

**2024**

# **Accommodations Tax Funds Request Application**

**Organization Name:** Gullah Museum of Hilton Head Island

**Project/Event Name:** Gullah Museum of Hilton Head

## **Executive Summary**

The Gullah Museum used 2023 ATAX funding for two principal purposes: improvements to the museum site to improve the visitor experience and to broaden the Gullah Museum's marketing strategy. The implementation of this strategy has resulted in an increase in donations and the museum budget.

2023 ATAX Request - \$150,000

The Gullah Museum has requested funds to continue to improve the visitor experience on the museum site. The request is for \$50,000 in Category 1, \$30,000 for Category 2, and \$70,000 for Category 3. The museum wants to complete the first phase of the renovation projects. The priorities for completion of the renovation plan are to place public and permanent toilets at the museum site and to place an office at the site so that the museum can conduct business in inclement weather and during the increasing number of days with heat advisories. With the increased traffic and the display of museum artifacts, there is a need for increased security. The museum has added some fencing, but more fencing is needed along with security cameras to properly secure the museum site.

The major purposes of the museum are education about and preservation of the Gullah culture on Hilton Head Island. At the museum site, the museum has the only vintage Gullah home left on the island. The museum also has one of only two vintage Great Dane trailers left in the country. That trailer was converted into a home for the Aunt of the Museum's Executive Director.

The improvements at the site along with the implementation of a broader marketing program have led to increased coverage of the museum in broadcast and social media. The combination of the site improvements and broader marketing has led to a significant increase in public interest and support as measured by public inquiries and donations to the museum.

The organization expects to broaden the marketing campaign to increase the number of visits from organizations and school groups, as well as individuals.

In Category 3, there is a request for \$70,000. The organization has requested additional funding to have a restroom constructed on the site for visitors/tourists and the maintenance of facilities on the site.

Over the past year, the organization has focused on the renovation of the physical structures at the site. Those renovations included the migrant houses, the blue house, and the Great Dane trailer.

Through the years, the organization has amassed more than 400 artifacts and art. In order to display the artifacts and art, the organization needs to improve security at the site with more fencing and security cameras.





# 2024 Accommodations Tax Funds Request Application

Date Received: 09/01/2023

Time Received: 01:55 PM

By: Online Submittal

*Applications will not be accepted if submitted after 4 pm on September 1, 2023*

## A. SUMMARY OF GRANT REQUEST:

**ORGANIZATION NAME:** Gullah Museum of Hilton Head Island

**Project/Event Name:** Gullah Museum of Hilton Head

Contact Name: Louise Cohen

Title: Executive Director

Address: 3 Farmers Club Rd. , Hilton Head Island, SC 29926

Email Address: hhistoryteller@aol.com

Contact Phone: 843-681-3254

Event Date:

Event Location: various venues on Hilton Head

**Total Budget:** \$386,500.00

**Grant Requested:** \$150,000.00

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

The Gullah Museum will use the grant to educate all visitors and tourists about the rich Gullah culture of Hilton Head Island. By broadening the marketing strategy focused on data received from a marketing study and increasing the use of social media, the museum looks to attract more visitors this upcoming year than in previous years. The requested funds will be used for programming and marketing expansion. The renovation effort will include the purchase of a modular office on-site security (installation of cameras and fencing) for safety and modernized outhouses for on-site restrooms. A long-term goal of the organization is to have the capacity to display 400 pieces of artifacts and art that it currently has cataloged.

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)

In 2023, the Gullah Museum successfully completed renovations on "The Little Blue House" also known as the "Dewey House", the Great Dane trailer, and the two migrant houses. With the recent opening and display of the migrant houses and the Great Dane trailer, the Gullah Museum's visitor experience has been significantly enhanced. The museum has improved the

quality of presentations at its events. Visitors and tourists searching for some of the island's history are having a richer and deeper experience at presentations on the museum site.

Even though the museum was closed for a significant period for renovations the museum has seen an increase in individual visits, participation in other island events, and increased traffic on the museum's website.

A. Total Number of Physical Tourists Served: 1752

*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: 601

*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: 382

*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): 2735

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

The number of visitors was documented through tourist guestbooks, visitor input, visitor surveys, event registration programs, and the organization's website.

## B. DESCRIPTION OF OPERATIONS:

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

The Gullah Museum of Hilton Head Island is a community-based organization. The mission of the Gullah Museum of Hilton Head Island is to **revive, restore, and preserve the Hilton Head Island Gullah history for the benefit of all – lest we forget**. Since 2003, the Gullah Museum of Hilton Head, a 501(c)3 organization, has been committed to maintaining Gullah customs, traditions, language, stories, songs, and structures on Hilton Head Island. With the generous support of individuals and institutions, the Gullah Museum has successfully preserved all four of the structures on the museum site. At the site where Dr. LMC once resided, the museum has preserved the "Little Blue House", two migrant houses, and a fully renovated Great Dane trailer. The museum makes regular presentations about history and culture and hosts special events at the museum site on an

annual basis.

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

The requested grant funding would be used to continue museum renovations and an expanded marketing effort to market the following events:

*(Please note: Each event provides an opportunity for native islanders, small business owners, and other Gullah vendors to showcase their wares.)*

The 8th Annual Gullah Food Festival – food, crafts, vendors, and presentations

Gullah Christmas Gala/Celebration - commemorates how Christmas was celebrated on Hilton Head Island prior to development.

The 8th Annual Oyster Roast - The Oyster Roast showcases the art of roasting oysters the old-time way by use of a “crocka” sack, tin, and an open flame. Tourists participate by learning how to shuck(open) oysters and by eating and enjoying a true delicacy, our local oysters.

Gullah Heritage Festival - food, crafts, vendors, entertainment, and cultural presentations.

