7a					-			
Revenue	D	Less: cost or other	<b>-</b>								
eve		basis and sales exps.	7b					-			
		Gain or (loss)	7c_								
Other		Net gain or (loss				 T	······ <u> </u>				
ō	ва	Gross income from									
		(not including \$									
		of contributions rep		•			1 500				
		See Part IV, line 18			8a		1,500 4,740				
		Less: direct exp			8b						
		Net income or (I	,	•	events	3 T	<u></u>	-3,240			
	9a	Gross income from	•	•							
		See Part IV, line 19	,		9a			-			
		Less: direct exp			9b						
		Net income or (I			vities .	 T	<u></u>				
	10a	Gross sales of in		•	۱.,						
		returns and allow	wance	s 	10a			-			
		Less: cost of god			10b						
-	С	Net income or (l	oss) fr	om sales of inve	entory		Business Code				
sn							business Code				
Miscellaneous Revenue	11a	• • • • • • • • • • • • • • • • • • • •									
lar Ven	b	•						<del>                                     </del>			
Sce	C .										
Ξ		All other revenue									
		Total. Add lines						1 100 017	07 340		_
	12	Total revenue.	See in	nstructions				1,123,817	27,349	0	0

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all

Secu	Check if Schedule O contains a respons	•		olete column (A).	
Do r	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	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				
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	135,138	54,514	71,882	8,742
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2,474	2,474 6,497		
10	Payroll taxes	6,497	6,497		
11	Fees for services (nonemployees):				
а	Management				
b	Legal	346		346	
С	Accounting	12,491		12,491	
d					
е	Professional fundraising services. See Part IV, line 17	17,500			17,500
f	Investment management fees				
g	, , , , , , , , , , , , , , , , , , , ,				
	(A) amount, list line 11g expenses on Schedule O.)	19,021	19,021		
12	Advertising and promotion	100,485	58,749	41,736	
13	Office expenses	7,694	416	7,278	
14	Information technology	15,741	15,741		
15	Royalties			1.1.100	
16	Occupancy	22,282	3,789	16,488	2,005
17	Travel	308		308	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.070	1 505	1 11	
19	Conferences, conventions, and meetings	2,970	1,525	1,445	
20	Interest				
21	Payments to affiliates	1 750	1 506	F.0	
22	Depreciation, depletion, and amortization	1,758	1,706	52	
23	Insurance	6,132		6,132	
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.)  Archaeology Project	59,180	59,180		
a	Holiday Event	21,149	21,149		
b	Travel	11,797	11,797		
q	Freedom Day	11,797	11,372		
d	All other evenesses	22,320	22,320		
	All other expenses	476,655	290,250	158,158	28,247
25 26	Total functional expenses. Add lines 1 through 24e	± / U / U J J	270,230	130,130	20,21
_0	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

				<b>(A)</b> Beginning of year		(B) End of year
1	Cash—non-interest-bearing			352,170	1	88
2				165,000	2	995,762
3			64,449	3	81,363	
4			-	4	-	
5						
	trustee, key employee, creator or founder, substantia					
	controlled entity or family member of any of these pe				5	
6	Loans and other receivables from other disqualified					
<sub>တ</sub>	under section 4958(f)(1)), and persons described in			6		
Assets 6 7 9					7	
8   ک					8	
9					9	2,316
10	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	25,462			
1	Less: accumulated depreciation	1	19,507	7,713	10c	5,955
11					11	
12					12	
13					13	
14					14	
15				10,000	15	10,000
16				599,332	16	1,095,484
17	Accounts payable and accrued expenses			9,058	17	13,237
18					18	
19				170,000	19	14,811
20			L		20	
21	Escrow or custodial account liability. Complete Part	IV of Sched	ule D		21	
22 م						
	trustee, key employee, creator or founder, substantia	al contributo	r, or 35%			
<u>a</u>	controlled entity or family member of any of these pe				22	
23	Secured mortgages and notes payable to unrelated	third parties			23	
24	Unsecured notes and loans payable to unrelated thi	rd parties			24	
25	Other liabilities (including federal income tax, payable	les to relate	d third			
	parties, and other liabilities not included on lines 17-	-24). Comple	te Part X			
	of Schedule D				25	
26				179,058	26	28,048
	Organizations that follow FASB ASC 958, check	here ▶ X				
8 8 9	and complete lines 27, 28, 32, and 33.					
27 28 28 28	Net assets without donor restrictions			420,274	27	1,067,436
28   2					28	
	Organizations that do not follow FASB ASC 958,	check here	· <b>▶</b> ∐			
	and complete lines 29 through 33.					
29					29	
ğ   30	1 1 , , ,				30	
Assets of 29 30 31		e, or other	unds	400.05	31	
절 32				420,274	32	1,067,436
<sup>-</sup>   33	Total liabilities and net assets/fund balances			599,332	33	1,095,484

Form **990** (2020)

	art XI Reconciliation of Net Assets				ıαç	gc 12
	Check if Schedule O contains a response or note to any line in this Part XI					П
1		1	1	1,12	3 8	<u> </u>
	Total evenue (must equal Part VIII, column (A), line 12)	2			76,6	
2	Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1	3			17,1	
4	Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			20,2	
_	5 Net unrealized gains (losses) on investments					
	Net unrealized gains (losses) on investments	-				
6	Donated services and use of facilities	7				
7	Investment expenses	-				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	١١	-		/	126
_	32, column (B))	10		.,06	) / " 4	£30
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<del></del>	<sub>.</sub>	
			Г		Yes	No
1	Accounting method used to prepare the Form 990:		— I			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		- 1			
	Schedule O.		- 1			
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		- 1			
	reviewed on a separate basis, consolidated basis, or both:		- 1			
	Separate basis Consolidated basis Both consolidated and separate basis		- 1			
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		- 1			
	separate basis, consolidated basis, or both:		- 1			
	Separate basis Consolidated basis Both consolidated and separate basis		- 1			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					i
	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		- 1			
	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					ı
	Single Audit Act and OMB Circular A-133?		[	3a		
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		ı

Form **990** (2020)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

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

Mitchelville Preservation Project, En

2020

Open to Public Inspection

Employer identification number Name of the organization Inc. 27-2308109 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). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 8 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 III, 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).

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

Page 2

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	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	151,643	205,334	365,145	579,318	1,099,708	2,401,148
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	6,900	6,900	6,900	6,900		27,600
4	Total. Add lines 1 through 3	158,543	212,234	372,045	586,218	1,099,708	2,428,748
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						2,428,748
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
7	Amounts from line 4	158,543	212,234	372,045	586,218	1,099,708	2,428,748
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	29	105	624	1,429		2,187
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.)			730	30		760
11	<b>Total support.</b> Add lines 7 through 10						2,431,695
12	Gross receipts from related activities, etc.	(see instructions)				12	152,528
13	First 5 years. If the Form 990 is for the o	•		•	, ,	• •	
	organization, check this box and stop her	e					
Sec	tion C. Computation of Public Se						
14	Public support percentage for 2020 (line 6	, column (f) divided	l by line 11, colum	ın (f))		14	99.88%
15	Public support percentage from 2019 Sche	edule A, Part II, line	e 14 <sub></sub>			15	99.79%
16a	33 1/3% support test—2020. If the organ	ization did not ched	ck the box on line	13, and line 14 is 3	33 1/3% or more, c	heck this	
	box and stop here. The organization qual						▶ <u>X</u>
b	33 1/3% support test—2019. If the organ						
	this box and $\ensuremath{\mathbf{stop}}$ here. The organization						
17a	10%-facts-and-circumstances test—202	_					
	10% or more, and if the organization mee				•		
	Part VI how the organization meets the "f	acts-and-circumstar	nces" test. The org	ganization qualifies	as a publicly supp	oorted	. —
	organization						▶ ∟
b	10%-facts-and-circumstances test—201	-					
	15 is 10% or more, and if the organization			•	•	•	
	in Part VI how the organization meets the	"facts-and-circums	tances" test. The	organization qualifi	es as a publicly su	ıpported	. —
	organization						▶ ∟
18	<b>Private foundation.</b> If the organization did						<b>,</b> —
	instructions	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u></u>	<u> </u>	<u></u>	<u></u> ► ∟

Schedule A (Form 990 or 990-EZ) 2020

27-2308109

Page 3

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

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

Sec	tion A. Public Support	<u> 144y arraor a</u>	TO LOCIO HOLOGIA	olow, places a	ompioto i are i	··· <i>y</i>	
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and membership fees		. ,	, ,	, ,		• • • • • • • • • • • • • • • • • • • •
	received. (Do not include any "unusual grants.")						
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						
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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						
0	line 6.)						
	tion B. Total Support		42.0047	( ) 0040	( N 0040	( ) 0000	
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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.)						
14	First 5 years. If the Form 990 is for the org	ganization's first, s	second, third, fourth	n, or fifth tax year	as a section 501(c	:)(3)	
	organization, check this box and stop here	<u>,</u>					<b>&gt;</b>
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2020 (line 8,						<u>%</u>
16	Public support percentage from 2019 Sche					16	<u>%</u>
	tion D. Computation of Investmen						
17	Investment income percentage for 2020 (lii			3, column (f))			%
	Investment income percentage from 2019 S						%_
19a	33 1/3% support tests—2020. If the organ						, n
	17 is not more than 33 1/3%, check this bo		=				▶ ⊔
b	33 1/3% support tests—2019. If the organ						$_{ m L}$
20	line 18 is not more than 33 1/3%, check thi <b>Private foundation.</b> If the organization did		=			=	. $\square$

#### Part IV **Supporting Organizations**

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

#### Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	401		
A (Fo	10b orm 99	0 or 990-	EZ) 2020

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide</i>	115		
С	detail in Part VI.	11c		
Soct	ion B. Type I Supporting Organizations	1110		
Jeci	ion b. Type i Supporting Organizations		· ·	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
000.	on bit Air Typo iii oupporting organizationo		Yes	No
4	Did the experiencies provide to each of its supported experience by the last day of the fifth month of the		162	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	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	s).		
а	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 ins	ructions)		
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	WINE WINDS AND THE CONTROLLED CONTROLLED WITH ALL OF THE CONTROL O			
D	·			
	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.			
3 a	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2b		
	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.  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.			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Scheal	lie A (Form 990 or 990-E2) 2020 MICCHEIVIIIE FIESEI VACIOII F.	<u> </u>	<del></del>	Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	/. 20, ´	1970 (explain in Part VI). S	ee
	instructions. All other Type III non-functionally integrated supporting organizations musi	t comp	lete 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		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
6	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 organization's first as a non-functionally integrated Type III supporting organization

Schedule A (Form 990 or 990-EZ) 2020

(see instructions).

Mitchelville Preservation Project, 27-2308109 Schedule A (Form 990 or 990-EZ) 2020 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2020 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2020 Amount for 2020 Distributable amount for 2020 from Section C, line 6 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2020 **a** From 2015 **b** From 2016 **c** From 2017 ....\_\_\_\_\_ **d** From 2018 **e** From 2019 f Total of lines 3a through 3e **g** Applied to underdistributions of prior years h Applied to 2020 distributable amount i Carryover from 2015 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Schedule A (Form 990 or 990-EZ) 2020

Part VI. See instructions.

Breakdown of line 7: a Excess from 2016. **b** Excess from 2017 ..... c Excess from 2018. d Excess from 2019 e Excess from 2020

and 4c.

Excess distributions carryover to 2021. Add lines 3j

Schedule A (Forr	m 990 or 990-EZ	2020	Mitche	elville	Preser	vation	Project,	27-2308109	Page 8
Part VI	Supplement III, line 12; B, lines 1 at 3a, and 3b;	ntal Info Part IV, S and 2; Par ; Part V, I	Section A, rt IV, Secti ine 1; Part	lines 1, 2, 3 on C, line 1 V, Section	b, 3c, 4b, 4 ; Part IV, S B, line 1e;	lc, 5a, 6, 9a ection D, lir Part V, Sec	a, 9b, 9c, 11a, 1 nes 2 and 3; Pa	0; Part II, line 17a or I1b, and 11c; Part IV, It IV, Section E, lines 6, and 8; and Part V, structions.)	Section 1c, 2a, 2b,
Part I	I, Line	10 -	Other	Income	Detail				
					\$		760		
•									
•									
•									
·									
•									

Schedule B (Form 990, 990-EZ,

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

Inc.

#### Schedule of Contributors

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

2020

Name of the organization

Mitchelville Preservation Project,

Employer identification number

27-2308109

Organization type (check one):							
Filers of: Section:							
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	overed by the <b>General Rule</b> or a <b>Special Rule</b> .  (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General Rule							
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a ributions.						
Special Rules							
regulations under section 13, 16a, or 16b, and the	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line nat received from any one contributor, during the year, total contributions of the greater of (1) are amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributor, during the	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
contributor, during the contributions totaled moduring the year for an elementary General Rule applies	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
<b>Caution:</b> An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it <b>must</b> answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Mitchelville Preservation Project,

Employer identification number 27-2308109

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.								
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
.1	Town of Hilton Head One Town Center Court Hilton Head Island SC 29928	\$ 200,179	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	SC Dept. of Parks & Recreation Grant 1205 Pendleton St, Columbia SC 29201	\$ 725,000	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	Coastal Discovery Museum 70 Honey Horn Drive Hilton Head Island SC 29926	\$ 50,000	Person Payroll Noncash (Complete Part II for noncash contributions.)						
(a)	(b)	(c)	(d)						
No. 4	Name, address, and ZIP + 4  Jamie Berndt/Eric Wojcikiewicz 149 Mooring Bouy  Hilton Head Island SC 29928	\$ 30,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)						

Name of organization Mitchelville Preservation Project, Employer identification number 27-2308109

a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	Paid wages of Executive Director		
		\$ 50,000	06/30/20
a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
n) No. From Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
n) No. From Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

#### 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 Mitchelville Preservation Project, Inc. 27-2308109 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year \_\_\_\_\_ Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ ...... Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X .....

