2024 Accommodations Tax Funds Request Application

Organization Name: Mitchelville Preservation Project

Project/Event Name: Accommodations Tax Grant Application

Executive Summary

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

2024

Accommodations Tax Funds Request Application

Date Received: 09/01/2023 Time Received: 12:27 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: Mitchelville Preservation Project

Project/Event Name: Accommodations Tax Grant Application

Contact Name: Ahmad Ward Title: Executive Director

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

Email Address:

award@exploremitchelville.org

Contact Phone: 843-255-7301

Event Date: Various dates throughout

2024

Event Location: Historic Mitchelville Freedom Park /

Locations TBD

Total Budget: \$992,000.00 **Grant Requested:** \$190,000.00

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

Funding would be used to: promote Mitchelville Master Plan to the national public, provide outreach to visitors / tourists, develop / distribute updated print marketing offerings and purchase strategic marketing management services. HMFP will market and promote: 1) "Finding Freedom's Home" Mitchelville exhibit at the Westin HHI Resort and Spa, 2) Promotion of Historic Mitchelville Freedom Park's future 3) 2024 Blues and BBQ, 4) 2024 Juneteenth Celebration, 5) "Dawn of Freedom" "Roots of Reconstruction" Tours in Historic Mitchelville, 6) Mitchelville Anniversary Forum and 7) Branding effort of HMFP. Funds would also support event transportation and for site set-up and preparation.

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

As the presence of Mitchelville grows, it draws larger audiences to the Island to partake in the once hidden history of Hilton Head. The response to events presented by HMFP over the past four years, gives the organization evidence that the story of Mitchelville will continue to appeal to

this market on a much greater level as the presence increases. Our presentation of Historic Mitchelville through signature events, exhibits and conferences brings in special interest groups and organizations, e.g., enthusiasts of Civil War, Reconstruction, SC history, genealogy, Gullah-Geechee culture and more. This impact is measured through program evaluations and surveys.

A. Total Number of Physical Tourists Served: 28,886

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: 12,671

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: 10,367

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): 51,924

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

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

The Holiday Nights and Lights continues to be a key event for HMFP with **2,800** people in attendance over a three-day period with **1,450** tourists participating according to the donation cards passed out at the entrance and collected at the exit. The States represented in the data were: Florida, Georgia, Louisiana, Mississippi, New York, North Carolina, Ohio, Pennsylvania and Tennessee.

The Freedom Day program highlighting the Black History Month theme of Black Resilience and focusing on the life and work of Robert Smalls had **275** people in attendance.

HMFP welcomed **1,400** people back to the Park for the annual Juneteenth celebration at the Park on June 17th. The states represented at the Juneteenth Event were Alabama, Florida, Georgia, Kentucky, Michigan, New York, New Jersey, North Carolina, Ohio, Pennsylvania, and Virginia. The accompanying sleepover in the Park on the 15th with Joseph McGill from the Slave Dwelling Project continues to grow with **25** people camping in the Park. The Juneteenth Drum Circle that kicked off the Festival on June 16th, brought **225** people to the Park to start the celebration. We did not do the virtual Juneteenth program this year.

We moved into the third year of our "QR code stations" partnership with the Town of Hilton Head Island Office of Cultural Affairs. The three stations in the Park highlight the story of Mitchelville, a performance by Marlena Smalls and the Hallelujah Singers and an interpretation of Harriet Tubman by Cora Miller. The three stations have yielded 2,695 scans since January 2023 (over 7,700 total) with tourists ranging from 35 states. Some of the states not commonly recorded at Mitchelville programming include Arkansas, Colorado, Idaho, Illinois, Missouri, Montana, Oklahoma, Oregon, Texas, Washington and the commonwealth of Puerto Rico. In addition, the codes were scanned by tourists from Australia, Canada, Germany, Poland, Romania, Sierra Leone, Switzerland and the Ukraine.

We reached **850** school aged children with The Griot's Corner literacy program in the Park and at area schools. Additionally, we touched **125** children through the Ho'Well Do You Know Hilton Head History Hike.

Including the reporting of Finding Freedom's Home exhibition numbers from the Westin Hotel and Spa (25,000) our official reach, physical and virtual totaled 51,924 people with the out of area percentage reaching 72%.

B. DESCRIPTION OF OPERATIONS:

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

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

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

Mitchelville's first taste of freedom.