The Gullah Summer Camp - teaches all youth about Gullah culture, traditions, and foodways. *This grant is funded by the Breedlove Foundation/Community Foundation of the Lowcountry*

*Continued support for other island organizations and events that highlight Gullah history and culture.*

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

The impact of partial funding would impact museum priorities. The museum's highest current priority is to enhance the visitor experience at the museum site. The next priority is to improve museum capacity to meet visitor demand. Partial funding would restrict the capacity to continue with renovations at the site. The museum would continue its efforts to expand its marketing program. The events and activities planned will continue to be produced and marketed, but not on the level that the museum would like to see with the increase in patrons of the museum. The decrease in funding would limit the Gullah Museum's efforts to place a modular office at the museum site, would limit efforts to develop toilet facilities, and would compromise museum efforts to develop new display capacity at the site.

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

Based on the number of increased inquiries and website traffic, it is clear that an increasing number of tourists intend to include the museum in their plans to visit Hilton Head. Inquiries from our increased presence on social media suggest that there will be an increase in visitors who live within driving distance of the island. We expect the tourists and visitors to spend at local hotels, restaurants, and other island shopping venues. The tourists who inquire about the museum generally visit other Hilton Head historical and cultural sites. The expected economic impact and benefit to the Island's tourism would be an increased number of visitors/tourists to the island. Increased awareness of the Gullah culture encourages visitors to explore the history of the area and plan trips, family vacations, and family reuni

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<br><i>Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity.</i> | 33 % |
| 2 - Tourism-Related Events<br><i>Promotion of the arts and cultural events.</i>  | 20 % |

**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.*

**47 %**

**4 - Tourism-Related Public Services**

*The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.*

**0 %**

**5 - Tourist Public Transportation**

*Tourist shuttle transportation.*

**0 %**

**6 - Waterfront Erosion/Control/Repair**

*Control and repair of waterfront erosion.*

**0 %**

**7 - Operation of Visitor Information Centers**

*Operating visitor information centers.*

**0 %**

**Total: 100 %**

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

The Gullah Museum will collaborate with the Historic Mitchelville Freedom Park, the Hilton Head Symphony, the Native Island Business & Community Affairs Association (NIBCAA), Gullah Heritage Trail Tours, the Historic Gullah churches of Hilton Head, the Gullah/Geechee Consortium of Beaufort County, the Gullah-Geechee Cultural Heritage Corridor, the Heritage Library, The Morris Center, The Original Gullah Festival in Beaufort, Coastal Discovery Museum, and Beaufort County School District with new projects and events to enhance the overall tourism experience on the island.

This year, the Gullah Museum collaborated with The Hilton Head Symphony to sponsor, "Gullah Me, Gullah You Series." The organization will continue to seek partnerships and collaborations to present all-inclusive events and presentations.

7. Additional comments. (250 words or less)

The Gullah and their descendants have inhabited Hilton Head Island for more than 300 years. In the 70 years since the building of the bridge from the mainland, the Gullah population dwindled from 95% of the population to less than 6% of the island population. The purpose of the Gullah Museum of Hilton Head Island is to memorialize the culture and history of a dwindling population. As the Gullah population continues to decline the activities and programs at the museum become important to the preservation of the history and the culture of the Gullah population on Hilton Head Island.

**C. FUNDING:**

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

The organization is currently funded by Hilton Head ATAX, Beaufort County ATAX, The Breedlove Foundation, donations, event revenue, ticket sales, guest admissions, presentations, and merchandise.

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

<p><u>78%</u> Government Sources</p> <p>3% Corporate Support, Sponsors</p> <p><u>3%</u> Ticket Sales, or Sales and Services</p>	<p>Private Contributions, Donations and Grants</p> <p><u>12%</u></p> <p>1% Membership, Dues, Subscriptions</p> <p><u>3%</u> Other</p>
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3. Has the organization requested other ATAX or any other funding from other public sources or organizations?

Yes X No     

If so, please list top 3 sources and amounts.

Beaufort County ATAX 3%	\$52,000.00
Beaufort County ATAX 2%	\$25,000.00
Hilton Head ATAX	\$1,395,000.00

**D. FINANCIAL INFORMATION:**

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

**Financial Statement Requirements:**

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

Budget Provided: **Yes**

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

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

Previous fiscal year Profit Loss Reports Provided:

2021- Previous FY 1

2022- Previous FY 2

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

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

Previous fiscal year Balance Sheets Provided:

2021 - Previous FY 1

2022 - Previous FY 2

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

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

Previous IRS Form 990 or 990T Years Provided:

2021 - Previous FY 1

2022 - Previous FY 2

2022 - Previous FY 2

**E. FINANCIAL GUARANTEES AND PROCEDURES:**

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

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

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

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

## F. MEASURING EFFECTIVENESS:

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If you received 2022 or 2023 HHI ATAX funds

1. List any ATAX award amounts received in 2022 and/or 2023.

2021	\$17,000.00	
2021	\$17,000.00	Gullah Gala Awards, Sanford Jones Musical, Gullah Breakfast, Oyster Roast, Gullah Food Cookoff, Gullah Soul Christmas
2022	\$125,000.00	
2022	\$125,000.00	Oyster Roast, Ol' Gullah Breakfast, Family Fun Day, Gullah Camp, Gullah Food Festival, Gullah Christmas Gala, Gullah Gala
2023	\$139,500.00	Oyster Roast, Gullah Heritage Festival, Gullah Food Festival, Gullah Christmas Gala, Gullah Gala

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

The ATAX funds were used for marketing, promotions, advertising, and the renovations of structures on the museum site. The funds were used to expand the marketing strategy for the 2023 and 2024 planned events. That strategy includes an expanded presence on radio, television, media relations, social media, and digital marketing sources.

Based on responses from visitors and social media inquiries, there is a recognition of the enhanced visitor experience. The museum has experienced significant progress and its renovation objectives and enhancing museum visitor experience.

The museum objectives were advanced significantly through the use of atax funds. Event though the museum was closed for a significant period for renovations. Visible site improvements led to an significant increase in donations to the museum.



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

The awarded funding enabled the Gullah Museum of Hilton Head Island to successfully renovate the four structures on the museum site and open them for display to the public. The renovated structures have led to enhanced presentations and events at the museum site. In particular, the museum summer program for island children was recognized and praised on local broadcast media. A nationally recognized university held an event at the museum site.