25,462

Schedule D (Form 990) 2020

19,507

e Other

1a Land **b** Buildings c Leasehold improvements **d** Equipment

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

(2)	Part VII		Other Securities. e organization answered "Yes" on	Form 990 Part IV lin	e 11h. See Form 990 F	Part X line 12
Country   Coun			-	i e		
3) Close				(3) 23311 13112		
3) Close	(1) Financial	derivatives				
(A)	(1) Financial	ald aquity interacts				
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C						
(B)	(3) Other					
Control   Column   (b) must equal Form 990, Part X, col   (B) line 12)   Part Y   (b) Description of investments   (b) Description of investments   (c) Description of investments   (e) Description						
Column (b)						
(E)   (F)   (F)						
Cotal.   Column   (b) must equal Form 990, Part X, col.   (B) line 12.)   Part XIII   Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (b) Posot value   Cotat or end-d-year market value   (c) Martio of valuation: Cotat or end-d-year market value   (d) Martio of valuation: Cotat or end-d-year market value   (d) Martio of valuation: Cotat or end-d-year market value   (d)   (d)   (e)   (e)   (e)   (e)   (f)						
Column (b) must equal Form 990, Part X, col. (B) line 12.)   Note   Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   Column (b) must equal Form 990, Part X, col. (B) line 15.)   Part X   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 15.   Column (b) must equal Form 990, Part X, col. (B) line 15.)   Part X   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Pa						
Clotal.   Column (b) must equal Form 990, Part X, col. (B) line 12.)   Clotumn (b) must equal Form 990, Part X, col. (B) line 15.)   Clotumn (b) must equal Form 990, Part X, col. (B) l						
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) Memora of valuation: Cost or end-dy-year maked value   (c)						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (9) Description of investment   (9) Block value   (9) Author of of valuation:   Court or enti-dryes material value	•		. , , , , , , , , , , , , , , , , , , ,			
(a) Description of Investment (b) Book value (c) Ment-of-of-year value (c) Cost or end-of-year value (c)	Part VIII			<b>5</b> 000 <b>5</b> 107 U		
Cost or end-of-year market value   (1)   (2)   (3)   (4)   (5)   (6)   (7)   (9)   (9)   (9)   (1)			-	i e		
(1) (2)		(a) Des	cription of investment	(b) Book value	1	
C					Cost or end-of-ye	ar market value
(9)	(1)					
49	(2)					
Column   C	(3)					
(6)	(4)					
Column   (b)   must equal Form 990, Part X, col. (B) line 13.)   Marked	(5)					
(8)   (9)   (7)   (7)   (8)   (9)	(6)					
Cotal.   Cotal   Form 990, Part X, cot.   (B) line 13.   ▶	(7)					
Total. (Column   b) must equal Form 990, Part X, col. (B) line 13.)   Mark   Other Assets.   (a) Description   (a) Description   (b) Book value   (b) Book value   (c)   (c)	(8)					
Other Assets.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	(9)					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.    (a) Description	Total. (Column	n (b) must equal Fo	rm 990, Part X, col. (B) line 13.) ▶			
(a) Description (b) Book value (f)						
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Foderal income taxes (9) (1) Foderal income taxes (1) Foderal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9)		Complete if th	e organization answered "Yes" on	Form 990, Part IV, lin-	e 11d. See Form 990, F	Part X, line 15.
Column (b) must equal Form 990, Part X, col. (B) line 25.   Colu		•	-			
Column (b) must equal Form 990, Part X, col. (B) line 25.   Colu	(1)					
(3)						
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)						
(5)						
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  ▶						
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶						
(8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10						
Part X						
Part X         Other Liabilities.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.           1. (a) Description of liability         (b) Book value           (1) Federal income taxes         (2)           (3)         (4)           (5)         (6)           (7)         (8)           (9)         (9)           Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         ▶		n (h) must equal Fo	orm 990 Part X col (R) line 15.)		<b>•</b>	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10					<u></u>	
Section   Sec	I alt X			Form 990 Part IV/ lin	a 11a or 11f Saa Form	000 Part Y
1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       (2)         (3)       (3)         (4)       (4)         (5)       (6)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       ▶		•	e organization answered Tes on	i oiiii 550, i ait iv, iiii	C 110 01 111. 000 1 0111	330, 1 art 7,
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			Description of liability			(h) Pook volue
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		. ,	Description of liability			(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  ▶		income taxes				
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)						
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)						
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  ▶						
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  ▶						
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  ▶						
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(7)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(8)					
·	(9)					
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Total. (Column	n (b) must equal Fo	rm 990, Part X, col. (B) line 25.)		<b>.</b>	
	2. Liability for	uncertain tax position	ons. In Part XIII, provide the text of the foo	tnote to the organization's	financial statements that repo	orts the

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			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme			Retur	rn.
	Complete if the organization answered "Yes" on Form 990, Pa	art IV,	line 12a.		
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		 		
	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	
	Subtract line 2e from line 1			3	
	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			
	Add lines 4a and 4b			4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
	rt XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,			art X,	line
Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	any ado	ditional information.		
					Schedule D (Form 990) 202
				•	Jonedule D (1-01111 330) 20/
A					

Schedule D (F	orm 990) 2020	Mitchelville	Preservation	Project,	27-2308109	Page 5
Part XIII	Supplementa	I Information (cont	Preservation (inued)			
		,	,			

#### SCHEDULE G (Form 990 or 990-EZ

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

Mitchelville Preservation Project,

Employer identification number

27-2308109 Inc. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants X Mail solicitations Solicitation of government grants Internet and email solicitations X Phone solicitations Special fundraising events dX In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to Nar raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) custody or (ii) Activity from activity fundraiser listed in or entity (fundraiser) control of organization contributions' col. (i) Yes No Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. All states

MITCHELVILL 11/29/2021 4:38 PM Mitchelville Preservation Project, 27-2308109 Schedule G (Form 990 or 990-EZ) 2020 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes ..... 5 Noncash prizes ...... 6 Rent/facility costs ..... Direct Expenses 7 Food and beverages 8 Entertainment ..... 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) .... Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue : 2 Cash prizes ..... Expenses 3 Noncash prizes ..... Direct 4 Rent/facility costs ..... 5 Other direct expenses 6 Volunteer labor ...... 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

**b** If "Yes," explain:

Sche	dule G (Form 990 or 990-EZ) 2020	<u>Mitchelville</u>	Preservation	Project,	27-2308109	<u> </u>	Page 3
11	Does the organization conduct gaming					Yes	s No
12	Is the organization a grantor, beneficia	•		•			
	formed to administer charitable gamin					Yes	s 🔲 No
13	Indicate the percentage of gaming act				1 1		
а	The organization's facility						<u>%</u>
b					13b		<u>%</u>
14	Enter the name and address of the pe	erson who prepares the orga	nization's gaming/special ev	ents books and			
	records:						
	Name ▶						
	Name ▶						
	Address ▶						
15a	Does the organization have a contract	with a third party from whor	n the organization receives	gaming			
	revenue?					Yes	s 🗌 No
b	If "Yes," enter the amount of gaming re	evenue received by the orga	ınization ► \$	an	d the		
	amount of gaming revenue retained by	the third party ► \$					
С	If "Yes," enter name and address of the	e third party:					
	Name						
	Address •						
	Address ▶						
16	Gaming manager information:						
	Name ▶						
	Gaming manager compensation ► \$						
	Description of condess muscided •						
	Description of services provided ▶						
	Director/officer Em	ployee Indep	pendent contractor				
			ondon odniadio.				
17	Mandatory distributions:						
а	Is the organization required under stat	e law to make charitable dis	tributions from the gaming	proceeds to			
	retain the state gaming license?					Ye	s 🗌 No
b	Enter the amount of distributions requi	red under state law to be dis	stributed to other exempt or	ganizations or			
_	spent in the organization's own exemp						
Pa	rt IV Supplemental Inform	•			, , , ,		
	Part III, lines 9, 9b, 10l See instructions.	0, 100, 100, 16, and 17	b, as applicable. Also	provide any add	ullional information	1.	
	Gee mandenons.						

# SCHEDULE M (Form 990)

**Noncash Contributions** 

202

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Mitchelville Preservation Project, Inc.

Employer identification number

27-2308109

Pa	irt I Types of Property		1					
		(a)	(b)	(c) Noncash contribution	(d)			
		Check if	Number of contributions or	amounts reported on	Method of determining			
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amou	unts		
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							
	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution — Historic							
	structures							
14	Qualified conservation							
	contribution — Other							
15	Real estate — Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			<b>50.000</b>				
25	Other ►()	X	1	50,000				
26	Other ►()							
27	Other ►()							
28	Other ►(				I			
29	Number of Forms 8283 received by	_	= -					
	which the organization completed Fo	orm 8283,	Part IV, Donee Acknowl	edgement	29		· T	<u></u>
22	Design the core of the decision of the		a manadalla cella ca	discussional to Do C. P.	1 through	Y	'es	No
30a	During the year, did the organization				=			
	28, that it must hold for at least three					00-		v
	to be used for exempt purposes for		nolding period?			30a		<u> </u>
b	If "Yes," describe the arrangement in		adian das mandes a 0	andann af ann a sastan de l				
31	Does the organization have a gift ac	ceptance	colley that requires the re	eview of any nonstandard		24		v
20-						31	$\dashv$	<u> </u>
32a	Does the organization hire or use th	·	-	•		22-		x
<b>L</b>						32a		
33 D	If "Yes," describe in Part II.	mount in a	olumn (a) for a time of a	concerts for which column (a	) is shocked			
33	If the organization didn't report an ar	HOURIT IN C	olumn (c) for a type of pl	operty for which column (a	) is checked,			
	describe in Part II.							

Schedule M (Fo	m 990) 2020 MITCHEIVIIIE	Preservation	Project,	27-2308109	Page <b>Z</b>
Part II	Supplemental Information. the organization is reporting ir or a combination of both. Also	n Part I, column (b), the	number of conti	ibutions, the number of iter	nd whether ns received,
		•	•		

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

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

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

Open to Public Inspection

Name of the organization Mitchelville Preservation Project,
Inc.

Employer identification number 27-2308109

27-2306109
Form 990 - Organization's Mission
Preserving the history of Mitchelville and preserving a historically
significant site; to reveal an American story of former slaves who created
a culture of sacrifice, resistence and resilience in a quest to define an
inclusive freedom.
Form 990 - Additional Information
Part IV, Line 11g
The Other fees for services expense is contract labor paid for office help,
program services, grant writing and fundraising assistance.
Form 990, Part III - Additional Information
Mitchelville Preservation Project started Griot's Corner in 2018 which is a
literacy program for children pre-K through third grade.
Also new in 2018 is the Archaeology Dig at Mitchelville which will display
excavated findings for the first large-scale dig lead by Brockington and
Associates. The dig uncovered remains of old homes, wells and garbage
pits, and recovered more than 20,000 artifacts representing the personal
belongings, tools and household goods from the first self-governed Freed
Slaves' Town in America, established on Hilton Head in 1862.
The Mitchelville Anniversary Forum started in 2018 is a one-day symposium
that examines different aspects of the Mitchelville story and how it
resonates in present time. Each year has a unique theme.

Form 990, Part III, Line 4b - Second Accomplishment

Page 2

Mitchelville Preservation Project,

27-2308109

Archeology at Mitchelville Exhibition. In the fall of 1862, Major General Ornsby Mitchel, Commander of the Department of the South at Hilton Head Island, ordered the construction of a freedman's town to serve as a new home for thousands of former slaves who flocked to the island after it fell to union forces in November 1861. Mitchelville was more than a refugee The town's new residents built their own homes with materials provided by the Union Army. They were responsible for creating their own government, enforcing town ordinances, establishing schools and ensuring that every child between the ages of 6 and 15 attended regularly. Mitchelville proved that freed men and women could govern, sustain and educate themselves. Archeology at Mitchelville will display excavated findings from the first large-scale dig by Brockington and Associates. The dig uncovered remnants of old homes, wells and garbage pits, and recovered more than 20,000 artifacts.

Form 990, Part III, Line 4d - All Other Accomplishments Mitchelville Anniversary Forum is a one-day symposium that examines aspects of the Mitchelville story and how it resonates in present time. The 2019 Anniversary Forum seeks to examine access and who has it. It looked at the issues revolving around historic and contemporary access in 21st century This session examined access to quality education, issues associated with health care and the growing political power of women, 100 years after gaining the right to vote in 1920.

Modeling our ancestors to grow and influence our community (MAGIC) leadership program was designed to engage area high school students in discovering their own leadership abilities by exploring historical concepts <u>Mitchelville Preservation Project,</u>

Employer identification number

27-2308109

and participating in a variety of learning experiences. Lifelong learning is a core value that is promoted to participants. MAGIC youth is designed to engage high school students in discovering their own leadership abilities by exploring lessons of Mitchelville and reconstruction and participating in a variety of learning experiences. MAGIC seeks to build the self-worth of participants by instilling pride in their area, based on the events of reconstruction and the history of Mitchelville; providing an opportunity for internal growth through interactive activities that encourage critical thinking and collaboration; and introducing the tools necessary for career advancement.

Griot's Corner is a literacy program at Historic Mitchelville Freedom Park designed for early readers from pre-K through third grade and welcomes classes of up to thirty children for the program under the big oak tree in the park. Stories center on diversity with this year's special focus on relationships, story tellers, and will include guest readers from the community. The children will also share in activities like art, games, and music related to the theme. Historic Mitchelville, the site of the first mandatory education program in South Carolina in 1862, keeps the spirit of public education alive through the tradition of storytelling to help encourage the importance of literature in the understanding of all people.

Freedom Day Celebration - Mitchelville Freedom Park is a network to freedom site recognizing the community as the 1st self-governing town of formerly enslaved people. In 1862, shortly before the Emancipation Proclamation was signed -- while most of the African-American population in the south was still enslaved -- the people of Mitchelville were busy creating a

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization Employer identification number 27-2308109 Mitchelville Preservation Project, completely new, self-governed culture that would be the guidepost for generations to follow. These industrious new citizens build homes on neatly arranged streets, elected their own officials, developed laws, built an economy, and implemented mandatory education for their children. In fact, the reports of the success of Mitchelville were so glowing, that the previous underground railroad freedom fighter, Harriet Tubman, was sent to Hilton Head to see this bustling town, so she could share the story of Mitchelville's self-governed success with future freedom towns. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Prior to filing, the Board of Directors reviews the Form 990. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy The organization has a Conflicts of Interest policy and procedures to monitor compliance with the Conflict of Interest policy and they are reviewed regularly by the Board of Directors. Form 990, Part VI, Line 15a - Compensation Process for Top Official The Executive Director is paid by an unrelated organization who determined the compensation. Form 990, Part VI, Line 15b - Compensation Process for Officers The Board of Directors will determine compensation based on an evaluation of performance and local salary structure when compensation is given.

Form 990, Part VI, Line 18 - No Public Disclosure Explanation

The organization makes its Form 990 available for public inspection upon

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
Mitchelville Preservation Project,	27-2308109
Form 990, Part VI, Line 19 - Governing Documents Disclos	sure Explanation
The organization makes its documents required to be avai	lable for public
inspection.	
	Page 4 of 4

Form **4562** 

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. Mitchelville Preservation Project,

OMB No. 1545-0172

Identifying number 27-2308109 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. 1,040,000 Maximum amount (see instructions) 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) 2,590,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 1,040,000 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 (b) Cost (business use only) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 2,282 Carryover of disallowed deduction to 2021. 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.) 14 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 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A 1,758 MACRS deductions for assets placed in service in tax years beginning before 2020 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 2020 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (a) Depreciation deduction only-see instructions) service 19a 3-year property b 5-year property C 7-year property 10-year property е 15-year property 20-year property 25-year property 25 vrs. Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L MM S/L 39 yrs. i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year S/L 12 yrs. 30-year 30 yrs. MM S/L 40-year MM S/L Part IV **Summary** (See instructions.)

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

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

here and on the appropriate lines of your return. Partnerships and S corporations—see instructions .....