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

The Historic Mitchelville Freedom Park was able to flourish with the world reopening from the pandemic and welcome people back to the Park for events and tours of the property. HMFP is adding key Master Plan elements like the Bateau interpretive panels with more additions coming in the near future. The funds requested from the Town of Hilton Head will enable us to: maintain and expand our outreach offerings in the park and on various digital / online platforms, increase the branding for Historic Mitchelville Freedom Park and provide unique programming that elevates the Project to levels in alignment to the national museum/ cultural institution field. Most importantly, funding will assist us in reaching out from beyond Hilton Head Island, in a marketing/ public relations effort that shares this unique and incredible story of citizenship, democracy and freedom with the rest of the world.

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

- Purchase strategic marketing management services, Continuation of branding effort for Historic Mitchelville Freedom Park, Creation of promotional materials and branding / promotion of Master plan / upcoming campaign. Specific services would include media relations (e.g., press releases, media pitching, media buying in TV, Print, and Radio) and creation of collateral pieces and displays -\$105,000
- Implementation of key tourism events and programming \$70,000
- Park site maintenance and event preparation / Liability / Event Insurance \$15,000

Total \$190,000

Please refer to section B7 for more details about programming.

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

Partial funding would greatly impact HMFP's efforts to maintain the momentum gained over the last seven years with programs and outreach. In addition, partial funding would hinder current efforts to solidify HMFP's presence in the Park as we promote the Master Plan and begin construction of the permenant structures on site. Partial funding would result in cuts to regional markets outreach and the loss of opportunities to 1) increase new visits and 2) maintain repeat visitors and patrons. To account for this loss in funding, HMFP would likely cancel some programming or strategies during the calendar to maintain functions.

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

HMFP events, such as Juneteenth and Holiday Nights and Lights (4,746 participants) continue to reach beyond South Carolina to attract thousands of people to HHI.

Mitchelville's prominence in national conferences, programs, publications; national grant opportunities and the growing scope of the organization places HMFP in position to draw even more people to HHI in 2024. HMFP maintains a high percentage of tourists to the Park site with or without targeted programming.

According to the HHI Office of Cultural Affairs' Arts &

Economic Prosperity study arts/cultural attendees spent an average of \$52.86 per person, making last year impact, **\$1,521,714.**

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

1 - Destination Advertising/Promotion Advertising and promotion of tourism so as to develop and increase tourist attendence through the generation of publicity.	57	%
2 - Tourism-Related Events Promotion of the arts and cultural events.	35	%
3 - Tourism-Related Facilities Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.	8	%
4 - Tourism-Related Public Services The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs 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)

HMFP currently works with organizations such as: The Westin Hotel and Spa, The Sonesta Resort, Hampton Inn, Gullah Heritage Trail Tours, Gullah Geechee Cultural Heritage Corridor Commission, Island Rec, The Arts & Cultural Council of HHI, The Heritage Classic Foundation Coastal Discovery Museum, the Hilton Head Land Trust and Hilton Head Island-Bluffton Chamber of Commerce to attract culturally specific tours to the area. HMFP is partnering with the Heritage Library, the Hilton Head Land Trust, the Gullah Museum, and the Historical Black churches of HHI to present "Historic Holidays on Hilton Head Island" which chronicles the history of the Island with Christmas as the prevailing theme.

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

7. Additional comments. (250 words or less)

The requested funds from the TOHH ATAX grant cycle will enable HMFP to develop, implement and promote the following: "Finding Freedom's Home: Archeology at Mitchelville" exhibition at the Westin Hilton Head Island Resort and Spa. This collection of artifacts, photographs, letters, and documents continues to serve as our major outreach vehicle to tourists. HMFP will host its tenth annual Juneteenth Celebration in Historic Mitchelville Freedom Park, honoring the end of slavery in America, in June. This event, featuring stage performances and cultural programming, attracts tourists/visitors throughout the state of South Carolina, the Southeast and various Northeastern states. To mark the 10th anniversary, the celebration will extend to a full week, including a 5k run in the greater Park area. Blues and BBQ marks its sixth annual appearance on the HMFP calendar in March 2024 and combines two key southern tenets with the themes of freedom and liberty to create a fun "Edutainment" event. The Mitchelville Anniversary Forum will continue to highlight the anniversary of the community through the themes of Freedom, Democracy, Citizenship and Opportunity. Holiday Nights and Lights has

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

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Historic Mitchelville Freedom Park currently receives funding from the following sources:

- Beaufort County ATAX grant
- Town of Hilton Head ATAX grant
- Individual Gifts and Donations
- Private Sponsorship funds
- Board of Directors' pledges
- Signature Events
- Tour revenue
- Regional Grants
- National Grants
- Philathropic Organizations (Regional and National)

2. Please also estimate, as a percentage, the source of the org		

54%	Government Sources	26%	and Grants
13%	Corporate Support, Sponsors	2%	Membership, Dues, Subscriptions
5%	Ticket Sales, or Sales and Services		Other

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

Yes **X** No ___

If so, please list top 3 sources and amounts.