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

The effectiveness of both the overall activity and individual programs is measured by the increased foot traffic to the museum site, and scheduled events. The museum has noticed increased inquiries to the museum website and social media presence.

## G. EXECUTIVE SUMMARY

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

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strategy. The implementation of this strategy has resulted in an increase in donations and the museum budget.

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Over the past year, the organization has focused on the renovation of the physical structures at the site. Those renovations included the migrant houses, the blue house, and the Great Dane trailer.

Through the years, the organization has amassed more than 400 artifacts and art. In order to display the artifacts and art, the organization needs to improve security at the site with more fencing and security cameras.

Signature: Louise Cohen

Title/Position: Executive Director / Founder

Mailing Address: 12 Georgianna Drive, Hilton Head Island, SC 29926

Email Address: [hhistoryteller@aol.com](mailto:hhistoryteller@aol.com)

Office Phone Number:

Home Phone Number: 843-681-3254



**Visitor Survey**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

How did you hear about the event? \_\_\_\_\_

Newspaper \_\_\_\_\_ Radio \_\_\_\_\_ Church \_\_\_\_\_ Social media \_\_\_\_\_ Friend \_\_\_\_\_ Other \_\_\_\_\_



**Visitor Survey**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

How did you hear about the event? \_\_\_\_\_

Newspaper \_\_\_\_\_ Radio \_\_\_\_\_ Church \_\_\_\_\_ Social media \_\_\_\_\_ Friend \_\_\_\_\_ Other \_\_\_\_\_

## Gullah Museum of Hilton Head Island

### 2024 Proposed Budget

<b>REVENUE</b>	<b>2023</b>
Operations balance	120,872.00
Town of Hilton Head (ATAX)	125,000.00
Beaufort County	77,000.00
Breedlove Grant	7,500.00
Presentations	5,000.00
Merchandise Sales	5,000.00
Donations	20,000.00
Development Fund	15,000.00
Events	10,000.00
Board Dues	1,000.00
Interest Income	50.00
<b>Total</b>	<b>386,423.00</b>

## **EXPENDITURES**

<b>Operations</b>	<b>87,550.00</b>
Salaries & benefits	40,000.00
Office supplies	8,000.00
Property Maintenance	20,000.00
Telephones	350.00
Website (maintenance and development)	15,000.00
Utilities	4,200.00
<b>Marketing</b>	<b>50,000.00</b>
Marketing	50,000.00
<b>Contractual Services</b>	<b>20,800.00</b>
Grant writing	12,000.00
Accounting	3,800.00
Legal Services	5,000.00
<b>Renovations</b>	<b>99,500.00</b>
Fence and Gate	20,000.00
Migrant Houses	20,000.00
Temporary office	20,000.00
Site Plan	10,000.00
Bathrooms	20,000.00
Storage	2,000.00
Tree branch removal	2,500.00
Trailer Renovation	5,000.00
<b>Events</b>	<b>52,450.00</b>
Gala	9,000.00
Oyster Roast	9,000.00
Gullah Heritage Festival	8,000.00
Summer Camp	9,600.00
Gullah Food Festival	8,000.00
Thanksgiving Dinner	6,000.00
Christmas Dinner	8,000.00
Quilting Program	850.00
<b>Total</b>	<b>316,300.00</b>

**Gullah Museum of Hilton Head Island**  
**Statement of Activities**  
**JUNE 2023**

**Revenue**

Donations	8,089.61
Beaufort County ATAX Grant	52,000.00
Town of HHI ATAX Grant	23,400.00
Presentations	2,100.00
Vendor Fee	800.00
Interest Income	1.54

**Total Revenue** \$86,391.15

**Expenditures**

Accounting Fees	200.00
Advertising/Promotions	3,790.28
Food Festival	1,500.00
Museum Renovations	30,000.00
Payroll Expense	2,125.16
Rental - Storage Unit	460.08
Repairs and Maintenance	2,365.38
Storage Shed	178.00
Supplies	1,363.23
Utilities	41.91
Website	14.37

**Total Expenditures** \$42,038.41

**Net Revenue** \$44,352.74

**Gullah Museum of Hilton Head**  
**Statement of Activities**  
**JANUARY - JUNE 2023**

**Revenue**

Town of Hilton Head ATAX Grant	\$112,142.95
Beaufort County ATAX Grant	\$86,875.00
Admision Fees	\$4,704.69
Donations	44,814.61
Merchandise Sales	310.00
Presentations	2,100.00
Food Sales	2,224.00
Vendor Fees	2,100.00
Interest Income	18.97
<b>Total Revenue</b>	<b>\$ 255,290.22</b>

**Expenditures**

Accounting	1,900.00
Advertising and Promotions	25,415.48
Insurance	351.20
Marketing Consultant	15,002.00
Oyster Roast Expenses	11,245.54
Memorabilia Expenses	2,923.25
Postage, Mailing Service	29.25
Donation	600.00
Event Entertainment	500.00
Payroll Expenses	9,239.05
Event Supplies	3,368.22
Property, Renovations	111,389.57
Repairs and Maintenance	7,386.35
Storage Rental	3,269.96
Telephone	158.92
Travel and Meetings	1,449.00
Website/Internet	85.99
Utilities	248.60
<b>Total Expenditures</b>	<b>\$ 194,562.38</b>
<b>Net Revenue (Loss)</b>	<b>\$60,727.84</b>



**Gullah Museum of Hilton Head**  
**Statement of Activities**  
**December 2022**

<b>Revenue</b>	
Presentations	225.00
Donations	\$750.00
Merchandise Sales	75.00
Interest Income	1.51
<b>Total Revenue</b>	<b>\$ 1,051.51</b>
<b>Expenditures</b>	
Advertising	1,090.00
Marketing Consultant	10,375.00
Donation	100.00
Event Food	4,175.00
Event Entertainment	200.00
Event Transportation	100.00
Food Festival	704.72
Payroll Expenses	1,407.74
Event Supplies	2,418.66
Property, Repairs and Maintenance	2,340.31
Storage Shed	229.00
Insurance	461.60
Website/Internet	14.29
Utilities	39.71
<b>Total Expenditures</b>	<b>\$ 23,656.03</b>
<b>Net Revenue (Loss)</b>	<b>(\$22,604.52)</b>