Listed property. Enter amount from line 28

1,758

21

21

MITCHELVILL Mitchelville Preservation Project,
27-2308109 Federal Asset Report Form 990, Page 1

11/29/2021 4:38 PM

FYE: 12/31/2020

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	Per Conv Meth	<u>Prior</u>	Current
1 2 3 4 5	MACRS: Sign - Speedy Sign Sign - Speedy signs Sign - Meeting Dynamics Theater Seating The Repertoire Computers - Gullah Great Computers Computer - Reidel	1/23/18 12/21/17 7/14/18 12/31/14 4/30/15 5/28/19	980 980 695 20,000 525 2,282 25,462		X X X X X X	780 660 511 10,000 262 0 12,213	7 HY S/L 7 HY S/L 7 HY S/L 7 HY S/L 5 HY S/L 5 HY S/L	200 320 184 14,342 421 2,282 17,749	111 94 73 1,428 52 0 1,758
	Grand Totals Less: Dispositions and Trans Less: Start-up/Org Expense Net Grand Totals	fers - =	25,462 0 0 25,462			12,213 0 0 12,213		17,749 0 0 17,749	1,758 0 0 1,758

MITCHELVILL Mitchelville Preservation Project,
27-2308109

SC Asset Report

FYE: 12/31/2020

Form 990, Page 1

11/29/2021 4:38 PM

Asset	Description	Date In Service	Cost	Basis for Depr	SC Prior	SC Current	Federal Current	Difference Fed - SC
Prior 1 2 3 4 5 6	MACRS: Sign - Speedy Sign Sign - Speedy signs Sign - Meeting Dynamics Theater Seating The Repertoire Computers - Gullah Great Computers Computer - Reidel	1/23/18 12/21/17 7/14/18 12/31/14 4/30/15 5/28/19	980 980 695 20,000 525 2,282 25,462	980 980 695 20,000 525 0 23,180	210 350 198 15,770 473 2,282 19,283	140 140 100 2,857 52 0 3,289	111 94 73 1,428 52 0 1,758	-29 -46 -27 -1,429 0 0 -1,531
	Grand Totals Less: Dispositions Less: Start-up/Org Expense Net Grand Totals	= - =	25,462 0 0 25,462	23,180 0 0 23,180	19,283 0 0 19,283	3,289 0 0 3,289	1,758 0 0 1,758	-1,531 0 0 -1,531

# MITCHELVILL Mitchelville Preservation Project, 27-2308109 Bonus Depreciation Report

11/29/2021 4:38 PM

Form 990, Page 1 FYE: 12/31/2020

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	Sign - Speedy Sign	1/23/18	980		0	0	200	780
2	Sign - Speedy signs	12/21/17	980		0	0	320	660
3	Sign - Meeting Dynamics	7/14/18	695		0	0	184	511
4	Theater Seating The Repertoire	12/31/14	20,000		0	0	10,000	10,000
	Computers - Gullah Great Computers	4/30/15	525		0	0	263	262
6	Computer - Reidel	5/28/19	2,282		2,282	0	0	0
		Grand Total	25,462		0	0	10,967	12,213

11/29/2021 4:38 PM

	2/31/2020	7th Bushios	o / (our / ) (io		
Form Un	it Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<u> </u>	<u> </u>	There are no assets that meet the criteria of		74411	1 10101011000
		There are no assets that meet the criteria of	uns report		

MITCHELVILL Mitchelville Preservation Project, 27-2308109 Future Depreciation Report FYE: 12/31/21 11/29/2021 4:38 PM

27-2308109 Form 990, Page 1

FYE: 12/31/2020

<u>Asset</u>	Description	Date In Service	Cost	Tax	AMT
Prior M	IACRS:				
1 2 3 4 5 6	Sign - Speedy Sign Sign - Speedy signs Sign - Meeting Dynamics Theater Seating The Repertoire Computers - Gullah Great Computers Computer - Reidel	1/23/18 12/21/17 7/14/18 12/31/14 4/30/15 5/28/19	980 980 695 20,000 525 2,282 25,462	96 81 63 1,429 0 0 1,669	0 0 0 0 0 0
	Grand Totals		25,462	1,669	0

11/29/2021 4:38 PM

MITCHELVILL Mitchelville Preservation Project, SC Future Depreciation Report FYE: 12/31/21 27-2308109

Form 990, Page 1 FYE: 12/31/2020

<u>Asset</u>		Date In Service	Cost	SC
Prior M	IACRS:			
1 2 3 4 5 6	Sign - Speedy Sign Sign - Speedy signs Sign - Meeting Dynamics Theater Seating The Repertoire Computers - Gullah Great Computers Computer - Reidel	1/23/18 12/21/17 7/14/18 12/31/14 4/30/15 5/28/19	980 980 695 20,000 525 2,282 25,462	140 140 99 1,373 0 0 1,752
	Grand Totals		25,462	1,752

11/29/2021 4:38 PM

# 27-2308109

FYE: 12/31/2020

## **Federal Statements**

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

Description	E:	Total xpenses	Program Service	Manageme General		Fund Raising
Griot's Corner Coordinator Program Manager costs Payroll processing fees Grant writing	\$	7,200 8,000 71 3,750	\$ 7,200 8,000 71 3,750	\$	\$	
Total	\$	19,021	\$ 19,021	\$	0 \$_	0

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

Description	E	Total xpenses	Program Service	Management & General	Fund Raising	_
Juneteenth Event	\$	8,675	\$ 8,675	\$	\$	
Educational Outreach		5,420	5,420			
MPP Anniversary		3,300	3,300			
Griot's Corner		2,524	2,524			
Misc.		2,401	 2,401			
Total	\$	22,320	\$ 22,320	\$0	\$0	

# MITCHELVILL Mitchelville Preservation Project,

27-2308109

## **Federal Statements**

FYE: 12/31/2020

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

Description	Amount
Gifts in kind - rental space Board Pledges	\$ 7,000 10,000
Corporate Contributions	5,045
Individual Business Contributions	45,772
1862 Campaign	712
Beaufort County	
Cash Contribution	16,000
Town of Hilton Head	000 150
Cash Contribution	200,179
SC Dept. of Parks & Recreation Grant	725 000
Cash Contribution	725,000
Coastal Discovery Museum Paid wages of Executive Director	50,000
Jamie Berndt	30,000
Cash Contribution	10,000
Jamie Berndt/Eric Wojcikiewicz	10,000
Cash Contribution	30,000
Total	\$ 1,099,708

## Schedule A, Part II, Line 12 - Current year

Description	Amount
Griot's Corner Freedom Day Reenactments & Tours Taxable Interest on Savings and Temporary Cash Investments	\$ 20,000 500 1,575 5,274
Hats Blues and BBQ Juneteenth Archeology at Mitchelville Holiday Event	1,500
Total	\$ 28,849

MITCHELVILL Mitchelville Pre 27-2308109 FYE: 12/31/2020	eservation Project, <b>Federal Statements</b>	11/29/2021 4:38 PM							
Blues and BBQ Other Direct Fundraising or Gaming Expenses									
Description									
Description	Amount								
Direct expenses Marketing	\$								

#### Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

Open to Public

Inspection

A	For the	2019 calendar y	year, or tax year begin	ning		, 2019, and e	ending		, 20		
В	Check if ap	pplicable:	C Name of organizationMI	TCHELVILLE PRESERVA	TION PROJ	ECT INC		D Emplo	oyer identification number		
	Address ch	change Doing business as HISTORIC MITCHELVILLE PRESERVATION							27-2308109		
_	Name chai	-		O. box if mail is not delivered to street a		Roo	none number				
_	Initial retur								(843)255-7300		
=		n/terminated		vince, country, and ZIP or foreign postal	code			<b>G</b> Gross			
=	Amended i		HILTON HEAD ISI					\$	531,097		
=	Application			ncipal officer: SHIRLEY PETER	SON		H(a) Is this a				
	, ipplication	. ponung	SAME AS C ABOVE	·			''	H(a) Is this a group return for subordinates? Yes X No H(b) Are all subordinates included? Yes No			
	Tax-exemp	pt status: X 501		) ◀ (insert no.) 4947(a)(1)	or 527				t. (see instructions)		
	Website:		XPLOREMITCHELVI		<u> </u>				n number		
		ganization: X Cor		ociation Other ►	L Ye	ear of formation:		•	al domicile: SC		
_	rt I	Summary	<u> </u>								
			the organization's missi	on or most significant activities	PRESER	VING THE	HISTORY C	F MIT	CHELVILLE AND		
		•	-	SIGNIFICANT SITE,							
၁င		-		IFICE, RESISTANCE A							
Governance		FREEDOM		•							
) Ve	2	Check this box	if the organization	discontinued its operations or	disposed of m	nore than 25%	of its net asse	ets.			
õ	3	Number of votin	ig members of the gove	rning body (Part VI, line 1a)				. 3	16		
ە س	4	Number of inde	pendent voting member	s of the governing body (Part \					16		
Activities &			J	calendar year 2019 (Part V, li	,				0		
듩			volunteers (estimate if	, , ,	,				100		
∢			•	Part VIII, column (C), line 12					0		
				' '''					0		
				,	-		Prior Year	-	Current Year		
	8	Contributions an	nd grants (Part VIII, line	1h)			365	5,145	390,158		
ne			,	e 2g)				6,415	95,455		
Revenue		J	,	A), lines 3, 4, and 7d)				804	1,429		
Re			, , ,	ies 5, 6d, 8c, 9c, 10c, and 11e)			(:	2,093)	26,652		
		•		must equal Part VIII, column (A		_		0,271	513,694		
				X, column (A), lines 1-3)				300	1,454		
				(, column (A), line 4)		<del>-</del>			0		
	15			benefits (Part IX, column (A),			100	0,000	100,000		
Expenses	16a	Professional fun	draising fees (Part IX, o	column (A), line 11e)				-	0		
en	b		expenses (Part IX, col	· · · · · · · · · · · · · · · · · · ·		L4,211					
ᄶ	17	Other expenses	(Part IX, column (A), lir	nes 11a-11d, 11f-24e)			222	2,389	337,124		
	18	Total expenses.	Add lines 13-17 (must	equal Part IX, column (A), line	25)		322	2,689	438,578		
	19	Revenue less ex	xpenses. Subtract line	18 from line 12				7,582	75,116		
es es							Beginning of Curr		End of Year		
ets	20	Total assets (Pa	art X, line 16)				233	3,795	434,957		
Ass	21	Total liabilities (	Part X, line 26)				44	4,800	179,058		
Net Assets or Fund Balances	22	Net assets or fu	nd balances. Subtract	line 21 from line 20			188	3,995	255,899		
Pa	art II	Signature	Block								
				rn, including accompanying schedules a icer) is based on all information of which			knowledge and be	elief, it is			
	, 0011001, 4	ina complete. Declara	tion of proparor (other than on	oor) to based on all information of which	proparer riad any	inowicage.					
<b>~</b> : -		AHMAD I							11-13-2020		
Sig		Signature of	officer					Dat	e		
He	re	AHMAD I	WARD, EXECUTIVE	DIRECTOR							
		Type or print	name and title								
		Print/Type prepare	er's name	Preparer's signature	Da	ate	Check	if	PTIN		
Pai		MICHAEL P	THOMPSON				self-em	ployed	P00522384		
	eparer	Firm's name	MICHAEL	P THOMPSON CPA PC			Firm's EIN ▶				
Use Only Firm's address ► 10 PI			10 PINCK	KNEY COLONY RD STE 202			Phone no.				
			BLUFFTON	SC 29909				843-8	815-9399		
May	the IRS	discuss this rati	im with the preparer ch	own above? (see instructions)					X Ves No		

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

) (Revenue \$

(Expenses \$ 76,203 including grants of \$

4e Total program service expenses ► 209,447

65,063)

Part IV

27-2308109

#### **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," 1 х 2 Х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. . . . . . . . Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 Х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 Х 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b Х c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 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 х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . . . . 11e х 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 Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 12a **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 13 х 14a Х 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 Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 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 18 х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 х 20a Х b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?......... 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or x

Form 990 (2019) MITCHELVILLE PRESERVATION PROJECT INC 27-2308109 Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Х 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 23 Х Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Х 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 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 25a Х 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? 25b Х 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% 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 27 x 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a х 28b Х A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c х 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 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I. . . . . . . . 31 х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Х 35a Х 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 х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 Х 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 Х 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 Х Statements Regarding Other IRS Filings and Tax Compliance Part V 

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

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7</b> f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
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		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
40	If "Yes," see instructions and file Form 4720, Schedule N.	4.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Part VI

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

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	
Check if Schedule O contains a response or note to any line in this Part VI	<b>x</b>

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			
	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 in line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
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		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		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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	0-		
a	The governing body?	8a	x	
ь 9	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 the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<b>J</b>		Λ
	The second of th		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	x	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	466		
500	organization's exempt status with respect to such arrangements?	16b		
3ec	tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ South Carolina			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
. •	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
-	MELODY IRVIN (843)255-7300. PO BOX 21758. HILTON HEAD ISLAND. SC 29925			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				(	(C)					
(A)	(B)	ļ ,,			sition			(D)	(E)	(F)
Name and title	Average					han one s both ar	า	Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the organization	from related organizations	compensation from the
	(list any hours for	or d	Inst	Officer	Key	High	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	vidua	tio	ĕ	emp	nest oloye	ner			related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				
	below	stee	ruste		Õ	pens				
	dotted line)		ď			ated				
(1) CHARLES BOGGUESS	5.00									
DIRECTOR		х						0	0	0
(2) OCHIENG UBRI CAMPBELL	1.00									
DIRECTOR		х						0	0	0
(3) HELEN BAKER	2.00									
DIRECTOR		х						0	0	0
(4) JAMES L BERNDT	5.00									
DIRECTOR		х						0	0	0
(5) MARGOT BROWN	2.00									
DIRECTOR		х						0	0	0
(6) KIRSTEN HOTCHKISS	4.00									
DIRECTOR		х						0	0	0
(7) BRENT MORRIS, PHD	5.00									
DIRECTOR		х						0	0	0
(8) DIDI SUMMERS, PHD	2.00									
DIRECTOR		х						0	0	0
(9) LOLA CAMPBELL	4.00									
DIRECTOR		х						0	0	0
(10)HERBERT FORD	4.00									
DIRECTOR		х						0	0	0
(11)PATRICIA MONTGOMERY, ED. D	4.00									
DIRECTOR		х						0	0	0
(12)CHARLES CURL	5.00									
VICE CHAIRPERSON				х				0	0	0
(13)SHIRLEY PETERSON	13.00									
CHAIRPERSON				х				0	0	0
(14)MELODY IRVIN	4.00									
TREASURER				x				0	0	0
EEA										Form <b>990</b> (2019)

Part VII

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

27-2308109

(A) Name and title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both a officer and a director/trustee;  Or The line of the control						(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated am of other compensati from the organization related organiz		on
	hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	icer	Key employee	Highest compensated employee	Former			related	l organiz	ations
(15)GLORIA HOLMES, PHD	4.00							_	_			
SECRETARY (16)THOMAS C BARNWELL JR.	2.00			Х				0	0			0
CHAIRMAN EMERITUS		1		x				0	0			0
(17)AHMAD WARD	40.00	)										
EXECUTIVE DIRECTOR					х			0	0			0
<u>(18)</u>												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b Subtotal							· •					
c Total from continuation sheets to Part VII, Sec							-					
d Total (add lines 1b and 1c)								0	0			0
2 Total number of individuals (including but not limit		isted a	bove	e) wr	no re	eceived	d mc	ore than \$100,000 (	Of .			^
reportable compensation from the organization	<u> </u>										Yes	No
3 Did the organization list any <b>former</b> officer, direct	ctor, trustee,	kev en	olgn	vee.	or h	ighest	con	npensated			100	
employee on line 1a? If "Yes," complete Schedu		-				-		•		3		х
4 For any individual listed on line 1a, is the sum of r	eportable cor	mpens	ation	and	oth	er com	pen	sation from the				
organization and related organizations greater the				con	plet	te Sch	edul	le J for such				
individual										4		Х
5 Did any person listed on line 1a receive or accrue			-			_				_		
for services rendered to the organization? <i>If "Ye</i> Section B. Independent Contractors	s," complete	Scned	iuie .	J tor	SUC	n pers	on			5		<u> </u>
Complete this table for your five highest compensations.	ated independ	dent co	ntra	ctors	that	t receiv	ved	more than \$100.00	n of			
compensation from the organization. Report com												
(A)						Ĭ		(B)		(C)		
								Compens	ation			
Total number of independent contractors (including received more than \$100,000 of compensation from the contractors).	-				ted a	above)	wh	0				

27-2308109

Form 990 (2019) MITCHELVIL
Part VIII Statement of Revenue

		Check if Schedule O contains a response or i	note to any line in thi	s Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b d	Ines 1a-1f	41,536  165,103  183,519  \$▶  Business Code 900099 900099 900099	390,158 30,333 16,783 30,000 2,752	30,333 16,783 30,000 2,752	Dusiniess revenue	sections 512–514
70 _		ARCHAEOLOGY PROJECT	900099	13,000	13,000		
ъ.	Ť	All other program service revenue		2,587	2,587		
	3 4 5	Total. Add lines 2a-2f	and  ceeds	95,455	1,429		
ıne	c d 7a	(i) Real	(ii) Personal				
Other Revenue	d 8a	Gain or (loss)	a 44,025				
		Not be a second of the set for a decision of the second of		26,622			26,622
	9a b c	Gross income from gaming activities, See Part IV, line 19 9.  Less: direct expenses	a .				
		returns and allowances	а				
	b	Less: cost of goods sold 10	b				
	С	Net income or (loss) from sales of inventory					
Miscellanous Revenue		OTHER	Business Code 900099	30	30		
Mis R		All other revenue					
_ <del>-</del>		Total. Add lines 11a-11d		30 513,694	96,914	0	26,622