Beaufort County ATAX \$35,000.00

South Carolina Department of Parks, Recreation, and Tourism Advertising

Grant

\$31,000.00

D. FINANCIAL INFORMATION:

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

Financial Statement Requirements:

1. The <u>upcoming fiscal year's</u> **operating budget** for the organization.

Budget Provided: Yes

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

Current fiscal year Profit Loss Report Provided: Yes

Previous fiscal year Profit Loss Reports Provided:

2022- Previous FY 1 2021- Previous FY 2

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

Current fiscal year Balance Sheet Provided: Yes

Previous fiscal year Balanace Sheets Provided:

2022 - Previous FY 1

2021 - 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:

2020 - Previous FY 1

2019 - Previous FY 2

E. FINANCIAL GUARANTEES AND PROCEDURES:

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

application.

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

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

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

F. MEASURING EFFECTIVENESS:

If you received 2022 or 2023 HHI ATAX funds

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

2021	\$185,000.00	Historic Mitchelville Freedom Park (Various)
2022	\$185,000.00	Historic Mitchelville Freedom Park (Various)
2023	\$185,000.00	Historic Mitchelville Freedom Park (Various)

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

The Historic Mitchelville Freedom Park received ATAX awards in the amounts of \$185,000 for 2022 and \$185,000 for 2023. The Holiday Tree Lighting ride through boasted **2,800** people over a three day period with **1,450** tourists participating according to the donation cards passed out at the entrance and collected at the exit. The States represented in the data were: Florida, Georgia, Louisiana, Mississippi, New York, North Carolina, Ohio, Pennsylvania and Tennessee. The Freedom Day program that highlighted the life of Robert Smalls had **250** people in attendance. HMFP welcomed **1,400** people to the ninth annual Juneteenth celebration on June 17th. The states represented during Juneteenth: Alabama, Florida, Georgia, Kentucky, New York, New Jersey, North Carolina, Ohio, Pennsylvania, Tennessee and Virginia. The HMFP QR code stations yielded **2,695** scans with tourists ranging from over **36** states including: Arkansas, Colorado, Idaho, Illinois, Missouri, Montana, Oklahoma, Oregon, Texas, Washington and West Virginia. The Finding Freedom's Home exhibition at the Westin Resort and Spa reached **25,000** people during the period up to August 30, 2023.

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

ATAX funding helped to expose Juneteenth to more people in the region and increased our attendance for the overall event by **15%.** Funds also helped to extend the reach of the Holiday Nights and Lights to more outlying areas despite increased competition for events. Funding allowed us to offer our "Dawn of Freedom" docent tours weekly on Tuesday mornings where we connected with **600** visitors /tourists from all over the nation. This increased the profile of the organization and our metrics suggest that this will lead to more cultural heritage travelers attending the in-person Juneteenth and other Mitchelville events next year. Survey / evaluation results from programming indicated that patrons noted the quality of the educational material and acknowledged the diverse audience demographics of HMFP events. In addition, Mitchelville events have become renowned for its highly diverse audiences, enriching the unification of the community at large. HMFP is distinguishing itself as the Cultural Heritage hub on Hilton Head Island and our programs, virtual and in-person are beginning to draw expanded new audiences to the area.

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

HMFP measures the effectiveness of marketing and programming by tracking the number of visitors, tourism trends and responses to each of the hosted exhibits, programs and events. Data is collected through online ticket sales, visitor surveys and on-site surveys at signature events. HMFP also employs program / event specific evaluations, using both quantitative and qualitative data to measure effectiveness of our offerings. Regarding programs like the Roots of Reconstruction tour, we coordinate evaluation information with the Coastal Discovery Museum and the Hilton Head Land Trust. For Griot's Corner, the teachers are engaged before they leave the Park, to secure feedback about the story, activities and connection to literacy/reading standards. The majority of this year's data was compiled through online analytics on Facebook, the exploremitchelville.org website, Instagram, YouTube and blkfreedom.org.