**Gullah Museum of Hilton Head**  
**Statement of Activities**  
**January - December 2022**

**Revenue**

Donations	8,429.61
Breedlove Foundation Grant	10,000.00
Gullah Presentations	13,239.41
Admission Fees	13,394.25
Merchandise Sales	8,091.68
Membership Dues	890.00
Vendor Fees	2,870.00
Town of HHI ATAX Grant	35,961.78
Beaufort County ATAX	27,000.00
Interest Income	36.30

<b>Total Revenue</b>	<b>\$ 119,913.03</b>
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**Expenditures**

Advertising/Promotional	9,194.19
Professional Fees	7,212.50
Charitable Donations	500.00
Friends and Family Event	5,694.35
Events Food Expenses	10,149.46
Marketing Consultant	27,502.64
Event Entertainment	4,125.00
Event Food/Supplies	8,315.45
Insurance	1,409.10
Payroll Expenses	17,011.87
Memorabilia Expenses	8,032.17
Office Expenses	2,434.06
Property Repairs and Maintenance	57,819.14
Rental - Storage Unit	679.00
Storage Shed	6,205.23
Summer Camp	9,545.00
Taxes	2,214.40
Telephone, Telecommunications	377.95
Utilities	906.85
Website and Internet	558.72

<b>Total Expenditures</b>	<b>\$ 179,887.08</b>
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<b>Net Revenue (Loss)</b>	<b><u>(\$59,974.05)</u></b>
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**Gullah Museum of Hilton Head Island, Inc.**  
**Statement of Activities**  
**December 2021**

**Revenue**

Donations	300.00
Gullah Presentations	1,620.00
Merchandise Sales	190.00
Town of HHI ATAX Grant	10,428.92
Interest Income	1.74
<b>Total Revenue</b>	<b>\$ 12,540.66</b>

**Expenditures**

Advertising/Promotions	3,500.00
Accounting	150.00
Charitable Donations	500.00
Meeting, Conventions/Entertainment	1,236.30
Grant Wrting	2,298.00
Payroll Expnses	2,134.16
Merchandise Expenses	870.00
Utilities	38.73
Postages	34.80
Repairs and Maintenance	1,004.57
Rental - Storage Unit	75.00
Website and Internet	34.32
<b>Total Expenditures</b>	<b>\$ 11,875.88</b>
<b>Net Revenue (Loss)</b>	<b>\$ 664.78</b>

**Gullah Museum of Hilton Head Island, Inc.**  
**Statement of Activities**  
**January - December 2021**

**Revenue**

Donations	6,452.62
Gullah Presentations	12,040.79
Hilton Head Island ATAX Grant	18,834.87
Food Festival	5,150.00
Merchandise Sales	8,172.94
Breedlove Foundation	12,000.00
SC CARES Grant	45,576.50
SVOG Program Grant	68,943.83
Interest Income	28.17

**Total Revenue**

**\$ 177,199.72**

**Expenditures**

Advertising/Promotional	12,752.12
Accounting Fees	2,900.00
Fundraising Fees	2,276.30
Donation/Membership	875.00
Electricity	272.40
Equipment Purchase	2,145.63
Food Festival	1,262.13
Insurance	1,502.43
Property Repairs and Maint.	17,137.99
Real Estate, Prop Tax	735.00
Grant Writing Expenses	6,598.00
Meetings, Conventions/Entertainment	1,236.30
Marketing Consultant.	5,752.00
Merchandise Purchase	5,819.37
Office Equipment	853.86
Office Expense	1,194.30
Payroll Expenses	9,501.32
Printing and Copying	724.11
Supplies	467.42
Telephone, Telecommunications	307.04
Rental - Storage Unit	900.00
Summer Camp	8,588.87
Website and Internet	3,435.50
Misc.	215.80

**Total Expenditures**

**\$ 87,452.89**

**Net Revenue**

**\$ 89,746.83**

**Gullah Museum of Hilton Head, Inc.**  
**Statement of Financial Position**  
**June 30, 2023**

**ASSETS**

**Current Assets**

Bank Accounts

Operating

50,970.07

Developmental Account

12,302.68

Petty Cash

750.00

Restricted Account

20,376.00

Capital Improvement

56,601.46

**Total Current Assets**

\$ 141,000.21

**Non-Current Assets**

Gullah Museum Artifacts

\$ 150,000.00

**TOTAL ASSETS**

\$ 291,000.21

**LIABILITIES AND NET ASSETS**

**Liabilities**

**Total Liabilities**

0.00

**Net Assets**

Restricted Assets

80,272.37

Unrestricted Net Assets

150,000.00

Net Revenue (Loss)

60,727.84

**Total Net Assets**

\$ 291,000.21

**TOTAL LIABILITIES AND NET ASSETS**

\$ 291,000.21

**Gullah Museum of Hilton Head, Inc.**  
**Statement of Financial Position**  
**December 31, 2022**

**ASSETS**

**Current Assets**

Bank Accountings	34,157.09
Operating	12,876.00
Restricted Account	32,473.96
Capital Improvement	500.00
Petty Cash	<u>500.00</u>
<b>Total Current Assets</b>	<b>\$ 80,007.05</b>

**Non-Current Assets**

Gullah Museum Artifacts	<u>\$ 150,000.00</u>
-------------------------	----------------------

**TOTAL ASSETS**

**\$ 230,007.05**

**LIABILITIES AND NET ASSETS**

**Liabilities**

<b>Total Liabilities</b>	<b>0.00</b>
--------------------------	-------------

**Net Assets**

Restricted Assets	80,007.05
Unrestricted Net Assets	209,974.05
Net Revenue (Loss)	<u>(59,974.05)</u>