27-2308109

## 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). X Check if Schedule O contains a response or note to any line in this Part IX (D) (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. 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 1,454 1,454 Grants and other assistance to domestic 2 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 . . . . Compensation of current officers, directors, 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 74,000 . . . . . . . . . . . . . . 100,000 17,000 9,000 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 11 Fees for services (nonemployees): b Legal...... 936 936 11,139 11,139 d Professional fundraising services. See Part IV, line 17 . f 1,877 1,877 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 3,744 50,580 16,052 30,784 12 107,690 49,530 58,160 13 9,397 528 8,869 14 20,767 15,787 4,440 540 15 16 10,304 1,752 7,625 927 17 2,818 2,818 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 21,344 10,959 10,385 20 21 22 Depreciation, depletion, and amortization . . . . . . 3,464 3,236 228 23 4,707 4,707 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.) PERFORMANCES AND STAGING 45,352 45,352 ARCHAEOLOGY PROJECT 24,637 24,637 13,492 c SUPPLIES AND BOOKS 13,492 d PARK MAINTENANCE 4,000 4,000 All other expenses e 4,620 2,850 1,770 Total functional expenses. Add lines 1 through 24e. . 25 438,578 209,447 214,920 14,211 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)

Form 990 (2019)

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
	1	Cash - non-interest-bearing			175,596	1	352,170
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			38,679	3	64,449
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or former	officer,	director,			
		trustee, key employee, creator or founder, substantial co	ntributo	or, or 35%			
		controlled entity or family member of any of these perso	ns .			5	
	6	Loans and other receivables from other disqualified pers	ons (as	defined			
		under section 4958(f)(1)), and persons described in section	ion 49	58(c)(3)(B)		6	
w	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		F		8	
As	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	25,462			
	b	Less: accumulated depreciation			9,520	10c	8,338
	11	Investments - publicly traded securities	.,	11	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	12	Investments - other securities. See Part IV, line 11 .		12			
	13	Investments - program-related. See Part IV, line 11 .				13	
	14	Intangible assets		F		14	
	15	Other assets. See Part IV, line 11		F	10,000	15	10,000
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 3		F	233,795	16	434,957
	17	Accounts payable and accrued expenses			4,800	17	9,058
	18	Grants payable		F		18	2,000
	19	Deferred revenue	40,000	19	170,000		
	20	Tax-exempt bond liabilities	20,000	20	2707000		
	21	Escrow or custodial account liability. Complete Part IV o		21			
S	22	Loans and other payables to any current or former office					
Liabilities		trustee, key employee, creator or founder, substantial co					
apil		controlled entity or family member of any of these perso				22	
=	23	Secured mortgages and notes payable to unrelated thir		-		23	
	24	Unsecured notes and loans payable to unrelated third p	•	F		24	
	25	Other liabilities (including federal income tax, payables t		F			
		parties, and other liabilities not included on lines 17-24).					
		of Schedule D				25	
	26	<b>Total liabilities.</b> Add lines 17 through 25			44,800	26	179,058
		Organizations that follow FASB ASC 958, check here		$\mathbf{x}$	11,000		1737030
		and complete lines 27, 28, 32, and 33.	•				
Ses	27	•			188,995	27	255,899
<u>la</u>	28				100,333	28	255,055
Ä		Organizations that do not follow FASB ASC 958, che					
S E		and complete lines 29 through 33.	on no				
Ϋ́	29	Capital stock or trust principal, or current funds				29	
ts c	30	Paid-in or capital surplus, or land, building, or equipment		F		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or		F		31	
¥Α	32	Total net assets or fund balances		F	188,995	32	255,899
ž	33	Total liabilities and net assets/fund balances		F	233,795	33	434,957
	33	i otal habilities and het assets/fullu balances			433,195	JJ	434,33/

Form **990** (2019) EEA

Par	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			13,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		4	138,	578
3	Revenue less expenses. Subtract line 2 from line 1	3			75,	116
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1	.88,	995
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			(8,	212
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
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	255,	899
Par	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:   Cash  Accrual  Other	_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	2a		х
	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?		2	2b		х
	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?		2	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		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		;	3b		
FFΔ			F	orm 9	90 (2	(019

### **SCHEDULE A**

# **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.

2019
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

(Form 990 or 990-EZ)

Employer identification number

itaiii	. 0	o organization					Employer Identificat		
		LVILLE PRESERVATION PROJ					27-230810		
	irt I	Reason for Public Charity	•	•		•	.) See instructions	•	
	orga	nization is not a private foundation bec	,	•	•	•			
1	H	A church, convention of churches, or							
2	H	A school described in section 170(b	,,,,,,,	,	,	,			
3		A hospital or a cooperative hospital s	ŭ		. , . , .	, ,	(4)(4)(M) =		
4	Ш	A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in <b>sect</b>	ion 170(b)	(1)(A)(III). Enter the		
_		hospital's name, city, and state:	<i></i>						
5	Ш	An organization operated for the bene	•	iniversity owned or opera	ated by a g	governmen	tal unit described in		
_		section 170(b)(1)(A)(iv). (Complete	•						
6		A federal, state, or local government	· ·			. , , ,			
7	X								
_		described in section 170(b)(1)(A)(vi		•					
8		A community trust described in <b>secti</b>							
9	Ш	An agricultural research organization				•	•	ge	
		or university or a non-land-grant colle	ge of agriculture (s	ee instructions). Enter th	e name, cii	ty, and stat	e of the college or		
40		university:	o. (1) mare than 22	1/20/ of its support from			arabin face and areas		
10	Ш	An organization that normally receive	* *	• • • • • • • • • • • • • • • • • • • •					
		receipts from activities related to its e	•	•	•	•			
		support from gross investment income acquired by the organization after Ju		·		•	IOIII DUSIIIesses		
11	П	An organization organized and opera			•	,			
12	H	An organization organized and operation	•						
12	Ш	of one or more publicly supported or	•	·					
		Check the box in lines 12a through 12	-	` , , ,			, , ,	•	
	а	Type I. A supporting organization						•	
	-	the supported organization(s) the		•		•		.9	
		supporting organization. <b>You mu</b>			nty or the c	00.010 01			
	b	Type II. A supporting organization	•		ith its supr	orted orga	anization(s) by having		
	~	control or management of the sup	•			_			
		organization(s). You must comp		•	roono mac	00111101 01 1	nanago ino capponica		
	С	Type III functionally integrated			nnection w	ith and fu	nctionally integrated wi	ith	
		its supported organization(s) (see		·				,	
	d	Type III non-functionally integr	•	•				n(s)	
		that is not functionally integrated.						(-)	
		requirement (see instructions). Y		•					
	е	Check this box if the organization	-				Type II, Type III		
		functionally integrated, or Type III							
	f	Enter the number of supported organ							
	g	Provide the following information about	ut the supported or	ganization(s).					
	(i	) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10 above (see instructions))	listed in you docum	r governing	support (see instructions)	other support (see instructions)	
				above (see instructions))	docum	iont:	mandenona)	matructions)	
					Yes	No			
(A)									
(~)									
(B)									
(C)									
(D)	<b>)</b>								
<b>(C</b> )									
(E)									
Tota	al								

27-2308109 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	73,980	151,643	205,334	365,145	390,158	1,186,260
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	6,900	6,900	6,900	6,900	6,900	34,500
	<b>Total.</b> Add lines 1 through 3	80,880	158,543	212,234	372,045	397,058	1,220,760
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)						175,525
	Public support. Subtract line 5 from line 4						1,045,235
	ction B. Total Support	( ) 05:-	(1) 00:0	( ) 05:-	( N 05 / 5	( ) 05:5	(n = : :
	endar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 4	80,880	158,543	212,234	372,045	397,058	1,220,760
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
_	similar sources	21	29	105	624	1,429	2,208
9	Net income from unrelated business						
	activities, whether or not the business						
4.0	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
44	(Explain in Part VI.)				730	30	760
	<b>Total support.</b> Add lines 7 through 10					12	1,223,728
	Gross receipts from related activities, etc. (so <b>First five years.</b> If the Form 990 is for the or			d fourth or fiftl	L		1/2)
13	organization, check this box and <b>stop here</b>	-			-		
Sac	ction C. Computation of Public Suppor			· · · · · · · · ·			
	Public support percentage for 2019 (line 6, c			olumn (f))		14	85.41 %
	Public support percentage from 2018 Sched					15	99.82 %
	33 1/3% support test - 2019. If the organiza						
	box and <b>stop here.</b> The organization qualified						
b	33 1/3% support test - 2018. If the organization						
	this box and <b>stop here.</b> The organization qu						
17a	10%-facts-and-circumstances test - 2019.	-		-			
	10% or more, and if the organization meets t						
	Part VI how the organization meets the "fact				-	-	
	organization			-	-		_
b	10%-facts-and-circumstances test - 2018.						
_	15 is 10% or more, and if the organization m						
	Explain in Part VI how the organization meet					-	iclv
	supported organization				•		
18	<b>Private foundation.</b> If the organization did n						
	instructions						▶ □

27-2308109

## 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.)

Sed	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities fumished in any activity that is related to the						
	organization's tax-exempt purpose						
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	<b>Total.</b> Add lines 1 through 5						
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.)						
	ction B. Total Support			T			
	endar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
<b>L</b>	royalties, and income from similar sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Net income from unrelated business						<del> </del>
11							
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the or	∟ rganization's fi	rst second thi	rd fourth or fit	⊥ fth tax vear as a	section 501(	c)(3)
•	organization, check this box and <b>stop here</b>						
Sec	ction C. Computation of Public Suppor						<u> </u>
	Public support percentage for 2019 (line 8, c			column (f)) .		15	%
	Public support percentage from 2018 Sched					16	<u>%</u>
	ction D. Computation of Investment In					1	70
	Investment income percentage for 2019 (line			ine 13. columr	n (f))	17	%
	Investment income percentage from 2018 Se		• •			18	——————————————————————————————————————
	33 1/3% support tests - 2019. If the organiz						
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2018. If the organiz	-	-	-			
	line 18 is not more than 33 1/3%, check this						
20	<b>Private foundation.</b> If the organization did r	-	_	-	•		

EEA

## Part IV Supporting

## **Supporting Organizations**

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

## **Section A. All Supporting Organizations**

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

	Yes	No
1		
•		
2		
3a		
3b		
3с		
00		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
O.L.		
9b		
9с		
10a		
10L		
10b		

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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
	organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	ion C. Type II Supporting Organizations			
	71 11 0 0		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
	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		
	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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in:	struct	tions)	
а	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 <b>Part VI</b> how you supported a government entity (s	see in	struct	ions
	Activities Test. Answer (a) and (b) 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 <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
	that these activities constituted substantially all of its activities.  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	-5		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	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.

27-2308109

Schedule A (Form 990 or 990-EZ) 2019 MITCHELVILLE PRESERVATION PROJECT INC

Pa	rt v   Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organization	zations	must complete Sectio	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year
	Not about tarm capital asia	1		(optional)
<u>1</u>	Net short-term capital gain  Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or	- 3		
	llection of gross income or for management, conservation, or			
	aintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
<del>_7</del>	, , ,			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		(B) Current Year
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	structions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	actors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
_7	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
en	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting	g organization (see
	instructions)	•		- •

EEA Schedule A (Form 990 or 990-EZ) 2019

Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (co	ntinued)
I all V		HILIHAGAI

Sec	tion D - Distributions	, capporting organia	latione (commaca)	Current Year
1	Amounts paid to supported organizations to accomplish exem	nnt nurnoses		
2	Amounts paid to perform activity that directly furthers exempt			
_	organizations, in excess of income from activity	parpooco or capportoa		
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ons	
4	Amounts paid to acquire exempt-use assets	o or oupportou organizati	0110	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	ive	
•	(provide details in <b>Part VI</b> ). See instructions.	o . ga <u>_</u> a		
9	Distributable amount for 2019 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
			(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
е	From 2018			
	<b>Total</b> of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
d	Excess from 2018			

e Excess from 2019

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

## Schedule B (Form 990, 990-EZ,

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

Name of the organization

**Schedule of Contributors** 

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

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

2019

**Employer identification number** 

OMB No. 1545-0047

MITCHELVILLE PRESERVATION PROJECT INC 27-2308109 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules x For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Name of organization **Employer identification number** 

MITCHELVILLE PRESERVATION PROJECT INC

 - ,				
27-	-23	081	09	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_1_	BEAUFORT COUNTY  100 RIBAULT ROAD  BEAUFORT, SC 29901	\$	Person X Payroll Oncash Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2_	TOWN OF HILTON HEAD  ONE TOWN CENTER COURT  HILTON HEAD ISLAND, SC 29928	\$145,103	Person 🕱 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3	WOMEN IN PHILANTHROPY  4 NORTHRIDGE DR STE A  HILTON HEAD ISLAND, SC 29926	\$13,000	Person 🕱 Payroll 🔲 Noncash 🗍 (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4	COASTAL DISCOVERY MUSEUM  70 HONEY HORN DRIVE  HILTON HEAD ISLAND, SC 29926	\$100,000	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
			Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
			Person				

Name of organization

MITCHELVILLE PRESERVATION PROJECT INC

Employer identification number 27-2308109

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
4	PAID WAGES OF EXECUTIVE DIRECTOR	_	
		\$	12-31-2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

## **SCHEDULE D** (Form 990)

# **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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

міт	CHELVILLE PRESERVATION PROJECT INC		27-2308109
Pa	rt I Organizations Maintaining Donor Advised F	unds or Other Similar Funds or Acco	unts.
	Complete if the organization answered "Yes" or	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 w	riting that the assets held in donor advised	
	funds are the organization's property, subject to the organizati	_	
6	Did the organization inform all grantees, donors, and donor ad		
	only for charitable purposes and not for the benefit of the dono		
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" of	n Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or edu		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation 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			
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
ű			2d
3	Number of conservation easements modified, transferred, rele		
Ū	tax year	acce, extinguished, or terminated by the org	anization daining the
4	Number of states where property subject to conservation easi	ement is located.	
5	Does the organization have a written policy regarding the peri		
•	violations, and enforcement of the conservation easements it I		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
·	b	indining of violations, and officioning contest val	ion casemente admig ine year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservation e	easements during the year
•	► \$	ig or violations, and ornoroning corner vation of	accombine daming the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(/	1)(B)(i)
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	· ·	
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections	of Art. Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes"		
1a	If the organization elected, as permitted under FASB ASC 956		palance sheet works
	of art, historical treasures, or other similar assets held for publ		
	service, provide, in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 958		nce sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		
			<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		
-	following amounts required to be reported under FASB ASC 9		in, provide the
а			▶ \$
a b	Assets included in Form 990, Part X		
		<del></del>	· · · · · · · · · · · · · · · · ·

Pai	rt III Organizations Maintaining C	ollections of	Art, His	torical T	reasures	, or Ot	her Similar A	issets (c	ontinu	ıed)
3	Using the organization's acquisition, accession,	and other records	, check any	of the follo	wing that ma	ake signi	ficant use of its			
	collection items (check all that apply):									
а	X Public exhibition		d	Loan	or exchange	program	S			
b	Scholarly research		е	Other						
С	Preservation for future generations									
4	Provide a description of the organization's collection	tions and explain	how they for	urther the c	organization's	s exempt	purpose in Part			
	XIII.									
5	During the year, did the organization solicit or re-	ceive donations of	f art, historic	cal treasure	es, or other s	imilar				
	assets to be sold to raise funds rather than to be		art of the or	ganization	's collection?				s 🗌	No
Pai	rt IV Escrow and Custodial Arrang	jements.								
	Complete if the organization an	swered "Yes"	on Form	990, Pa	ırt IV, line	9, or re	ported an am	nount on I	=orm	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian of									
								🗌 Ye	s 🗌	No
b	If "Yes," explain the arrangement in Part XIII and	d complete the foll	owing table	:						
							A	mount		
С	Beginning balance									
d	Additions during the year					. 1d				
е	Distributions during the year					. 1e				
f	Ending balance					. 1f				
2a	Did the organization include an amount on Form					-				No
b_	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the ex	planation h	as been pr	ovided on Pa	art XIII	. <b></b> .	<u>.</u>	<u>.                                     </u>	
Pai	rt V Endowment Funds.									
	Complete if the organization an	swered "Yes"	on Form	990, Pa	rt IV, line	10.				
		(a) Current year	<b>(b)</b> Pri	or year	(c) Two years	s back	(d) Three years back	k (e) Fou	r years ba	ack
1a	Beginning of year balance									
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 current	year end balance	(line 1g, co	lumn (a)) h	neld as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment ▶ %									
С	Term endowment ► %									
	The percentages on lines 2a, 2b, and 2c should	•								
3a	Are there endowment funds not in the possession	on of the organiza	tion that are	held and	administered	for the				
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ns listed as requir	ed on Sche	dule R?.				. 3b		
4	Describe in Part XIII the intended uses of the or	_	wment fund	ls.						
Pai	rt VI Land, Buildings, and Equipm									
	Complete if the organization an	swered "Yes"	on Form	990, Pa	rt IV, line	11a. S	<u>ee Form 990,</u>	Part X, li	ne 10	).
	Description of property	(a) Cost or oth	ner basis	(b) Cost or	r other basis	(c)	Accumulated	(d) Boo	k value	
		(investm	ient)	(0	other)	de	epreciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment						525		( 5	525)
е	OtherSTMD1E				25,462		16,599		8,8	363
Tota	I. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Pa	rt X, colum	n (B), line	10 <i>c.</i> )		<del>.</del> <b>&gt;</b>		8,3	338