G. **EXECUTIVE SUMMARY**

Provide an executive summary using the "ATAX Effectiveness Measurement" form provided via the link on the left, or by utilizing the text area provided below to report uses of the organization's prior ATAX grant, if applicable. If 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)

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

Signature: Ahmad T Ward

Title/Position: Executive Director

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

Email Address: award@exploremitchelville.org

Office Phone Number: 843-255-7301

Home Phone Number:

HISTORIC MITCHELVILLE FREEDOM PARK Program Evaluation Form

Program Title: Mitchelville at 160: The Water Ways
Email:
Zip Code:
How did you find out about the program? TV Radio Newspaper advertisement Internet Other
I found the program / event to be: very informative somewhat informative not informative
I have attended other programs on this topic: Yes No If yes, where?
This program increased my understanding of the topics: Yes No
This is my first time attending a program presented by the Historic Mitchelville Freedom Park HMFP): Yes No
Are you a citizen (member) of HMFP?
How do you rate the knowledge and delivery of the presenter(s)? Excellent Good Fair Poor
Would you recommend that others attend future programs presented by HMFP? Yes No
Other comments/suggestions:

REVENUES		
Grants (Regional)	256,000	
D 11 (D)1 (1 (1)		
Donations / Citizenships (membership)	300,000	
M TOUL	105.000	
Management Agreement - TOHH	105,000	
Cranta (Organizational)	110 500	
Grants (Organizational)	142,500	
Program Income	50,000	
1 rogram moonio	00,000	
Individual Business Contributions & Sponsorships		
Corporate Sponsorship	100,000	
Board Pledges202416 members		
at \$1,000	-,	
+ /		
Gifts-in-kindRental Space MPP Offices	14,000	
Miscellaneous Revenue (tours, etc.)	7,000	
Investment Income		
Interest - CD	1,500	
	T	
TOTAL RECEIPTS	992,000	
EXPENSES		
Staff - Paid Event / Program Staff	327,350	
Program Costs (speakers/venue/etc.)	152,750	
Marketing (programs)	79,000	
Fundraising costs	65,000	
Archaeology Costs	45,000	
Grant Preparation /Lobbying/Consultation	42,000	
General Project marketing	35,000	
Dromotion of Mactor Dian (print diaplace direct marketing)	20,000	
Promotion of Master Plan (print, displays, direct marketing)		
Benefits (Insurance / 401k / Dental / Vision / Life)	20,000	
Benefits (Insurance / 401k / Dental / Vision / Life) Payroll Taxes	20,000 16,000	
Benefits (Insurance / 401k / Dental / Vision / Life) Payroll Taxes Park maintenance & updates	20,000 16,000 15,000	
Benefits (Insurance / 401k / Dental / Vision / Life) Payroll Taxes	20,000 16,000	
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Benefits (Insurance / 401k / Dental / Vision / Life) Payroll Taxes Park maintenance & updates Accounting fees Trash removal (Park) Misc. Indirect Program Costs Rent, Parking & Utilities HMFP Offices Donor software and associated costs Conferences/Natl. Meetings/Workshops Educational Outreach/Curriculum Dev. Property / Terrorism / Liability Insurance Group Management Systems Adminstrative Costs Bookkeeping fees Social Security / Medicare Project travel costs Hospitality Dues / Memberships and Subscriptions Park Utilities Interest Expense / Service Charges	20,000 16,000 15,000 15,000 15,000 15,000 14,000 10,000 8,000 8,000 7,000 7,000 6,000 5,000 4,500	
Benefits (Insurance / 401k / Dental / Vision / Life) Payroll Taxes Park maintenance & updates Accounting fees Trash removal (Park) Misc. Indirect Program Costs Rent, Parking & Utilities HMFP Offices Donor software and associated costs Conferences/Natl. Meetings/Workshops Educational Outreach/Curriculum Dev. Property / Terrorism / Liability Insurance Group Management Systems Adminstrative Costs Bookkeeping fees Social Security / Medicare Project travel costs Hospitality Dues / Memberships and Subscriptions Park Utilities Interest Expense / Service Charges Depreciation and amortization	20,000 16,000 15,000 15,000 15,000 15,000 14,000 10,000 8,000 8,000 8,000 7,000 7,000 6,000 5,000 4,500 4,000	
Benefits (Insurance / 401k / Dental / Vision / Life) Payroll Taxes Park maintenance & updates Accounting fees Trash removal (Park) Misc. Indirect Program Costs Rent, Parking & Utilities HMFP Offices Donor software and associated costs Conferences/Natl. Meetings/Workshops Educational Outreach/Curriculum Dev. Property / Terrorism / Liability Insurance Group Management Systems Adminstrative Costs Bookkeeping fees Social Security / Medicare Project travel costs Hospitality Dues / Memberships and Subscriptions Park Utilities Interest Expense / Service Charges Depreciation and amortization Technology upgrades for Project	20,000 16,000 15,000 15,000 15,000 15,000 14,000 10,000 8,000 8,000 7,000 7,000 6,000 6,000 5,000 4,500 4,000 3,500	
Benefits (Insurance / 401k / Dental / Vision / Life) Payroll Taxes Park maintenance & updates Accounting fees Trash removal (Park) Misc. Indirect Program Costs Rent, Parking & Utilities HMFP Offices Donor software and associated costs Conferences/Natl. Meetings/Workshops Educational Outreach/Curriculum Dev. Property / Terrorism / Liability Insurance Group Management Systems Adminstrative Costs Bookkeeping fees Social Security / Medicare Project travel costs Hospitality Dues / Memberships and Subscriptions Park Utilities Interest Expense / Service Charges Depreciation and amortization	20,000 16,000 15,000 15,000 15,000 15,000 14,000 10,000 8,000 8,000 8,000 7,000 7,000 6,000 5,000 4,500 4,000	