**Total Net Assets**

**\$ 230,007.05**

**TOTAL LIABILITIES AND NET ASSETS**

**\$ 230,007.05**



**Gullah Museum of Hilton Head Island, Inc.**  
**Statement of Financial Position**  
**As of December 31, 2021**

**ASSETS**

Current Assets - Cash	
Operating Account	39,594.08
Restricted Account	12,850.00
Capital Account	23,034.29
SVOG Program Grant Account	62,265.01

**Total Current Assets -Cash** \$ 137,743.38

**Fixed Assets**

Gullah Artifacts	150,000.00
------------------	------------

**Total Fixed Assets** \$ 150,000.00

**TOTAL ASSETS** \$ 287,743.38

**LIABILITIES AND NET ASSETS**

**Liabilities**

**Total Liabilities** 0.00

**Net Assets**

Restricted Net Assets	98,149.30
-----------------------	-----------

Unrestricted Net Assets	99,847.25
-------------------------	-----------

Net Revenue	89,746.83
-------------	-----------

**Total Net Assets** \$ 287,743.38

**TOTAL LIABILITIES AND NET ASSETS** \$ 287,743.38

**Return of Organization Exempt From Income Tax**

**2022**

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/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the **2022** calendar year, or tax year beginning , **2022**, and ending , **20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Gullah Museum of Hilton Head Island Inc.	<b>D</b> Employer identification number 42-1603322
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3 Farmers Club Rd	<b>E</b> Telephone number 8436836401
	City or town, state or province, country, and ZIP or foreign postal code Hilton Head Island, SC 29926	<b>F</b> Group Exemption Number

**G** Accounting Method:  Cash  Accrual Other (specify): \_\_\_\_\_

**I** Website: [www.gullahmuseumofhhi.org](http://www.gullahmuseumofhhi.org)

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other: \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . \$ 119,912.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)**

Check if the organization used Schedule O to respond to any question in this Part I . . . . .

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	81,391.
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	38,485.
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	36.
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b> Gaming and fundraising events:		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>		
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>		
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b>	119,912.	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	17,012.
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	31,615.
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	723.
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	914.
	<b>16</b> Other expenses (describe in Schedule O) . . . . . See Line 16. Stmt . . . . .	<b>16</b>	129,623.
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	179,887.	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	<b>18</b>	-59,975.
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	275,677.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	215,702.

For Paperwork Reduction Act Notice, see the separate instructions.



**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	125,677.	22 65,702.
23 Land and buildings		23
24 Other assets (describe in Schedule O)	150,000.	24 150,000.
25 Total assets	275,677.	25 215,702.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	275,677.	27 215,702.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Part III Stmt

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 The Gullah Oyster Roast is an event that showcases the Gullah Culture. At the event, food and events depicting the Gullah Culture. More than 2000 people attend the event. (Grants \$ 21,267. ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	24,200.
29 Restoration of the Gullah House. The Gullah House the centerpiece of the Gullah Museum is being restored. Tourist amounting to more than 3000 come to see the "Gullah House". (Grants \$ 57,000. ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	57,604.
30 Gullah Summer Camp - This program teaches young people about the Gullah Culture. Youths totaling more than 50 participate in Gullah story telling, food preparation, etc. (Grants \$ 10,000. ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	9,545.
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	91,349.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Louise Cohen Executive Director	40.00	15,692.	0.	0.
Nell B. Hay Chairman of the Board	20.00	0.	0.	0.
Meldon S. Hollis Vice Chairman	20.00	0.	0.	0.
Brenda Williams Secretary	20.00	0.	0.	0.
Ibrahim Abdul-Malik Treasurer	20.00	0.	0.	0.
Murray Christopher Director	10.00	0.	0.	0.
Shawnta Cohen Director	10.00	0.	0.	0.
Yolawnda Cohen-McKinney Director	10.00	0.	0.	0.
Linda Ferguson Director	10.00	0.	0.	0.
Bridget Cohen Director	10.00	0.	0.	0.



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and reporting requirements.



**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 

	Yes	No
46		X

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

**47** 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 . . . . . 

	Yes	No
47		X

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 

	Yes	No
48		X

**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 

	Yes	No
49a		X

**b** If "Yes," was the related organization a section 527 organization? . . . . . 

	Yes	No
49b		

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

**f** Total number of other employees paid over \$100,000 . . . . .

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . .

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .  Yes  No

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

<b>Sign Here</b>	Signature of officer Nell B Hay, Chairman <i>Nell B Hay</i>	Date 07/17/2023 7/17/2023			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name James Mitchell, Jr. <i>James Mitchell Jr</i>	Preparer's signature <i>James Mitchell Jr</i>	Date 07/17/2023	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01874885
	Firm's name JM Financial Services	Firm's EIN 45-4908239			
	Firm's address 268 Applewood Drive, Rochester, NY 14612	Phone no. (843) 683-0040			

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

**Additional Information From Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Line 16: Other Expenses****Continuation Statement**

Description	Amount
Advertising and Promotions	11,952.
Events Expenses	24,250.
Memorabilia Expenses	8,032.
Property Repairs and Maintenance	13,767.
Renovations of Gullah House	43,838.
Storage Shed	6,434.
Summer Camp	9,545.
Administrative and Operations	4,628.
Friends and Family	2,653.
Insurance	1,410.
Withholding taxes	1,964.
Facilities and Equipment	1,150.
<b>Total</b>	129,623.

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Part III: Purpose****Continuation Statement**

Organization's Primary Exempt Purpose
The purpose of the organization is to preserve, protect and promote the Gullah Culture.



Return of Organization Exempt From Income Tax

2022

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/Form990EZ for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning, 2022, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: Gullah Museum of Hilton Head Island Inc. D Employer identification number: 42-1603322. E Telephone number: 8436836401. F Group Exemption Number.

G Accounting Method: [X] Cash [ ] Accrual Other (specify):. H Check [ ] if the organization is not required to attach Schedule B (Form 990).

I Website: www.gullahmuseumofhhi.org

J Tax-exempt status (check only one) - [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other:

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 119,912.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 119,912 and total expenses is 179,887.