	Complete if the organization answered "	Yes" on For	m 990, Part IV, lir	ne 11b. See Form	990, Part X, line 12.
	<ul><li>(a) Description of security or category (including name of security)</li></ul>		(b) Book value	,	c) Method of valuation: r end-of-year market value
(1) Financial d	erivatives				
(2) Closely-he	d equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G) (H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.).				
Part VIII	Investments - Program Related.				
T GIT VIII	Complete if the organization answered "	Yes" on For	m 990, Part IV, lir	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		c) Method of valuation: r end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	(1)				
	(b) must equal Form 990, Part X, col. (B) line 13.).  Other Assets.				
Part IX	Complete if the organization answered "	Ves" on For	m 000 Part IV lie	ne 11d See Form	000 Part X line 15
	(a) Descr		111 550, 1 411 17, 111	ic 11d. Occ 1 oili	(b) Book value
(1)COLLECT		iption			10,000
(2)					10,000
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 15.).			▶	10,000
Part X	Other Liabilities.				
	Complete if the organization answered "	Yes" on For	m 990, Part IV, lir	ne 11e or 11f. See	e Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book	ralue		
(1) Federal in	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7) (8)					
(9)					
	h) must equal Form 990 Part Y col (P) line 25 \				
	•	f the footnote to	the organization's fin	ancial statements that	reports the
-			-		·
2. Liability for u	b) must equal Form 990, Part X, col. (B) line 25.).  uncertain tax positions. In Part XIII, provide the text o liability for uncertain tax positions under FASB ASC 7		-		

Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	-
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	513,694
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	-	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	513,694
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.)		
_ C	Add lines 4a and 4b	4c	
5 Do:	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 Dot	513,694
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	per Keti	arn.
4	·	4	420 550
1	Total expenses and losses per audited financial statements	1	438,578
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities		
a	Prior year adjustments	-	
b	Other losses	-	
d	Other (Describe in Part XIII.)	-	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	438,578
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		430,370
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	-	
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	5	438,578
Pa	rt XIII Supplemental Information.		
	ride 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; If art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

EEA Schedule D (Form 990) 2019

## **SCHEDULE G** (Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

2019

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

lame of the organization						Employer ide	ntification number
MITCHELVILLE PRESERVATION PROJECT INC					27-2308109		
Part I Fundraising Activities	. Complete if the	he organiz	ation ans	wered "Yes" on	Form 99	0, Part IV,	line 17.
Form 990-EZ filers are no	required to com	nplete this p	oart.				
1 Indicate whether the organization rais	ed funds through a	any of the foll	owing activit	ies. Check all that a	pply.		
a Mail solicitations		e 🗌 S	Solicitation of	f non-government gr	ants		
<b>b</b> Internet and email solicitations		f 🗌 S	Solicitation of	f government grants			
c Phone solicitations		g 🗌 S	Special fundr	aising events			
d In-person solicitations							
2a Did the organization have a written or	r oral agreement w	ith any individ	dual (includin	ng officers, directors,	trustees,		
or key employees listed in Form 990,	Part VII) or entity i	in connection	with profess	sional fundraising se	rvices?		es 🗌 No
<b>b</b> If "Yes," list the 10 highest paid individ	duals or entities (fu	ındraisers) pı	ursuant to ag	reements under whi	ch the fund	raiser is to b	е
compensated at least \$5,000 by the o	organization.						
(2) None and address of individual		(iii) Did fun	draiser have	(1-) 0		ount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody or control of contributions?		(iv) Gross receipts from activity		ained by) er listed in	(or retained by)
				,	col. (i)		organization
		Yes	No				
1							
2							
3							
4							
5							
6							
7							
8							
6							
9							
0							
	<u> </u>	I	1				
otal							
3 List all states in which the organization				ons or has been not	ified it is ex	empt from	
registration or licensing.	· ·					•	

	rt II		-			· · · · · · · · · · · · · · · · · · ·
		than \$15,000 of fundraising		d gross income on Forn	n 990-EZ, lines 1 and 6b	. List events with
		gross receipts greater than				
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
			BLUES N BBQ		NONE	col. <b>(c)</b> )
Φ			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	85,561			85,561
Zev	•	Gross receipts	65,561			85,561
_	2	Less: Contributions	41,536			41,536
	3	Gross income (line 1 minus				11,000
		line 2)	44,025			44,025
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
Direct Expenses	_	Earl and house and				
Û	7	Food and beverages				
irec	8	Entertainment				
	Ü	Littertainment				
	9	Other direct expenses	17,403			17,403
			_:,:			_:,=:-
	10	17,403				
	11	Net income summary. Subtract line				26,622
Pa	rt II			Yes" on Form 990, Par	t IV, line 19, or reported	more than
		\$15,000 on Form 990-EZ,	line 6a.			
a						
ĭ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
venue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
	1 2	Gross revenue	(a) Bingo		(c) Other gaming	
			(a) Bingo		(c) Other gaming	
			(a) Bingo		(c) Other gaming	
Expenses	2	Cash prizes	(a) Bingo		(c) Other gaming	
Expenses	2	Cash prizes	(a) Bingo		(c) Other gaming	
	2 3 4	Cash prizes	(a) Bingo		(c) Other gaming	
Expenses	2	Cash prizes		bingo/progressive bingo		
Expenses	2 3 4 5	Cash prizes		bingo/progressive bingo		
Expenses	2 3 4	Cash prizes		bingo/progressive bingo		
Expenses	2 3 4 5	Cash prizes	☐ Yes % ☐ No	bingo/progressive bingo  Yes %  No	☐ Yes% ☐ No	
Expenses	2 3 4 5	Cash prizes	☐ Yes % ☐ No	bingo/progressive bingo  Yes %  No	☐ Yes% ☐ No	
Expenses	2 3 4 5	Cash prizes	☐ Yes % ☐ No  2 through 5 in column (d)	bingo/progressive bingo  Yes%  No	☐ Yes% ☐ No	
Expenses	2 3 4 5 6 7	Cash prizes	☐ Yes % ☐ No  2 through 5 in column (d)	bingo/progressive bingo  Yes%  No	☐ Yes% ☐ No	
Expenses	2 3 4 5 6 7 8	Cash prizes	Yes % No  2 through 5 in column (d) tract line 7 from line 1, column	bingo/progressive bingo  Yes%  No  mn (d)	☐ Yes% ☐ No	
Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes	Yes % No  s 2 through 5 in column (d) tract line 7 from line 1, column	bingo/progressive bingo  Yes %  No  mn (d)	☐ Yes % ☐ No	col. (a) through col. (c))
B 6 Direct Expenses	2 3 4 5 6 7 8 Enn Isi	Cash prizes	Yes % No  s 2 through 5 in column (d) tract line 7 from line 1, column tion conducts gaming activities in each of	bingo/progressive bingo  Yes %  No  mn (d)	☐ Yes % ☐ No	col. (a) through col. (c))
Birect Expenses	2 3 4 5 6 7 8 Enn Isi	Cash prizes	Yes % No  s 2 through 5 in column (d) tract line 7 from line 1, column tion conducts gaming activities in each of	bingo/progressive bingo  Yes %  No  mn (d)	☐ Yes % ☐ No	col. (a) through col. (c))
Bired Expenses	2 3 4 5 6 7 8 End I Is i	Cash prizes	Yes % No  s 2 through 5 in column (d) tract line 7 from line 1, column tion conducts gaming activities activities in each of	bingo/progressive bingo  Yes%  No  mn (d)	☐ Yes% No▶	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En Isi	Cash prizes	Yes % No  s 2 through 5 in column (d) tract line 7 from line 1, column tion conducts gaming activities activities in each of	bingo/progressive bingo  Yes %  No  mn (d)	Yes % No  te tax year?	col. (a) through col. (c))

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

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number MITCHELVILLE PRESERVATION PROJECT INC 27-2308109 01. Governing body meeting documentation (Part VI, line 8a) THE GOVERNING BODY DOES NOT AUTHORIZE COMMITTEES TO ACT ON THEIR BEHALF. 02. Form 990 governing body review (Part VI, line 11) PRIOR TO FILING, THE BOARD OF DIRECTORS REVIEWS THE FORM 990. 03. Conflict of interest policy compliance (Part VI, line 12c) THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY AND PROCEDURES TO MONITOR COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ARE REVIEWED REGULARLY BY THE BOARD OF DIRECTORS. 04. CEO, executive director, top management comp (Part VI, line 15a) THE EXECUTIVE DIRECTOR IS PAID BY AN UNRELATED ORGANIZATION WHO DETERMINED THE COMPENSATION. 05. Other officer or key employee compensation (Part VI, line 15b THE BOARD OF DIRECTORS WILL DETERMINE COMPENSATION BASED ON AN EVALUATION OF PERFORMANCE AND LOCAL SALARY STRUCTURE WHEN COMPENSATION IS GIVEN. 06. Form 990 availability to public (Part VI, line 18) THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. 07. Governing documents, etc, available to public (Part VI, line 19) THE ORGANIZATION MAKES ITS DOCUMENTS REQUIRED TO BE AVAILABLE FOR PUBLIC INSPECTION. 08. Significant program services not listed on prior year return (Part III, line 2)

MITCHELVILLE PRESERVATION PROJECT STARTED GRIOT'S CORNER IN 2018 WHICH IS A LITERACY

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization Employer identification number MITCHELVILLE PRESERVATION PROJECT INC 27-2308109 PROGRAM FOR CHILDREN PRE K THROUGH THIRD GRADE. ALSO NEW IN 2018 IS THE ARCHAEOLOGY DIG AT MITCHELVILLE WHICH WILL DISPLAY EXCAVATED FINDINGS FROM THE FIRST LARGE-SCALE DIG LEAD BY BROCKINGTON AND ASSOCIATES. THE DIG UNCOVERED REMNANTS OF OLD HOMES, WELLS AND GARBAGE PITS, AND RECOVERED MORE THAN 20,000 ARTIFACTS REPRESENTING THE PERSONAL BELONGINGS, TOOLS AND HOUSEHOLD GOODS FROM THE FIRST SELF-GOVERNED, FREED SLAVES' TOWN IN AMERICA, ESTABLISHED ON HILTON HEAD IN 1862. THE MITCHELVILLE ANNIVERSARY FORUM STARTED IN 2018 IS A ONE-DAY SYMPOSIUM THAT EXAMINES DIFFERENT ASPECTS OF THE MITCHELVILLE STORY AND HOW IS RESONATES IN PRESENT TIME. EACH YEAR HAS A UNIQUE THEME. 09. List of other fees for services expenses (Part IX, line 11g) THE OTHER FEES FOR SERVICES EXPENSE IS CONTRACT LABOR PAID FOR OFFICE HELP, PROGRAM SERVICES, GRANT WRITING AND FUNDRAISING ASSISTANCE. 10. Part XI, response or note to any line in Part XI UNCOLLECTIBLE PRIOR YEAR PLEDGE OF \$8212 PREVIOUSLY REPORTED ON PRIOR YEAR'S SCHEDULE A BECAME UNCOLLECTIBLE IN THE CURRENT YEAR. IT WAS ADJUSTED FROM THE AMOUNT REPORTED IN PART II, LINE 1, COLUMN (D) FOR THE PRIOR TAX YEAR (2018).

**Depreciation and Amortization** 

(Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99)

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

Attachment Sequence No. 179

Name(s) shown on return Business or activity to which this form relates Identifying number MITCHELVILLE PRESERVATION PROJEC FORM 990 - 1 27-2308109 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions)......... 3 3 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (b) Cost (business use only) (a) Description of property 7 8 8 9 9 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 1.1........ Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line № 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 15 15 16 3,236 MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (business/investment use (e) Convention (a) Classification of property placed in (f) Method (g) Depreciation deduction service only-see instructions) 19a 3-year property 5 b 5-year property 2,282 ΗY SL 228 7-year property d 10-year property e 15-year property 20-year property 25-year property 25 yrs. Residential rental S/I 27.5 yrs. MM property 27.5 yrs. MM S/I 39 yrs. MM S/L Nonresidential real MM property Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L 30-year 30 yrs. MM S/L С d 40-year MM S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions . . . . . 3,464 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

### **Statement of Program Service Accomplishments** 2019 PG01 Your Social Security Number MITCHELVILLE PRESERVATION PROJECT INC 27-2308109

FORM 990-PART III(A)

Statement #4

Statement of Service Accomplishment

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES \$23121 GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE \$0 PROGRAM SERVICES REVENUE \$2752

### EXPLANATION

Name(s) as shown on return

MITCHELVILLE ANNIVERSARY FORUM IS A ONE DAY SYMPOSIUM THAT EXAMINES ASPECTS OF THE MITCHELVILLE STORY AND HOW IT RESONATES IN PRESENT TIME. THE 2019 ANNIVERSARY FORUM SEEKS TO EXAMINE ACCESS AND WHO HAS IT. IT LOOKED AT THE ISSUES REVOLVING AROUND HISTORIC AND CONTEMPORARY ACCESS IN 21st CENTURY AMERICA. THIS SESSION EXAMINED ACCESS TO QUALITY EDUCATION, ISSUES ASSOCIATED WITH HEALTH CARE AND THE GROWING POLITICAL POWER OF WOMEN, 100 YEARS AFTER GAINING THE RIGHT TO VOTE IN 1920.

## **Statement of Program Service Accomplishments**

2019

PG01

27-2308109

Statement #4

Name(s) as shown on return

Your Social Security Number

MITCHELVILLE PRESERVATION PROJECT INC

### FORM 990-PART III(B)

Statement of Service Accomplishment

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES

\$22319

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE

\$0

PROGRAM SERVICES REVENUE

\$30000

### EXPLANATION

MODELING OUR ANCESTORS TO GROW AND INFLUENCE OUR COMMUNITY (MAGIC) LEADERSHIP PROGRAM WAS
DESIGNED TO ENGAGE AREA HIGH SCHOOL STUDENTS IN DISCOVERING THEIR OWN LEADERSHIP ABILITIES BY
EXPLORING HISTORICAL CONCEPTS AND PARTICIPATING IN A VARIETY OF LEARNING EXPERIENCES. LIFELONG
LEARNING IS A CORE VALUE THAT IS PROMOTED TO PARTICIPANTS. MAGIC YOUTH IS DESIGNED TO ENGAGE HIGH
SCHOOL STUDENTS IN DISCOVERING THEIR OWN LEADERSHP ABILITIES BY EXPLORING LESSONS OF MITCHELVILLE
AND RECONSTRUCTION AND PARTICIPATING IN A VARIETY OF LEARNING EXPERIENCES. MAGIC SEEKS TO BUILD
THE SELF-WORTH OF PARTICIPANTS BY INSTILLING PRIDE IN THEIR AREA, BASED ON THE EVENTS OF
RECONSTRUCTION AND THE HISTORY OF MITCHELVILLE; PROVIDING AN OPPORTUNITY FOR INTERNAL GROWTH
THROUGH INTERACTIVE ACTIVITIES THAT ENCOURAGE CRITICAL THINKING AND COLLABORATION; AND
INTRODUCING THE TOOLS NECESSARY FOR CAREER ADVANCEMENT.