Legal Counsel Rotary fees Organizational Supplies Storage Web site hosting Printing and Copying Expenses Postage, Mailing Service Board Retreat / Training Constant Contact County Property Tax Professional Fees - Chamber of Commerce Online Payment System Fees Admin Fees - Community Foundation PayPal fees	1, 1, 7 5 5 2	00 00 00 00
Total	992,0	00
Revenue Over (Under)		0

Statement of Activity

	TOTAL
Revenue	
40000 CONTRIBUTIONS, GIFTS & GRANTS	
40100 Government Grants - Local	
40110 Beaufort County ATax	35,000.00
40120 TOHH - ATAX 2022	71,015.24
40130 TOHH - ATAX 2023	243,598.54
Total 40100 Government Grants - Local	349,613.78
40200 Government Grants - State	
40210 SCPRT Grant	1,228,940.48
Total 40200 Government Grants - State	1,228,940.48
40300 Direct Public Support	
40320 Gifts in Kind - Rental Space	4,083.38
Total 40300 Direct Public Support	4,083.38
40400 Direct Public Grants	
40430 Various Public Grants	25,000.00
40440 Mellon Foundation Grant	1,250,000.00
Total 40400 Direct Public Grants	1,275,000.00
40500 Contributions - Individual & Business	3,800.00
40510 Board Pledges	4,200.00
40520 Donations & Memberships - Individuals	73,927.90
40530 Corporate Contributions	1,619.00
Total 40500 Contributions - Individual & Business	83,546.90
Total 40000 CONTRIBUTIONS, GIFTS & GRANTS	2,941,184.54
41000 PROGRAM INCOME	
41020 Misc Tour & Special Events Revenue	1,310.00
Juneteenth Celebration	10,578.73
Total 41000 PROGRAM INCOME	11,888.73
42000 FUNDRAISING INCOME	
Blues and BBQ	
Blues and BBQ Admissions	5,938.31
Blues and BBQ Donations	12,025.00
Total Blues and BBQ	17,963.31
Capital Campaign	516,900.00
Total 42000 FUNDRAISING INCOME	534,863.31
43000 INVESTMENT INCOME	
43200 Interest - SouthState Checking	248.42
43300 Interest - SouthState Capital Acct	15,120.76
43400 Interest - Sweep Acct	15,668.09
Total 43000 INVESTMENT INCOME	31,037.27
Total Revenue	\$3,518,973.85
GROSS PROFIT	\$3,518,973.85
Expenditures	•