For Paperwork Reduction Act Notice, see the separate instructions.



**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	125,677.	22 65,702.
23 Land and buildings		23
24 Other assets (describe in Schedule O)	150,000.	24 150,000.
25 Total assets	275,677.	25 215,702.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	275,677.	27 215,702.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Part III Stmt

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 The Gullah Oyster Roast is an event that showcases the Gullah Culture. At the event, food and events depicting the Gullah Culture. More than 2000 people attend the event. (Grants \$ 21,267. ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	24,200.
29 Restoration of the Gullah House. The Gullah House the centerpiece of the Gullah Museum is being restored. Tourist amounting to more than 3000 come to see the "Gullah House". (Grants \$ 57,000. ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	57,604.
30 Gullah Summer Camp - This program teaches young people about the Gullah Culture. Youths totaling more than 50 participate in Gullah story telling, food preparation, etc. (Grants \$ 10,000. ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	9,545.
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	91,349.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Louise Cohen Executive Director	40.00	15,692.	0.	0.
Nell B. Hay Chairman of the Board	20.00	0.	0.	0.
Meldon S. Hollis Vice Chairman	20.00	0.	0.	0.
Brenda Williams Secretary	20.00	0.	0.	0.
Ibrahim Abdul-Malik Treasurer	20.00	0.	0.	0.
Murray Christopher Director	10.00	0.	0.	0.
Shawnta Cohen Director	10.00	0.	0.	0.
Yolawnda Cohen-McKinney Director	10.00	0.	0.	0.
Linda Ferguson Director	10.00	0.	0.	0.
Bridget Cohen Director	10.00	0.	0.	0.



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and reporting requirements.



**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 

	Yes	No
<b>46</b>		X

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

**47** 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 . . . . . 

	Yes	No
<b>47</b>		X

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 

	Yes	No
<b>48</b>		X

**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 

	Yes	No
<b>49a</b>		X

**b** If "Yes," was the related organization a section 527 organization? . . . . . 

	Yes	No
<b>49b</b>		

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

**f** Total number of other employees paid over \$100,000 . . . . . \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .  **Yes**  **No**

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

<b>Sign Here</b>	Signature of officer Nell B Hay, Chairman <i>Nell B Hay</i>	Date 07/17/2023 <i>7/17/2023</i>		
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name James Mitchell, Jr. <i>James Mitchell Jr</i>	Preparer's signature	Date 07/17/2023	Check <input checked="" type="checkbox"/> if self-employed
	Firm's name JM Financial Services	Firm's EIN 45-4908239		PTIN P01874885
	Firm's address 268 Applewood Drive, Rochester, NY 14612	Phone no. (843) 683-0040		

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



**Additional Information From Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Line 16: Other Expenses****Continuation Statement**

Description	Amount
Advertising and Promotions	11,952.
Events Expenses	24,250.
Memorabilia Expenses	8,032.
Property Repairs and Maintenance	13,767.
Renovations of Gullah House	43,838.
Storage Shed	6,434.
Summer Camp	9,545.
Administrative and Operations	4,628.
Friends and Family	2,653.
Insurance	1,410.
Withholding taxes	1,964.
Facilities and Equipment	1,150.
<b>Total</b>	129,623.

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Part III: Purpose****Continuation Statement**

Organization's Primary Exempt Purpose
The purpose of the organization is to preserve, protect and promote the Gullah Culture.

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/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2021 calendar year, or tax year beginning** , 2021, and ending , 20

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C Name of organization**  
 Gullah Museum of Hilton Head Island, Inc.  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
 3 Farmers Club Rd.  
 City or town, state or province, country, and ZIP or foreign postal code  
 Hilton Head Island, SC 29926

**D Employer identification number**  
 42-1603322

**E Telephone number**  
 8436836401

**F Group Exemption Number** ▶

**G Accounting Method:**  Cash  Accrual Other (specify) ▶

**I Website:** ▶ [www.gullahmuseumofhhi.org](http://www.gullahmuseumofhhi.org)

**J Tax-exempt status** (check only one) -  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**H Check** ▶  if the organization is not required to attach Schedule B (Form 990).

**K Form of organization:**  Corporation  Trust  Association  Other

**L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts.** If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 177,199.

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I)		Check if the organization used Schedule O to respond to any question in this Part I . . . . . <input checked="" type="checkbox"/>	
<b>Revenue</b>	<b>1</b> Contributions, gifts, and similar amounts received . . . . .	<b>1</b>	145,355.
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	31,816.
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	28.
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	0.
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	0.
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	<b>5c</b>	0.
	<b>6</b> Gaming and fundraising events:		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	0.
	<b>b</b> Gross income from fundraising events (not including \$ 0. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	0.
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	0.	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	0.	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	0.	
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>	0.	
<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	<b>7c</b>	0.	
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	177,199.	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	9,501.
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	11,774.
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	579.
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	940.
	<b>16</b> Other expenses (describe in Schedule O) . . . . . See Line 16. Stmt . . . . .	<b>16</b>	64,659.
<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	87,453.	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	<b>18</b>	89,746.
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	185,931.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	275,677.