## **Statement of Program Service Accomplishments**

2019

PG01

Name(s) as shown on return

Your Social Security Number

MITCHELVILLE PRESERVATION PROJECT INC

27-2308109

Statement #4

## FORM 990-PART III(C)

Statement of Service Accomplishment

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES \$16664
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE \$0
PROGRAM SERVICES REVENUE \$30333

### EXPLANATION

THE GRIOT'S CORNER IS A LITERACY PROGRAM AT HISTORIC MITCHELVILLE FREEDOM PARK DESIGNED FOR EARLY READERS FROM PRE K THROUGH THIRD GRADE AND WELCOMES CLASSES OF UP TO THIRTY CHILDREN FOR THE PROGRAM UNDER THE BIG OAK TREE IN THE PARK. STORIES CENTER ON DIVERSITY WITH THIS YEAR'S SPECIAL FOCUS ON RELATIONSHIPS, STORY TELLERS, AND WILL INCLUDE GUEST READERS FROM THE COMMUNITY. THE CHILDREN WILL ALSO SHARE IN ACTIVITIES LIKE ART, GAMES, AND MUSIC RELATED TO THE THEME. HISTORIC MITCHELVILLE, THE SITE OF THE FIRST MANDATORY EDUCATION PROGRAM IN SOUTH CAROLINA IN 1862, KEEPS THE SPIRIT OF PUBLIC EDUCATION ALIVE THROUGH THE TRADITION OF STORYTELLING TO HELP ENCOURAGE THE IMPORTANCE OF LITERATURE IN THE UNDERSTANDING OF ALL PEOPLE.

## **Statement of Program Service Accomplishments**

2019

PG01

27-2308109

Name(s) as shown on return

MITCHELVILLE PRESERVATION PROJECT INC

Your Social Security Number

FORM 990-PART III(D)

Statement #4

Statement of Service Accomplishment

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES

\$14099

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE PROGRAM SERVICES REVENUE

\$1978

\$0

### EXPLANATION

FREEDOM DAY CELEBRATION - MITCHELVILLE FREEDOM PARK IS A NETWORK TO FREEDOM SITE RECOGNIZING THE COMMUNITY AS THE 1ST SELF-GOVERNING TOWN OF FORMERLY ENSLAVED PEOPLE. IN 1862, SHORTLY BEFORE THE EMANCIPATION PROCLAMATION WAS SIGNED -- WHILE MOST OF THE AFRICAN-AMERICAN POPULATION IN THE SOUTH WAS STILL ENSLAVED -- THE PEOPLE OF MITCHELVILLE WERE BUSY CREATING A COMPLETELY NEW, SELF-GOVERNED CULTURE THAT WOULD BE THE GUIDEPOST FOR GENERATIONS TO FOLLOW. THESE INDUSTRIOUS NEW CITIZENS BUILT HOMES ON NEATLY ARRANGED STREETS, ELECTED THEIR OWN OFFICIALS, DEVELOPED LAWS, BUILT AN ECONOMY, AND IMPLEMENTED MANDATORY EDUCATION FOR THEIR CHILDREN. IN FACT, THE REPORTS OF THE SUCCESS OF MITCHELVILLE WERE SO GLOWING, THAT THE FAMOUS UNDERGROUND RAILROAD FREEDOM FIGHTER, HARRIET TUBMAN, WAS SENT TO HILTON HEAD TO SEE THIS BUSTLING TOWN, SO SHE COULD SHARE THE STORY OF MITCHELVILLE'S SELF-GOVERNED SUCCESS WITH FUTURE FREEDMEN TOWNS.

FOR YOUR RECORDS ONLY Federal Supporting Statements	<b>2019</b> PG01
Name(s) as shown on return	Tax ID Number
MITCHELVILLE PRESERVATION PROJECT INC	27-2308109

FORM 990 - SCHEDULE D - PART VI - LINE 1E STATEMENT #D1E INVESTMENTS - OTHER

DEGCRIPHION	COCH /DAGEC	COCH /DACTC		DOOM
DESCRIPTION	COST/BASIS	COST/BASIS		BOOK
OF INVESTMENT	(INVESTMENT)	(OTHER)	DEPR	VALUE
THEATER SEATING	0	20,000	12,857	7,143
SIGNAGE	0	980	298	682
SIGNAGE	0	1,675	359	1,316
COMPUTERS	0	2,807	228	2,579
		05.460	12 540	11 500
TOTAL	0	<u>25,462</u>	<u>13,742</u>	<u> </u>

# Form 990

Department of the Treasury

Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047 2018

Open to Public Inspection

Α	For	r the 2	2018 calend	lar year, or tax year begin	ning		, 2018, and en	iding	, 20		
В	Check if applicable:		plicable:	C Name of organization MITC	HELVILLE PRESERVA	ATION PROJ	ECT INC		D Employer in	dentification no.	
$\Box$		ress ch			HELVILLE PRESERVA				27-2308		
Ħ		ne chan						Room/suite	E Telephone n		
H								(843) 25			
H		al returr			7ID (						
H		al return/terminated City or town, state or province, country, and ZIP or foreign postal code						G Gross receipts			
H	Amended return HILTON HEAD ISLAND, SC 29925							T		106,493	
Application pending F Name and address of principal officer: SHIR						LEY PETERSON H(a) Is this a group return				Yes X No	
		SAME AS C ABOVE						H(b) Are all subordina	_	Yes No	
1	Tax-	-exempt	t status: X	501(c)(3) 501(c)(	) (insert no.) 4947(	a)(1) or 52	27	If "No," attach a list. (see instructions)			
J	Website: ► WWW.EXPLOREMITCHELVILLE.ORG H(c) Group exempt								on number		
K		-			ociation Other	L	Year of formation: 20	010 M State of le	gal domicile: S	SC	
Pi	art		Summar	•							
				ibe the organization's missi	-			HISTORY OF MI			
çe		PRESERVING A HISTORICALLY SIGNIFICANT SITE, TO REVEAL AN AMERICAN STORY OF FORME									
Governance		Ī	WHO CREA	TED A CULTURE OF	SACRIFICE, RESIS	TANCE AND	RESILIENCE :	IN A QUEST TO	DEFINE A	'N	
err				E FREEDOM							
30				ox I if the organization				1	. 1		
∞ಶ				oting members of the gover	•	,			_	15	
es				ndependent voting members					-	15	
viti		5	Total numbe	r of individuals employed in	,	,				0	
Activities &		6	Total numbe	r of volunteers (estimate if r	necessary) · · · · · ·					100	
-		7a	Total unrelat	ed business revenue from f	Part VIII, column (C), line 1	2			-	0	
		b	Net unrelate	d business taxable income	from Form 990-T, line 38			7	b	0	
								Prior Year	Curre	ent Year	
				s and grants (Part VIII, line				231,9	29	365,145	
n ie				rvice revenue (Part VIII, line				19,2	01	26,415	
Revenue		10	Investment i	ncome (Part VIII, column (A	A), lines 3, 4, and 7d) • •			1	05	804	
R	:	11	Other reven	ue (Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, and	11e) · · · ·		15,0	54	(2,093	
	_					III, column (A), line 12)		266,2	89	390,271	
	- 1			similar amounts paid (Part I				2	00	300	
	- 1			d to or for members (Part IX	,,		<u> </u>			0	
ď	,			ner compensation, employed				48,1	50	100,000	
Fxnenses	2	16a	Professional	I fundraising fees (Part IX, o	column (A), line 11e) · ·					0	
90	2			ising expenses (Part IX, col			16,691				
ú	1	17	Other expen	nses (Part IX, column (A), lir	nes 11a-11d, 11f-24e)			158,3	52	222,389	
			100000000000000000000000000000000000000	ses. Add lines 13-17 (must			-	206,7	02	322,689	
	_	19	Revenue les	ss expenses. Subtract line	18 from line 12			59,5	87	67,582	
č	Fund Balances							Beginning of Current Yea	ir End	of Year	
9	alar		Total assets	(Part X, line 16) · · · ·				161,8		233,795	
4	T D			es (Part X, line 26) · · ·				34,4		44,800	
				or fund balances. Subtract	line 21 from line 20 · · ·			127,4	37	188,995	
	art			ire Block			de de la constanta	lander and ballet it is			
Ur	nder p	penaltie prrect, a	es of perjury, I de and complete. De	eclare that I have examined this retu eclaration of preparer (other than of	urn, including accompanying sched fficer) is based on all information o	dules and statements f which preparer has	s, and to the best of my any knowledge.	knowledge and beller, it is			
		T									
Si	an		Cianati	ure of officer					11-15- Date	-2019	
	ere										
116	516			DDY IRVIN, TREASUR	RER						
_					I December 1		Date	Check it	f PTIN		
D	aid			reparer's name	Preparer's signature				P00841	1562	
		arer		L THOMPSON CPA	D MILOMDOON CD3 D		11-15-2019	self-employed Firm's EIN ▶ 25 -	-16305		
		Only			P THOMPSON CPA P			Phone no.	16000		
U:	3C (	Unity	Firm's addre		KNEY COLONY RD ST	E 202		Re F NO 951 MRG/2	-815-9399	,	
F. 4 -	., 41-	o IDO	diaguas #bi-	BLUFFTOI s return with the preparer sh	N SC 29909	one)		643		res No	
iVič	IV III	IC INO	ว นเอบนออ เกิโร	return with the preparer St	IONNII anove: (see ilistiucti	0110/			E 7		

## 8) MITCHELVILLE PRESERVATION PROJECT INC Checklist of Required Schedules Part IV

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		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? <i>If</i> "Yes,"			
•	complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	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			V
10	1807 Class (2010 Section 1801 Classes) (1910 Section 1801	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10		Χ
11	endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> · · · · · · · · · · · · · · · · · ·	10		Λ
11	VII, 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 "Yes,"</i>			
а	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	114	21	
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	112		21
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
		11f		Χ
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		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			3.7
	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	4-		V
	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	40	v	
	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?	19		X
	If "Yes," complete Schedule G, Part III	20a	-	X
20 a		20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		000 (0	040)

Form 990 (2018) MITCHELVILLE PRESERVATION PROJECT INC

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
04-	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
al	to defease any tax-exempt bonds?	24c		
d 250	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			7.7
<b>L</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	254		V
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		X
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	- 1	Χ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20	_	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			21
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			3.7
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		v
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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
27	related organization? If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 21
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			21
30	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	The state of the s		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	45			
С	The state of the s			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
		Form	agn (	2018)

### 18) MITCHELVILLE PRESERVATION PROJECT INC Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
40	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	4a		X
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_		7.7
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		Χ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	va		77
	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 goods			
	and services provided to the payor?	7a		Χ
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			
	required to file Form 8282?	7c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
	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		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 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.	Tou		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year $\cdots$	15		Χ
	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 income?	16		Χ
	If "Yes," complete Form 4720, Schedule O.		200 //	2040

Form 990 (2018) MITCHELVILLE PRESERVATION PROJECT INC 27-2308109 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 in 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 in Schedule O.			
b	Enter the number of voting members included in 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, or 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 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
7a	Did the organization have members or stockholders?	6		X
ra	one or more members of the governing body?	7-		7.7
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	-	X
~	stockholders, or persons other than the governing body?	7b		v
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7.0		X
-	the year by the following:			
а	The governing body?	8a	Χ	
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	0.0	21	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • • •	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13	Χ	
14	Did the organization have a written document retention and destruction policy?	14	Χ	
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?	45-	37	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Χ	
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Χ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Toa		2/1
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed South Carolina			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	ACTION TOWN (042) OFF 7200 DO DOW 017F0 HIT MON HEAD TOLDED GO 2002F			

Form	990	(201)	8

MITCHELVILLE PRESERVATION PROJECT INC

27-2308109

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions, for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		(C)								
(A)	(B)	Position (do not check more than one				(D)	(E)	(F)		
Name and Title	Average	2				han one is both a	- 1	Reportable	Reportable	Estimated
	hours per week (list any	office	er and	d a dir	recto	r/trustee	)	compensation from	compensation from related	amount of
	hours for						-	the	organizations	other compensation
	related organizations	Indivi or dir	Instit	Officer	Key	High empl	Forme	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	dual	ution	9	Key employee	est co	ler	(** 2/1000 141100)		and related
	line)	Individual trustee or director	Institutional trustee		oyee	ompe				organizations
		ee	stee			Highest compensated employee				
						ed				
(1) CHARLES BOGGUESS	5.00									
DIRECTOR		X						0	0	0
(2) OCHIENG UBRI CAMPBELL	1.00									
DIRECTOR		X						0	0	0
(3) HELEN BAKER	2.00	5.7								
DIRECTOR		X						0	0	0
(4) JAMES L BERNDT	5.00_	V								_
DIRECTOR	0.00	X						0	0	0
(5) MARGOT BROWN DIRECTOR	2.00_	X								_
(6) KIRSTEN HOTCHKISS	4.00	Λ						0	0	0
DIRECTOR	4.00	X						O	0	0
(7) BRENT MORRIS, PHD	5.00									
DIRECTOR		X						O	0	0
(8) DIDI SUMMERS, PHD	2.00									
DIRECTOR		X						O	0	0
(9) LOLA CAMPBELL	4.00									
DIRECTOR		X						0	0	0
(10)HERBERT FORD	4.00									
DIRECTOR		X						C	0	0
(11)CHARLES CURL	5.00									
VICE CHAIRPERSON				X				C	0	0
(12)SHIRLEY PETERSON	13.00			7.7					2	
CHAIRPERSON				X	_			C	0	0
(13)MELODY IRVIN	4.00			3.7						_
TREASURER	4.00			X				С	0	0
(14)GLORIA HOLMES, PHD	4.00			X					0	0
SECRETARY FFA									, 0	Form <b>990</b> (2018)

Part V	rt VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B)  Average hours per week (list any hours for related organizations below dotted line)	box, u	unless or and	s pers	ition ore the	one an e) Highest compensated employee	Former	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com fi org	(F) stimated nount of other pensation of the anization d related anization	n d
	MAS C BARNWELL JR.	2.00_			X				0	0			0
(16)AHMZ EXE(	AD WARD					X			100,000				0
<u>(18)</u>													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
	Sub-total												
d T	Total (add lines 1b and 1c)							<b>&gt;</b>	100,000	0			0
	Total number of individuals (including but not limited	to those liste	ed abo	ve) v	who	rece	eived n	nore	than \$100,000 of	0			
	eportable compensation from the organization									0		Yes	No
	Did the organization list any <b>former</b> officer, director,			loye	e, or	higl	hest co	omp	ensated		3		Х
	employee on line 1a? <i>If "Yes," complete Schedule J</i> For any individual listed on line 1a, is the sum of rep			ion a	and o	· ·	r comp	ens	ation from the		3		Λ
C	organization and related organizations greater than	\$150,000? <i>If</i>									4		Х
	ndividual · · · · · · · · · · · · · · · · · · ·		from a	· · any ι	 unre	ated	orgar	· ·	ion or individual		-		21
	or services rendered to the organization? If "Yes," on B. Independent Contractors	complete Sch	edule .	J for	suci	h pe	rson				5	X	
1 (	Complete this table for your five highest compensate compensation from the organization. Report compensery												
	(A)										(C)		
	Name and business address								Description of	services	Com	pensatio	n
					_								
			17		p :			.1.					
	Total number of independent contractors (including received more than \$100,000 of compensation from				liste	d ab	ove) v	vno					