Statement of Activity

	TOTAL
60000 MANAGEMENT & ADMINISTRATION	
60010 Bank Fee	115.00
60011 Late Fee/Penalty	852.66
Total 60010 Bank Fee	967.66
60020 Conference, Convention, Meeting	9,160.49
60025 Donor Software Costs	4,745.00
60030 Dues and Subscriptions	1,180.00
60032 Museum Associations/Orgs	1,275.00
60033 Rotary Fees	780.00
Total 60030 Dues and Subscriptions	3,235.00
60040 Insurance Expense	
D&O, Liability, Exhibit Expense	698.00
Liability/Event/Terrorism Insurance	4,811.80
Total 60040 Insurance Expense	5,509.80
60045 Interest Expense	888.14
60050 Legal Counsel	75.00
60055 Office/Organizational Supplies	2,250.14
60060 Postage, Mailing Service	925.75
60075 Property Taxes	642.25
60080 Technology Upgrades	6,733.99
61000 Facilities and Equipment	
61050 Depr and Amort - Allowable	2,461.36
61100 Donated Facilities	4,083.38
61150 Park Maintenance & Updates	4,925.00
61200 Park Utilities	1,417.00
61300 Public Storage - Archaeology	2,105.79
61350 Trash Removal	6,800.00
Park Lease	41.00
Total 61000 Facilities and Equipment	21,833.53
62000 Consultants/Contract Labor	0.00
62100 Accountant	13,759.00
62200 Bookkeeper	3,024.00
62300 Consultant	59,333.28
62400 Event/Tour Coordinator	1,000.00
62500 Griot's Corner Facilitator	4,800.00
62600 History Hike Facilitator	2,500.00
62700 MAGIC Facilitator	7,200.00
Total 62000 Consultants/Contract Labor	91,616.28
63000 Payroll Expenses	
63100 Administrative Asst	7,919.20
63300 Director of Programs	22,800.00
63400 Executive Director	54,444.06
63500 Payroll Processing Fee	1,231.05
63600 Payroll Taxes	6,514.99

Statement of Activity

·	
otal 63000 Payroll Expenses	92,909.30
onstant Contact	619.94
econciliation Discrepancies	-1,749.06
tal 60000 MANAGEMENT & ADMINISTRATION	240,363.21
000 FUNDRAISING EXPENSES	
0050 Blues and BBQ Marketing	1,820.00
0100 Blues and BBQ Operations	27,054.59
0150 Compass Group - Fundraising Exp	70,000.00
0200 Fundraising Event Exp - Hosp/Misc	479.90
tal 70000 FUNDRAISING EXPENSES	99,354.49
000 PROGRAM SERVICES EXPENSE	
1110 Archaeology Project	9,782.21
1120 Educational Outreach/Curriculum Dev	7,200.34
1130 Misc Indirect Program Costs	10,059.37
Hospitality	896.41
otal 71130 Misc Indirect Program Costs	10,955.78
1200 Program Marketing	
1210 Freedom Day Marketing	8,785.00
1220 Griot's Corner Marketing	4,744.21
1230 History Hike Marketing	120.00
1240 Holiday/Tree Lighting Marketing	25,071.61
1250 Juneteenth Marketing	39,979.51
1260 MAGIC Marketing	64.08
1270 Mitchelville Anniversary Forum Marketing	1,000.00
1300 General Project Marketing	40,532.59
1400 Master Plan Marketing	35,747.32
otal 71200 Program Marketing	156,044.32
1500 Program Costs	
1520 Freedom Day	17,725.00
'1530 Griot's Corner Expense	1,027.93
1540 History Hike	621.92
1550 Holiday Event	-240.01
1560 Juneteenth Celebration	79,293.50
Juneteenth Celebration - Performance	4,600.00
otal 71560 Juneteenth Celebration	83,893.50
1570 MAGIC Expense	1,455.08
1580 MPP Anniversary Forum Expenses	-300.00
otal 71500 Program Costs	104,183.42
tal 71000 PROGRAM SERVICES EXPENSE	288,166.07
k My Accountant	-9,483.54
pital Expense	261,041.09
al Expenditures	\$879,441.32

Statement of Activity

	TOTAL
NET REVENUE	\$2,639,532.53

42,509.75
6,275.00
46,900.00
145,403.94
198,578.94
57,500.00
57,500.00
7,000.08
105,000.00
105,000.00
217,000.08
31,000.00
131,255.08
4,577.82
166,832.90
682,421.67
97,850.00
97,850.00
234.44
234.44
1,000.00
12,281.49
417.00
13,698.49
50,000.00
\$844,204.60
\$844,204.60
4,426.00
46,439.13
192,500.00
100.00