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	35,931.	<b>22</b> 125,677.
<b>23</b> Land and buildings		<b>23</b>
<b>24</b> Other assets (describe in Schedule O)	150,000.	<b>24</b> 150,000.
<b>25</b> Total assets	185,931.	<b>25</b> 275,677.
<b>26</b> Total liabilities (describe in Schedule O)		<b>26</b>
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	185,931.	<b>27</b> 275,677.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? The purpose of the organization is to preserve, Promote and protect the Gullah Culture

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

<b>28</b> The Gullah Oyster Roast is an event that showcases the Gullah Culture. At the event food and events depicting the Gullah Culture years are help. More than 1500 people attend the event. (Grants \$ 12,450. ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	12,950.
<b>29</b> Restoration of the Gullah House This house shows how the Gullah People lived years ago. During the year, bus tours, and bicycle tours results in more than 2,000 people attending this event (Grants \$ 20,000. ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	17,138.
<b>30</b> Gullah Summer Camp - This is a program that teaches young people about the Gullah Culture. About 25-50 youths participate in Gullah Story telling, food preparation and other aspects of the Gullah Culture. (Grants \$ 10,000. ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	8,589.
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a)	<b>32</b>	38,677.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Louise Cohen Executive Director	40.00	9,501.	0.	0.
Nell B. Hay Chairman of the Board	20.00	0.	0.	0.
Meldon S. Hollis Vice-Chairman	20.00	0.	0.	0.
Brenda Williams Secretary	15.00	0.	0.	0.
Ibrahim Absul-Malik Treasurer	15.00	0.	0.	0.
Murray Christopher Director	5.00	5.	5.	5.
Shawnta Cohen Director	5.00	0.	0.	0.
Yolawnda Cohen-Mckinney Director	5.00	0.	0.	0.
Linda Ferguson Director	5.00	0.	0.	0.
Bridget Cohen Director	5.00	0.	0.	0.



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 

	Yes	No
<b>46</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

	Yes	No
<b>47</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>48</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49b</b>	<input type="checkbox"/>	<input type="checkbox"/>

**47** 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 . . . . .

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

**b** If "Yes," was the related organization a section 527 organization? . . . . .

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶  **Yes**  **No**

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

<b>Sign Here</b>	Signature of officer Nell B Hay, Chairman Type or print name and title	Date 05/13/2022
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name James Mitchell, Jr.	Preparer's signature 	Date 05/13/2022	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01874885
	Firm's name ▶ JM Financial Services	Firm's EIN ▶ 45-4908239		Phone no. (843) 683-0040	
	Firm's address ▶ 268 Applewood Drive, Rochester, NY 14612				

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

**Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Line 16: Other Expenses****Continuation Statement**

Description	Amount
Advertising/Promotional	24,324.
Property Repairs and Maintenance	17,138.
Summer Camp	8,589.
Equipment Purchase	2,146.
Food Festival	1,262.
Insurance	1,502.
Office Expenses	3,752.
Donations	875.
Property Taxes	735.
Rental- Storage Unit	900.
Website and Internet	3,436.
<b>Total</b>	<b>64,659.</b>

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization Gullah Museum of Hilton Head Island, Inc. Employer identification number 42-1603322

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

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

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

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



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

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 33 1/3% support test—2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					158,261.	158,261.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .					13,323.	13,323.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .					171,584.	171,584.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						171,584.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 . . . . .					171,584.	171,584.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .					28.	28.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .					28.	28.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .					171,612.	171,612.
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	99.98 %
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	0.02 %
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

- 19a 33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . ▶
- b 33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2021

Name of the organization: Gullah Museum of Hilton Head Island, Inc. Employer identification number: 42-1603322

Organization type (check one):

- Filers of: Section: Form 990 or 990-EZ [X] 501(c)( 3 ) (enter number) organization [ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation [ ] 527 political organization Form 990-PF [ ] 501(c)(3) exempt private foundation [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation [ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- [ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. [ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. [ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year [ ] \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization Gullah Museum of Hilton Head Island, Inc.	Employer identification number 42-1603322
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Town of Hilton Head Island One Town Center Square Hilton Head Island SC 29928	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Breedlove Foundation 528 Patterson RD. Hendersonville NC 28739	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SC Cares Grant P. O. Box 12903 Columbia SC 29211	\$ 45,576.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	SVOG 409 Third Steet Washington DC 20416	\$ 68,944.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE O  
(Form 990)**

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

OMB No. 1545-0047

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

**2021**

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

Gullah Museum of Hilton Head Island, Inc.

42-1603322

Pt I, Line 16:

Description: Advertising/Promotional \$24,324

Description: Property Repairs and Maintenance \$17,138

Description: Summer Camp \$8,589

Description: Equipment Purchase \$2,146

Description: Food Festival \$1,262

Description: Insurance \$1,502

Description: Office Expenses \$3,752

Description: Donations \$875

Description: Property Taxes \$735

Description: Rental- Storage Unit \$900

Description: Website and Internet \$3,436

Pt II, Line 24:

Description: Gullah Museum Historical Artifacts used by Gullah People Beginning of Year: \$150,000 End of Year: \$150,000

Return of Organization Exempt From Income Tax

2020

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

Open to Public Inspection

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: Gullah Museum of Hilton Head Island, Inc. D Employer identification number: 42-1603322. E Telephone number: (843) 298-2395. F Group Exemption Number.

G Accounting Method: Accrual. I Website: www.gullahmuseumhhi.org. H Check if the organization is not required to attach Schedule B.

J Tax-exempt status (check only one): 501(c)(3). K Form of organization: Corporation.

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I.

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 57,831 and total expenses is 49,517, resulting in a net asset change of 8,314.



**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	27,617	35,931
<b>23</b> Land and buildings . . . . .	0	0
<b>24</b> Other assets (describe in Schedule O) . . . . .	0	150,000
<b>25</b> Total assets . . . . .	27,617	185,931
<b>26</b> Total liabilities (describe in Schedule O) . . . . .	0	0
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	27,617	185,931

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Preserve, Protect and Promote the Gullah Culture

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

<b>28</b> <u>The Gullah Gala is an event that is held each year to showcase members of the Gullah Community, past and present, who have made major contributions toward preserving the Gullah Culture. More than 500 people attended this event Which was held in January 2020 before the Pandemic.</u> (Grants \$ <u>12,000</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>12,948</b>
<b>29</b> <u>Restoration of the Gullah House. During the year, Gullah Trail Tours and Bicycle Tours result in more than 2000 tourist viewing the Gullah house. This year, due to the Pandemic, there were no tours. However, the organization is utilizing grants to restore the house that have become delapidated.</u> (Grants \$ <u>20,000</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	<b>18,693</b>
<b>30</b> _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a) . . . . .	<b>32</b>	<b>31,641</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Louise Miller Cohen Executive Director	35	6,000	0	0
Nell B. Hay Chairman of the Board Directors	20	0	0	0
Ibrahim Abdul-Malik Treasurer	20	0	0	0
Brenda Williams Secretary	15	0	0	0
Murray Christopher Director	5	0	0	0
Shawanta Cohen Director	5	0	0	0
Yolawnda Cohen-Mckinney Diirector	5	0	0	0
Linda Ferguson Director	5	0	0	0
Meldon S. Hollis Director	5	0	0	0
Natashia Aiken Director	5	0	0	0
Bridget Cohen Director	5	0	0	0