Form 990 (2018) MITCHELVIL
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or no	te to any line in this	s Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
its	1a	Federated campaigns	1a					
irar	b	Membership dues	1b					
S, G	С	Fundraising events	1c	22,473				
Gif	d	Related organizations	1d					
ns, Sim	е	Government grants (contributions)	1e	187,525				
utio	f	All other contributions, gifts, grants,						
d i		and similar amounts not included above	1f	155,147				State State
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-	1f: \$					
	h	Total. Add lines 1a-1f			365,145			
e				Business Code				
venu		GRIOT'S CORNER		900099	526	526		
e Re		JUNETEENTH CELEBRATION		900099	18,603	18,603		
Nic		ANNIVERSARY FORUM		900099	6,786	6,786		
Program Service Revenue		FREEDOM DAY		900099	500	500		
gran	6	All other program consists assessed						
Pro		All other program service revenue · · · · · · Total. Add lines 2a-2f · · · · · · · · · · · · · · · · · · ·						
					26,415			
	3	Investment income (including dividends, interand other similar amounts)			604	60.4		
	4	Income from investment of tax-exempt bond		-	624	624		
		Royalties · · · · · · · · · · · · · · · · · · ·		-				
		(i) Real						
	6a	Gross rents	650	(ii) Personal				
		Less: rental expenses · · · ·	650					Property and
		Rental income or (loss) · · ·	650					
		Net rental income or (loss)			650	650		
		Gross amount from sales of (i) Securitie		(ii) Other	030	030		
	7 4	assets other than inventory		180				
	b	Less: cost or other basis					77.0	
		and sales expenses · · · ·						
	С	Gain or (loss)		180				
	d	Net gain or (loss) · · · · · · · · · · · · · · · · · ·			180	180		
enne	8a	Gross income from fundraising						
ver		events (not including \$ 22,47	3					
8		of contributions reported on line 1c).						
Other Rev		See Part IV, line 18 · · · · · · · · · · ·		13,479				
ō	I	Less: direct expenses		16,222				
		Net income or (loss) from fundraising events			(2,743	)		(2,743
	9a	Gross income from gaming activities.						
		See Part IV, line 19 · · · · · · · · · · · · · · · · · ·						
		Less: direct expenses						
	14 1470	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	_					2.0
	h	Less: cost of goods sold	0.00					
	1	Net income or (loss) from sales of inventory						
	-	Miscellaneous Revenue	··	Business Code				
	11a			Dusiness Code				
	b							
	c							
		All other revenue						
	1	Total. Add lines 11a-11d						
		Total revenue. See instructions			390,271	27,869	0	(2,743

# 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	· · · · · · · · · · · · · · · ·		F
Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21	300	300		
2	Grants and other assistance to domestic		300		
	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	100,000	17,000	74,000	0 000
6	Compensation not included above, to disqualified	200/000	17,000	74,000	9,000
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	5,869		5,869	
d	Lobbying · · · · · · · · · · · · · · · · · · ·			7,000	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,611		1,611	
g	Other. (If line 11g amount exceeds 10% of line 25, column	•			
	(A) amount, list line 11g expenses on Schedule O.)	42,000	9,600	26,000	6,400
12	Advertising and promotion	80,070	14,322	65,748	
13	Office expenses	2,348	,	2,348	
14	Information technology	1,280	218	947	115
15	Royalties				
16	Occupancy · · · · · · · · · · · · · · · [	13,066	2,221	9,669	1,176
17	Travel	1,284		1,284	*
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,781	12,540	5,241	
20	Interest · · · · · · · · · · · · · · · · · · ·				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,117	3,117		
23	Insurance	520		520	
24	Other expenses. Itemize expenses not covered	A STATE OF THE STA		4000000	
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	PERFORMANCES AND STAGING	35,536	35,536		
b	ARCHAEOLOGY PROJECT	9,452	9,452		
С	PARK MAINTENANCE	4,500	4,500		
d	DUES AND SUBSCRIPTIONS	1,203		1,203	
е	All other expenses	2,752	1,021	1,731	
25	Total functional expenses. Add lines 1 through 24e	322,689	109,827	196,171	16,691
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 1 Cash - non-interest-bearing 1 91,296 175,596 2 2 3 46,808 3 38,679 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 Notes and loans receivable, net 7 Assets 8 9 Prepaid expenses and deferred charges 2,830 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . 10a 23,180 b Less: accumulated depreciation . . . . . . . . . . . 10b 13,660 10,962 10c 9,520 11 11 12 Investments - other securities. See Part IV, line 11 ........ 12 13 Investments - program-related. See Part IV, line 11 ........ 13 14 14 15 15 10,000 10,000 16 Total assets. Add lines 1 through 15 (must equal line 34) ...... 16 161,896 233,795 17 3,559 17 4,800 18 18 19 Deferred revenue 19 30,900 40,000 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L . . . . . . . . . . . . . . . . 23 Secured mortgages and notes payable to unrelated third parties . . . . . . . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 26 34,459 44,800 Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 127,437 27 27 188,995 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 33 127,437 33 188,995 34 34 233,795 161,896

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI			. 🛛			
1	Total revenue (must equal Part VIII, column (A), line 12)		390,				
2	Total expenses (must equal Part IX, column (A), line 25)		322,				
3	Revenue less expenses. Subtract line 2 from line 1		67,				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		127,4				
5	Net unrealized gains (losses) on investments						
6	Donated services and use of facilities						
7	Investment expenses						
8 Prior period adjustments							
9	Other changes in net assets or fund balances (explain in Schedule O)		(0)	024)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
33, column (B))							
Pa	rt XII Financial Statements and Reporting		188,9				
	Check if Schedule O contains a response or note to any line in this Part XII			. 🗌			
			Yes	No			
1	Accounting method used to prepare the Form 990:   Cash  Cash  Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Χ			
	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		Χ			
	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 in						
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in						
	the Single Audit Act and OMB Circular A-133?	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 in Schedule O and describe any steps taken to undergo such audits	3b					
EEA		Form	990 (	2018)			

### **SCHEDULE A**

**Public Charity Status and Public Support** 

(Form 990 or 990-EZ) Department of the Treasury

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018 Open to Public

Inspection

Internal Revenue Service Name of the organization

Employer identification number

		LVILLE PRESERVATION PROJ					27-23081	.09			
0000000000	rt I	Reason for Public Charity					) See instruction	S.			
The	orga	nization is not a private foundation beca									
1		A church, convention of churches, or a	association of churc	hes described in section	170(b)(1)	(A)(i).					
2		A school described in section 170(b)(	(1)(A)(ii). (Attach So	chedule E (Form 990 or 9	90-EZ).)						
3		A hospital or a cooperative hospital se	rvice organization d	lescribed in section 170(	b)(1)(A)(iii	).					
4		A medical research organization opera					A)(iii). Enter the				
		hospital's name, city, and state:					, ,				
5		An organization operated for the bene	fit of a college or un	niversity owned or operat	ed by a go	vernmenta	l unit described in				
		section 170(b)(1)(A)(iv). (Complete P		,	, . , . ,						
6	П	A federal, state, or local government o		described in section 17	0(h)(1)(Δ)(	(v)					
7	X	An organization that normally receives					the general nublic				
		described in section 170(b)(1)(A)(vi).			ornine mar i	unit or non	Title general public				
8	П	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9	Ħ	An agricultural research organization d			d in conju	notion with	a land grant college				
•	ш	or university or a non-land-grant collection									
		university:	ge of agriculture (se	se instructions). Enter the	manne, city	y, and state	e of the college of				
10		An organization that normally receives	2: (1) more than 33	1/3% of its support from	contributio	no mombo	arabin food, and araba				
		receipts from activities related to its ex									
		support from gross investment income									
		acquired by the organization after June				STI (ax) III	on businesses				
11	П	An organization organized and operate			,	(a)(4)					
12	H	An organization organized and operate				70 (503) (5	corry out the numero				
12	Ш						, , ,				
		of one or more publicly supported orga					, ,, ,				
		Check the box in lines 12a through 12						12g.			
	а	Type I. A supporting organization									
		the supported organization(s) the			y of the dir	ectors or tr	ustees of the				
	L	supporting organization. You mus					C. A. D. L. L.				
	b	Type II. A supporting organization									
		control or management of the sup		to the control of the	sons that c	control or n	nanage the supported	1			
		organization(s). You must compl									
	С	Type III functionally integrated.									
		its supported organization(s) (see									
	d	Type III non-functionally integra		-							
		that is not functionally integrated.					t and an attentivenes	S			
		requirement (see instructions). Yo	-								
	е	Check this box if the organization				a Type I,	ype II, Type III				
	_	functionally integrated, or Type III		egrated supporting organ	nization.						
	f	Enter the number of supported organi									
	g	Provide the following information about			T		T				
	<b>(</b> i	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	rganization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see			
				above (see instructions))	docum		instructions)	instructions)			
					Yes	No					
(A)											
(B)											
(C)											
(D)											
(E)											
Tak	-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						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	26,976	73,980	151,643	205,334	365,145	823,078
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	6,900	6,900	6,900	6,900	6,900	34,500
4	Total. Add lines 1 through 3 · · · · · ·	33,876		158,543		372,045	857,578
5	The portion of total contributions by			Section 1997			
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount			2.5			
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 · ·						857,578
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4	33,876	80,880	158,543	212,234	372,045	857,578
0	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18	21	29	105	624	797
9	Net income from unrelated business activities, whether or not the business is regularly carried on	10	do de	2	103	024	731
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					730	730
11	Total support. Add lines 7 through 10					750	859,105
12	Gross receipts from related activities, etc. (s	ee instructions)				12	033,103
13	First five years. If the Form 990 is for the organization, check this box and stop here	ganization's first, se					▶ 🗌
	tion C. Computation of Public Su	• •					
14	Public support percentage for 2018 (line 6, c						99.82 %
15	Public support percentage from 2017 Sched						89.50 %
16a			A 18 C				
	box and <b>stop here.</b> The organization qualifie		-				▶ 🛚
b	33 1/3% support test - 2017. If the organiza						
470	this box and stop here. The organization qua						▶ 📋
17a	10% or more and if the arganization mosts to						
	10% or more, and if the organization meets the						
	Part VI how the organization meets the "fact organization			•			⊾ □
b	10%-facts-and-circumstances test - 2017.						
D	15 is 10% or more, and if the organization me						
	Explain in Part VI how the organization meet				and the second of the second	V	
	supported organization					*	□
18	Private foundation. If the organization did n						
	instructions						▶ □

27-2308109

### 990 or 990-EZ) 2018 MITCHELVILLE PRESERVATION PROJECT INC Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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	•				No. of the last of	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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						
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	<b>Total.</b> Add lines 1 through 5					1	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b · · · · · · · · · · · ·						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6 · · · · · · · · · · · · · · · · · ·						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · · · · · ·		-	_			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on • • •						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				,		
	First five years. If the Form 990 is for the or organization, check this box and stop here			n, or fifth tax year as	a section 501(c)(3	3)	▶
	ction C. Computation of Public S  Public support percentage for 2018 (line 8, c	column (f) divided	by line 13 column	(f))		. 15	9/
15 16	Public support percentage for 2017 (line 6, C	fule A, Part III. line	15			. 16	9,
	ction D. Computation of Investme	ent Income Pe	ercentage				
17	Investment income percentage for 2018 (line	e 10c, column (f), d	livided by line 13, o	column (f)) · · · ·		. 17	9,
18	Investment income percentage from 2017 Se	chedule A, Part III,	line 17			. 18	9,
	a 33 1/3% support tests - 2018. If the organiz 17 is not more than 33 1/3%, check this box	and stop here. The	ne organization qua	alifies as a publicly s	supported organiza	ition	▶ □
	o 33 1/3% support tests - 2017. If the organize line 18 is not more than 33 1/3%, check this	box and stop here	<ul> <li>The organization</li> </ul>	n qualifies as a publ	icly supported orga	anization · · · ·	
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19	b, check this box a	nd see instructions		▶ 📋

#### Part IV

### Supporting Organizations

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

### Section A. All Supporting Organizations

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

Yes No. 1 2 3a 3b 3c 4a 4b	_
3a 3b 3c 4a	)
3b 3c 4a	
3c 4a 4b	
4a 4b	
4b	
4c	
	The state of the s
5a	00000000000000000000000000000000000000
5b 5c	-
6	200000000000000000000000000000000000000
7	T
8	- Constitution - Cons
9a	
9b 9c	- Management
10a	
10b (Form 990 or 990-EZ) 2018	000

Par	Supporting Organizations (continued)			age o
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	on B. Type I Supporting Organizations			
	,		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	ax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	on 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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sact	the supported organization(s). ion D. All Type III Supporting Organizations	1		
Jeci	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		163	140
•	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 <b>Part VI</b> how	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	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 ins	truct	ions)	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.	ooo in	atruo	tional
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (s	see m	Yes	No
	Activities Test. <b>Answer</b> (a) and (b) below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			1000
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
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? 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		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	rations	76109 rage (
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	on Nov. 20, 1970 (evola)	in in Part \/I\ Cas
	instructions. All other Type III non-functionally integrated supporting organization	zations	s must complete Section	ns A through F
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		(optional)
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
CC	ellection of gross income or for management, conservation, or			
m	aintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			(optional)
in	structions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
fa	actors (explain in detail in Part VI):			And the Par
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	9	4	and the second second second	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		48	
er	nergency temporary reduction (see instructions).	6		

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

instructions).

Schedule A (Form 990 or 990-FZ) 2018 MITCHELVILLE PRESERVATION PROJECT INC 27-2308109 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2018 from Section C. line 6 10 Line 8 amount divided by Line 9 amount (ii) (iii) (i) Section E - Distribution Allocations (see instructions) Underdistributions Distributable **Excess Distributions** Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C. line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018 **a** From 2013 . . . . . . . . **b** From 2014 **c** From 2015 . . . . . . . . . **d** From 2016 . . . . . . . . e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from

Section D. line 7:

a Applied to underdistributions of prior years

Schedule A (Form	n 990 or 990-EZ) 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.)
	· · · · · · · · · · · · · · · · · · ·
*	

### 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

2018

Open to Public Inspection

Name of the organization Employer identification number MITCHELVILLE PRESERVATION PROJECT INC 27-2308109 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . Aggregate value of grants from (during year) 3 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., 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 Held at the End of the Tax Year easement on the last day of the tax year. .......... Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year -Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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: 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 SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

EEA

Sched	ule D (Form 990) 2018 MITCHELVILLE P	RESERVATION P	ROJECT INC		27-2308	109 Page 2
Pai	rt III Organizations Maintaining C				ther Similar Asse	ets (continued)
3	Using the organization's acquisition, accession,	and other records, cl	neck any of the follo	owing that are a sig	nificant use of its	
	collection items (check all that apply):					
а	Public exhibition	d 🗌 Loa	n or exchange prog	jrams .		
b	Scholarly research	e 🗌 Oth	er			
С	Preservation for future generations					
4	Provide a description of the organization's collection	ctions and explain how	w they further the o	rganization's exemi	ot purpose in Part	
	XIII.		,			
5	During the year, did the organization solicit or re-	ceive donations of ar	t. historical treasure	es, or other similar		
	assets to be sold to raise funds rather than to be					. Yes No
Par	t IV Escrow and Custodial Arrang		3			
	Complete if the organization ar	nswered "Yes" o	n Form 990, Pa	art IV, line 9, or	reported an amour	nt on Form
	990, Part X, line 21.			VO. 10. II V. A. N. VO. VO. C. S. S. C.	On the second second second second second second	
1a	Is the organization an agent, trustee, custodian of	or other intermediary	for contributions or	other assets not		
						. Yes No
b	If "Yes," explain the arrangement in Part XIII and					
					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 Form					· · Yes No
b	If "Yes," explain the arrangement in Part XIII. Ch				,.	
M42******	t V Endowment Funds.					
	Complete if the organization ar	nswered "Yes" o	n Form 990, Pa	art IV, line 10.		
		(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four years back
1a	Beginning of year balance	(4)	(-,	(-) )	(-,	
b	Contributions					
c	Net investment earnings, gains, and					
•	losses · · · · · · · · · · · · · · · · · ·					
d	Grants or scholarships					
e	Other expenditures for facilities and					
•	programs					
f	Administrative expenses					
	End of year balance					
2	Provide the estimated percentage of the current	vear and halance (li	ne 1g. column (a))	held as:		
	Board designated or quasi-endowment	%	ric 1g, coldini (a))	nord do.		
a	Permanent endowment  %					
c	Temporarily restricted endowment	%				
	The percentages on lines 2a, 2b, and 2c should					
3a	Are there endowment funds not in the possession		that are held and	administered for the	2	
Ja	organization by:	on or the organization	Titlat are ricia aria			Yes No
	(i) unrelated organizations · · · · · · ·					. 3a(i)
	(ii) related organizations					. 3a(ii)
h	If "Yes" on line 3a(ii), are the related organization	ne lieted as required	on Schedule R2			3b
4	Describe in Part XIII the intended uses of the or					0.0
Pa	rt VI Land, Buildings, and Equipm		ient iunus.			
1 0	Complete if the organization a		n Form 990. Pa	art IV. line 11a.	See Form 990. Pa	art X. line 10.
		(a) Cost or oth		st or other basis	(c) Accumulated	(d) Book value
	Description of property	(a) Cost or oth		(other)	depreciation	(d) Book value
1a	Land	,				
b	Buildings					
C	Leasehold improvements			525	525	
d	Equipment	E		22,655	13,135	9,520
e Tota	Other STMD1  II. Add lines 1a through 1e. (Column (d) must equ		column (B) line 10		13,133	9,520

Schedule D (Form 990) 2018 MITCHELVILLE PRESERVATION PROJECT INC 27-2308109 Page 3 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation (including name of security) Cost or end-of-year market value (1) Financial derivatives . . . . . (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2)(3)(4)(5)(6)(7)(8)(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) COLLECTIONS 10,000 (2)(3) (4)(5)(6)(7) (8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 10,000 Other Liabilities. Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (a) Description of liability (1) Federal income taxes (2)(3)(4)(5)(6)(7)(8)(9)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. . . . . .