	TOTAL
MANAGEMENT & ADMINISTRATION	
Bank Fee	15.00
Interest Expense	2,371.06
Late Fee/Penalty	78.00
Total Bank Fee	2,464.06
Bateau Panels	10,645.00
Conference, Convention, Meeting	10,265.82
Constant Contact	996.40
Donor Software Costs	4,095.01
Dues and Subscriptions	9.99
Chamber of Commerce	175.00
Museum Associations/Orgs	1,075.00
Rotary Fees	860.00
Total Dues and Subscriptions	2,119.99
Facilities and Equipment	
Depr and Amort - Allowable	3,692.04
Donated Facilities	7,000.08
Park Maintenance & Updates	11,084.03
Park Utilities	2,266.00
Public Storage - Archaeology	1,474.20
Storage	2,941.00
Trash Removal	10,200.00
Total Facilities and Equipment	38,657.35
Insurance Expense	
Liability/Event/Terrorism Insurance	5,781.00
Property Insurance	2,244.47
Total Insurance Expense	8,025.47
Misc/Indirect Program Expense	1,240.06
Office/Organizational Supplies	1,635.11
Outside Services	
Accountant	13,615.00
Bookkeeper	3,544.20
Consultant	22,000.00
Legal Fees	314.07
Total Outside Services	39,473.27
Paid Event/ Program Staff	
Administrative Asst	13,337.60
Development Consultant (PT)	54,977.15
Event/Tour Staff	2,200.00
Executive Director	94,275.41
Griot's Corner Facilitator	7,200.00
Payroll Processing Fee	1,305.10
Payroll Taxes	11,720.67

	TOTAL
Program/Project Manager	45,600.00
Total Paid Event/ Program Staff	230,615.93
Postage, Mailing Service	990.41
Printing and Copying	381.60
Project Travel Costs	89.40
Technology Upgrades	6,281.10
Total MANAGEMENT & ADMINISTRATION	357,975.98
PROGRAM SERVICES EXPENSE	
Event Transportation	0.00
Freedom Day	9,515.00
Griot's Corner Expense	619.15
Holiday Event	27,235.15
Juneteenth Celebration	62,127.30
Juneteenth Celebration - Performance	4,000.00
Total Juneteenth Celebration	66,127.30
Misc Indirect Program Costs	14,880.28
Hospitality	2,151.64
Total Misc Indirect Program Costs	17,031.92
MPP Anniversary Forum Expenses	13,127.06
Program Marketing	
Anniversary Forum Marketing	450.00
Freedom Day Marketing	4,619.31
General Project Marketing	41,668.52
Griot's Corner Marketing	5,469.82
Holiday/Tree Lighting Marketing	16,749.50
Juneteenth Marketing	13,656.00
Master Plan Marketing	24,625.00
Total Program Marketing	107,238.15
Total PROGRAM SERVICES EXPENSE	240,893.73
otal Expenditures	\$842,334.84
IET OPERATING REVENUE	\$1,869.76
IET REVENUE	\$1,869.76