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
<b>33</b>	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
<b>34</b>	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		✓
<b>35a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		✓
<b>b</b>	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
<b>c</b>	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b>		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		✓
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		✓
<b>b</b>	If "Yes," complete Schedule L, Part II, and enter the total amount involved <b>38b</b>		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
<b>b</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
<b>c</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
<b>d</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		✓
<b>41</b>	List the states with which a copy of this return is filed ▶ <b>South Carolina</b>		
<b>42a</b>	The organization's books are in care of ▶ <b>Ibrahim Abdul-Malik</b> Telephone no. ▶ <b>(843) 683-6401</b> Located at ▶ <b>131 Squire Pope Road, Hilton Head Island, SC</b> ZIP + 4 ▶ <b>29926</b>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		✓
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ _____		✓
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <b>43</b>		
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
<b>b</b>	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
<b>c</b>	Did the organization receive any payments for indoor tanning services during the year?		✓
<b>d</b>	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		✓
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
<b>b</b>	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 

	Yes	No
46		✓

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47 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 . . . . . 

	Yes	No
47		✓

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 

48		✓
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49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 

49a		✓
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b If "Yes," was the related organization a section 527 organization? . . . . . 

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

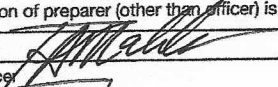
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .  Yes  No

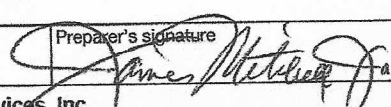
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer 	Date 5/29/2021
--	----------------

  
 Ibrahim Abdul-Malik, Treasurer  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name James Mitchell, Jr.	Preparer's signature 	Date 5/29/2021	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01874885
Firm's name ▶ JM Dinancial Services, Inc.	Firm's EIN ▶ 45-4908239			Phone no. 843-683-0040
Firm's address ▶ P. O. Box 16043, Rochester, NY 14616				

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



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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization

Employer identification number

Gullah Museum of Hilton Head Island, Inc.

42-1603322

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	51313	44949	67249	78378	48954	290843
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	19483	24809	30277	32406	8873	115798
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	70796	69758	97526	110784	57827	406641
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						406641

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	7	5	8	11	4	35
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	7	5	8	11	4	35
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	70803	69763	97534	110795	57831	406676
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	99.9 %
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	99.9 %

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	.01 %
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 . . . . .	<b>18</b>	.01 %

- 19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .
- b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2020**

Name of the organization  
Gullah Museum of Hilton Head Island, Inc.

Employer identification number  
42-1603322

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its 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).



Name of organization Gullah Museum of Hilton Head Island, Inc.	Employer identification number 42-1603322
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Town of Hilton Head Island ----- 1 Town Center Court ----- Hilton Head Island, SC 29926 -----	\$ _____ 12028	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Breedlove Foundation ----- P. O. Box 785 ----- Bluffton, SC 29910 -----	\$ _____ 20000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Employer identification number  
 42-1603322

**Part II** 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
	NONE ----- ----- -----	\$-----	-----
	----- ----- -----	\$-----	-----
	----- ----- -----	\$-----	-----
	----- ----- -----	\$-----	-----
	----- ----- -----	\$-----	-----
	----- ----- -----	\$-----	-----
	----- ----- -----	\$-----	-----
	----- ----- -----	\$-----	-----

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization  
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Employer identification number  
42-1603322

**Part 1. - Other Expenses - Line 16**

Advertising	10,996
HH Bluffton Chamber	695
Music Concert	246
Insurance	542
Website	597
Rag Quilting	300
Musical Expenses	335
Gullah Gala	4,746
Misc.	100
<b>Total Expenses</b>	<b>\$18,557</b>

**Part II - Line 24 - Other Assets**

The Gullah Museum has artifacts that have been used by the Gullah People during throughout the early years of their existance on  
Hilton Head Island, SC. The artifacts is being valued at \$150,000.00.



GMHHI EXECUTIVE MEETING 8-15-2023

MEMBERS PRESENT VIA ZOOM PRESENTATION: NELL HAY (CHAIR), MELDON HOLLIS (V. CHAIR), LOUISE COHEN (DIRECTOR), IBRAHIM ABDUL-MALIK (TREASURER), YOLAWNDA MCKINNEY, SHAWNTA COHEN, CARRIE HIRSCH, LINDA FERGUSON, BRIDGET COHEN.

ALL MEMBERS PRESENT AGREED TO APPLYING FOR THE 2024 ATAX TO THE TOWN OF HILTON HEAD. THIS MEETING WAS CALLED ESPECIALLY FOR THE PURPOSE OF CONSIDERING THE 2024 ATAX APPLICATION, THE ATTACHED RESOLUTION WAS ADOPTED.

SUBMITTED BY,

SISTUH BRENDA H. WILLIAMS, SECRETARY

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

DEPARTMENT OF THE TREASURY

Date: AUG 05 2004

GULLAH MUSEUM OF HILTON HEAD ISLAND  
INC  
3 FARMERS CLUB RD  
HILTON HEAD ISLAND, SC 29925

Employer Identification Number:  
42-1603322  
DLN:  
204160169  
Contact Person:  
KAREN T HOOD ID# 75069  
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:  
September 8, 2003  
Contribution Deductibility:  
Yes  
Advance Ruling Ending Date:  
December 31, 2007

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. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

If you distribute funds to other organizations, your records must show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), you must have evidence the funds will be used for section 501(c)(3) purposes.

Letter 1045 (DO/CG)