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

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
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.)	
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
a	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	
b	Other (Describe in Part XIII.)	
c	Add lines 4a and 4b	40
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c 5
	rt XIII Supplemental Information.	3
Provi	ide 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; Par	t X. line
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	

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

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

MITCHELVILLE PRESERVATION F	ROJECT INC				27-23	08109
Part I Fundraising Activities	. Complete if	the organi	zation ans	swered "Yes" on I	Form 990, Part IV,	line 17.
Form 990-EZ filers are no						
1 Indicate whether the organization rais	sed funds through					,
a Mail solicitations				of non-government gra	ants	
<b>b</b> Internet and email solicitations		f 🔀	Solicitation	of government grants		
c Phone solicitations		g 🔀	Special fund	draising events		
d In-person solicitations						
2a Did the organization have a written or	oral agreement v	with any indiv	idual (includi	ng officers, directors,	trustees.	
or key employees listed in Form 990,	Part VII) or entity	in connection	n with profes	sional fundraising sen	vices?	es 🕅 No
<b>b</b> If "Yes," list the 10 highest paid individ						
compensated at least \$5,000 by the o						
(I) Name and address (Control of		(iii) Did fund	draiser have		(v) Amount paid to	(vi) Amount noid to
<ul><li>(i) Name and address of individual or entity (fundraiser)</li></ul>	(ii) Activity		control of	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
or ormsy (randralocity		contrib	utions?	from activity	fundraiser listed in col. (i)	organization
		Yes	No		con (i)	
1						
2						
2						
3						
4						
*						
5						
	,					
6						
7						
8						
9						
0						
·						
otal						
3 List all states in which the organization				ions or has been notifi	ied it is exempt from	
registration or licensing.						

Schedule G (Form 990 or 990-EZ) 2018 MITCHELVILLE PRESERVATION PROJECT INC 27-2308109 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events BLUES N BBO 155 CAMPAIGN (add col. (a) through NONE col. (c)) (event type) (event type) (total number) Revenue Gross receipts 32,477 3,475 35,952 Less: Contributions 18,998 3,475 22,473 Gross income (line 1 minus line 2) . . . . . . . . . . . . . . . 13,479 13,479 Cash prizes . . . . . . . Noncash prizes Rent/facility costs Direct Expenses Food and beverages 7,122 7,122 8 Entertainment 6,950 6,950 Other direct expenses 2,150 2,150 Direct expense summary. Add lines 4 through 9 in column (d) 16,222 11 Net income summary. Subtract line 10 from line 3, column (d) (2,743)Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue . . . . . . . . Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) · · · · · · · · · · · · · ▶ Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? If "No," explain: Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

If "Yes," explain:

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

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

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

MITCHELVILLE PRESERVATION PROJECT INC 27-2308109 01. Governing body meeting documentation (Part VI, line 8a) THE GOVERNING BODY DOES NOT AUTHORIZE COMMITTEES TO ACT ON THEIR BEHALF. 02. Form 990 governing body review (Part VI, line 11) PRIOR TO FILING, THE BOARD OF DIRECTORS REVIEWS THE FORM 990 03. Conflict of interest policy compliance (Part VI, line 12c) THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY AND PROCEDURES TO MONITOR COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ARE REVIEWED REGULARLY BY THE BOARD OF DIRECTORS. 04. CEO, executive director, top management comp (Part VI, line 15a) THE EXECUTIVE DIRECTOR IS PAID BY AN UNRELATED ORGANIZATION WHO DETERMINED THE COMPENSATION. 05. Other officer or key employee compensation (Part VI, line 15b THE BOARD OF DIRECTORS WILL DETERMINE COMPENSATION BASED ON AN EVALUATION OF PERFORMANCE AND LOCAL SALARY STRUCTURE WHEN COMPENSATION IS GIVEN. 06. Form 990 availability to public (Part VI, line 18) THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. 07. Governing documents, etc, available to public (Part VI, line 19) THE ORGANIZATION MAKES ITS DOCUMENTS REQUIRED TO BE AVAILABLE FOR PUBLIC INSPECTION. 08. Significant program services not listed on prior year return (Part III, line 2) MITCHELVILLE PRESERVATION PROJECT STARTED GRIOT'S CORNER IN 2018 WHICH IS A LITERACY

Schedule O (Form 990 or 990-EZ) (2018)  Name of the organization	Page Employer identification number
MITCHELVILLE PRESERVATION PROJECT INC	27-2308109
PROGRAM FOR CHILDREN PRE K THROUGH THIRD GRADE.	
ALSO NEW IN 2018 IS THE ARCHAEOLOGY DIG AT MITCHELVILLE WHICH WILL	DISPLAY EXCAVATED
FINDINGS FROM THE FIRST LARGE-SCALE DIG LEAD BY BROCKINGTON AND ASS	SOCIATES. THE DIG
UNCOVERED REMNANTS OF OLD HOMES, WELLS AND GARBAGE PITS, AND RECOVE	CRED MORE THAN 20,000
ARTIFACTS REPRESENTING THE PERSONAL BELONGINGS, TOOLS AND HOUSEHOLD	GOODS FROM THE FIRST
SELF-GOVERNED, FREED SLAVES' TOWN IN AMERICA, ESTABLISHED ON HILTON	HEAD IN 1862.
THE MITCHELVILLE ANNIVERSARY FORUM STARTED IN 2018 IS A ONE-DAY SYM	IPOSIUM THAT EXAMINES
DIFFERENT ASPECTS OF THE MITCHELVILLE STORY AND HOW IS RESONATES IN	PRESENT TIME. EACH
YEAR HAS A UNIQUE THEME.	
09. List of other fees for services expenses (Part IX, line 11g)	
09. List of other fees for services expenses (Part IX, line 11g) THE OTHER FEES FOR SERVICES EXPENSE IS CONTRACT LABOR PAID FOR OFFI	CE HELP, PROGRAM
THE OTHER FEES FOR SERVICES EXPENSE IS CONTRACT LABOR PAID FOR OFFI	
THE OTHER FEES FOR SERVICES EXPENSE IS CONTRACT LABOR PAID FOR OFFI	
THE OTHER FEES FOR SERVICES EXPENSE IS CONTRACT LABOR PAID FOR OFFI	
THE OTHER FEES FOR SERVICES EXPENSE IS CONTRACT LABOR PAID FOR OFFI  SERVICES, GRANT WRITING AND FUNDRAISING ASSISTANCE.  10. Part XI, response or note to any line in Part XI  UNCOLLECTIBLE PRIOR YEAR PLEDGE OF \$6024 PREVIOUSLY REPORTED ON PRI	OR YEAR'S SCHEDULE A
THE OTHER FEES FOR SERVICES EXPENSE IS CONTRACT LABOR PAID FOR OFFI  SERVICES, GRANT WRITING AND FUNDRAISING ASSISTANCE.  10. Part XI, response or note to any line in Part XI  UNCOLLECTIBLE PRIOR YEAR PLEDGE OF \$6024 PREVIOUSLY REPORTED ON PRI  BECAME UNCOLLECTIBLE IN THE CURRENT YEAR. IT WAS ADJUSTED FROM THE	OR YEAR'S SCHEDULE A AMOUNT REPORTED IN PART
THE OTHER FEES FOR SERVICES EXPENSE IS CONTRACT LABOR PAID FOR OFFI  SERVICES, GRANT WRITING AND FUNDRAISING ASSISTANCE.  10. Part XI, response or note to any line in Part XI  UNCOLLECTIBLE PRIOR YEAR PLEDGE OF \$6024 PREVIOUSLY REPORTED ON PRI  BECAME UNCOLLECTIBLE IN THE CURRENT YEAR. IT WAS ADJUSTED FROM THE	OR YEAR'S SCHEDULE A AMOUNT REPORTED IN PART
THE OTHER FEES FOR SERVICES EXPENSE IS CONTRACT LABOR PAID FOR OFFI  SERVICES, GRANT WRITING AND FUNDRAISING ASSISTANCE.  10. Part XI, response or note to any line in Part XI  UNCOLLECTIBLE PRIOR YEAR PLEDGE OF \$6024 PREVIOUSLY REPORTED ON PRI  BECAME UNCOLLECTIBLE IN THE CURRENT YEAR. IT WAS ADJUSTED FROM THE	OR YEAR'S SCHEDULE A AMOUNT REPORTED IN PART
THE OTHER FEES FOR SERVICES EXPENSE IS CONTRACT LABOR PAID FOR OFFI	OR YEAR'S SCHEDULE A AMOUNT REPORTED IN PART
THE OTHER FEES FOR SERVICES EXPENSE IS CONTRACT LABOR PAID FOR OFFI  SERVICES, GRANT WRITING AND FUNDRAISING ASSISTANCE.  10. Part XI, response or note to any line in Part XI  UNCOLLECTIBLE PRIOR YEAR PLEDGE OF \$6024 PREVIOUSLY REPORTED ON PRI  BECAME UNCOLLECTIBLE IN THE CURRENT YEAR. IT WAS ADJUSTED FROM THE	OR YEAR'S SCHEDULE A AMOUNT REPORTED IN PART

# Form 4562

# Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Attachment

Department of the Treasury Internal Revenue Service (99) Go to www.irs.gov/Form4562 for instructions and the latest information. Sequence No. 179 Name(s) shown on return Business or activity to which this form relates Identifying number MITCHELVILLE PRESERVATION PROJEC FORM 990 -27-2308109 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 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 6 (a) Description of property (b) Cost (business use only) 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 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2019. 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 Other depreciation (including ACRS) 2,997 MACRS Depreciation (Don't include listed property. See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2018 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 2018 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year placed in (business/investment use (f) Method (a) Classification of property (e) Convention (a) Depreciation deduction service only-see instructions) 19a 3-year property 5-year property 675 HY SL 7-year property C 10-year property 15-year property 20-year property 25-year property 25 yrs SI Residential rental 27.5 vrs. MM S/L MM property 27.5 yrs. S/L Nonresidential real 39 yrs. MM S/L MM Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs SIL SI 30-year 30 yrs. MM 40-year S/L Part IV Summary (See instructions.) 21 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  22

23

3,117

# **Statement of Program Service Accomplishments**

Name(s) as shown on return

MITCHELVILLE PRESERVATION PROJECT INC

2018 PG01

Your Social Security Number

27-2308109

# FORM 990-PART III(A) Statement of Service Accomplishment

Statement #4

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES \$12059

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE \$0

PROGRAM SERVICES REVENUE \$0

### **EXPLANATION**

HOLIDAY EVENT: COMMUNITY EVENT FOR THE ENTIRE FAMILY TO KICK OFF THE HOLIDAY SEASON WITH ENTERTAINMENT AND REFRESHMENTS NEAR THE BIG OAK TREE IN HISTORIC MITCHELVILLE FREEDOM PARK

# **Statement of Program Service Accomplishments**

Name(s) as shown on return

MITCHELVILLE PRESERVATION PROJECT INC

2018 PG01

Your Social Security Number

27-2308109

# FORM 990-PART III(B) Statement of Service Accomplishment

Statement #4

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES \$9860

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE \$0

PROGRAM SERVICES REVENUE \$0

#### **EXPLANATION**

ARCHEOLOGY AT MITCHELVILLE EXHIBITION: IN THE FALL OF 1862, MAJOR GENERAL ORNSBY MITCHEL, COMMANDER OF THE DEPARTMENT OF THE SOUTH AT HILTON HEAD ISLAND, ORDERED THE CONSTRUCTION OF A FREEDMEN'S TOWN TO SERVE AS A NEW HOME FOR THOUSANDS OF FORMER SLAVES WHO FLOCKED TO THE ISLAND AFTER IT FELL TO UNION FORCES IN NOVEMBER 1861. MITCHELVILLE WAS MORE THAN A REFUGEE CAMP. THE TOWN'S NEW RESIDENTS BUILT THEIR OWN HOMES WITH MATERIALS PROVIDED BY THE UNION ARMY. THEY WERE RESPONSIBLE FOR CREATING THEIR OWN GOVERNMENT, ENFORCING TOWN ORDINANCES, ESTABLISHING SCHOOLS, AND ENSURING THAT EVERY CHILD BETWEEN THE AGES OF 6 AND 15 ATTENDED REGULARLY. MITCHELVILLE PROVED THAT FREED MEN AND WOMEN COULD GOVERN, SUSTAIN, AND EDUCATE THEMSELVES. ARCHAEOLOGY AT MITCHELVILLE WILL DISPLAY EXCAVATED FINDINGS FROM THE FIRST LARGE-SCALE DIG LEAD BY BROCKINGTON AND ASSOCIATES. THE DIG UNCOVERED REMNANTS OF OLD HOMES, WELLS AND GARBAGE PITS, AND RECOVERED MORE THAN 20,000 ARTIFACTS.

# **Statement of Program Service Accomplishments**

2018 PG01

Name(s) as shown on return

MITCHELVILLE PRESERVATION PROJECT INC

Your Social Security Number 27-2308109

FORM 990-PART III(C)
Statement of Service Accomplishment

Statement #4

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES \$3253

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE \$0

PROGRAM SERVICES REVENUE \$526

#### **EXPLANATION**

THE GRIOT'S CORNER IS A LITERACY PROGRAM AT HISTORIC MITCHELVILLE FREEDOM PARK DESIGNED FOR EARLY READERS FROM PRE K THROUGH THIRD GRADE AND WELCOMES CLASSES OF UP TO THIRTY CHILDREN FOR THE PROGRAM UNDER THE BIG OAK TREE IN THE PARK. STORIES CENTER ON DIVERSITY WITH THIS YEAR'S SPECIAL FOCUS ON RELATIONSHIPS, STORY TELLERS, AND WILL INCLUDE GUEST READERS FROM THE COMMUNITY. THE CHILDREN WILL ALSO SHARE IN ACTIVITIES LIKE ART, GAMES, AND MUSIC RELATED TO THE THEME. HISTORIC MITCHELVILLE, THE SITE OF THE FIRST MANDATORY EDUCATION PROGRAM IN SOUTH CAROLINA IN 1862, KEEPS THE SPIRIT OF PUBLIC EDUCATION ALIVE THROUGH THE TRADITION OF STORYTELLING TO HELP ENCOURAGE THE IMPORTANCE OF LITERATURE IN THE UNDERSTANDING OF ALL PEOPLE.

#### DEPARTMENT OF THE TREASURY

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

DEC 2 8 2010

MITCHELVILLE PRESERVATION PROJECT INC PO BOX 21758 HILTON HEAD ISLAND, SC 29925

27-2308109 DLN: 17053334377010 Contact Person: DEL TRIMBLE ID# 31309 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: Yes Effective Date of Exemption: April 14, 2010 Contribution Deductibility: Yes Addendum Applies: No

Employer Identification Number:

#### Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.