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

Freedom Day (deleted)		TOTAL		
Grio's Corner		JAN - DEC 2021	JAN - DEC 2020 (PY)	CHANGE
Juneteenth Celebration Juneteenth Celebration - Sponsors 50.00 1.50 Juneteenth Celebration - Donation 1.500.00 1.50 Juneteenth Celebration - Donation 1.500.00 1.50 Juneteenth Celebration - Food and Water 388.36 38 Juneteenth Celebration Admissions 17,306.46 17,30 Juneteenth Celebration 19,244.82 19,24 Total Juneteenth Celebration 19,244.82 19,24 Total Special Events Revenue 820.00 1,575.25 7.76 Total PROGRAM INCOME 24,064.82 22,075.25 1,96 Rev Released from Restrictions 0.00 Total Rev Released from Restrictions 0.00 FUNDRAISING EXPENSES 0.00 0.00 GROSS PROFIT 854,189.11 \$1,134,422.41 \$-480,23 Blues and BBO Marketing 1,668.53 0.00 Blues and BBO Marketing 1,668.53 0.00 Blues and BBO Marketing 1,668.53 0.00 Blues and BBO Caperating Expense 0.00 0.00 0.00 Growth Standard Revenue 0.00 0.00 0.00 Growth Revenue	Freedom Day (deleted)		500.00	-500.00
Juneteenth Celebration - Sponsors 50.00 1.55 Juneteenth Celebration - Donation 1.500.00 1.55 Juneteenth Celebration - Tood and Water 388.36 383 Juneteenth Celebration Admissions 17,306.46 17,30 Total Juneteenth Celebration Admissions 17,306.46 17,30 Total Juneteenth Celebration Admissions 17,306.46 17,30 Total PROGRAM INCOME 24,064.82 22,075.25 1,98 Rev Released from Restrictions 24,064.82 22,075.25 1,98 Rev Released from Restrictions 0.00 Total PROGRAM INCOME 24,064.82 22,075.25 1,98 Rev Released from Restrictions 0.00 Unapplied Cash Payment Income 5,862.00 -5,86 Total Revenue \$654,189.11 \$1,134,422.41 \$-480,28 GROSS PROFIT \$854,189.11 \$1,134,422.41 \$-480,28 Expenditures 0.00 0.00 FUNDRAISING EXPENSES 30.38 0.3 Blues and BBO Marketing 1,668.53 1.66 Blues and BBO Marketing 1,668.53 1.66 Blues and BBO Expense Entertainment 4,700.00 0.00 4,74 Blues and BBO Expense Entertainment 4,700.00 4,74 Blues and BBO Expense Staging Park (deleted) 100.00 4,74 Blues and BBO Expense Staging Park (deleted) 100.00 4,74 Golf Outing Expense 3,800.00 4,740.00 -9,60 Event Sponsorship (deleted) 100.00 3,750.00 6,60 Golf Outing Expenses (deleted) 100.00 3,750.00 6,60 Total Blues and BBO Expense Staging Park (deleted) 100.00 3,750.00 6,60 Total Blues and BBO Expense Staging Park (deleted) 100.00 3,750.00 6,60 Total Bues and BBO Expense Staging Park (deleted) 100.00 3,750.00 6,60 Total Bues and BBO Expense Staging Park (deleted) 100.00 3,750.00 6,60 Total Bues and BBO Expense Staging Park (deleted) 100.00 3,750.00 6,60 Total Bues and BBO Expense Staging Park (deleted) 100.00 3,750.00 6,60 Total Bank Fee 66.00 3,750.00 3,750.00 6,60 Total Bank Fee 66.00 3,750.00 3,750.00 6,60 Total Bank Fee 3,260.00 3,750.00 3,750.00 6,60 Total Ban	Griot's Corner	4,000.00	20,000.00	-16,000.00
Juneteenth Celebration - Donation 1,500.00 1,500.	Juneteenth Celebration			
Juneteenth Celebration -Food and Water 388.36 17.30 17	Juneteenth Celebration - Sponsors	50.00		50.00
Juneteenth Celebration Admissions 17,366.46 17,367. 1761	Juneteenth Celebration -Donation	1,500.00		1,500.00
Total Juneteenth Celebration 19,244.82 19,224 Tour & Special Events Revenue 820.00 1,575.25 -7.7 Total PROGRAM INCOME 24,084.82 22,075.25 1,98 Rev Released from Restrictions 0.00 1,000 1,000 Total Rev Released from Restrictions 0.00 5,862.00 -5,862.00	Juneteenth Celebration -Food and Water	388.36		388.36
Tour & Special Events Revenue 820.00 1,575.25 -77 Total PROGRAM INCOME 24,064.82 22,075.25 1,88 Rev Released from Restrictions 80.00 -70 Total Rev Released from Restrictions 0.00 -5.86 Total Rev Released from Restrictions 0.00 -5.86 Unapplied Cash Payment Income \$654,189.11 \$1,134,422.41 \$-480,23 GROSS PROFIT \$654,189.11 \$1,134,422.41 \$-480,23 Expenditures -5.86 -5.86 -5.86 Christmas Tree Lighting (deleted) 0.00 -7.86 -7.86 FUNDRAISING EXPENSES 30.38 3.66 -9.86 Blues and BBQ Operating Expense 900.00 4.74 -9.86 Blues and BBQ Expense-Staging Park (deleted) 4,700.00 4.74 -9.86 Blues and BBQ Expense-Staging Park (deleted) 100.00 4,74 -9.86 Event Sponsorship (deleted) 100.00 4,74 -9.86 Event Sponsorship (deleted) 100.00 3,750.00 6.66 Total Fundraising Expenses (de	Juneteenth Celebration Admissions	17,306.46		17,306.46
Total PROGRAM INCOME 24,064.82 22,075.25 1,964 Rev Released from Restrictions 0.00	Total Juneteenth Celebration	19,244.82		19,244.82
Rev Released from Restrictions Restrictions Satisfied by Pymts 0.00 Total Rev Released from Restrictions 0.00 Unapplied Cash Payment Income \$654,189.11 \$1,134,422.41 \$-80,23 GROSS PROFIT \$654,189.11 \$1,134,422.41 \$-480,23 Expenditures 654,189.11 \$1,134,422.41 \$-480,23 Expenditures 654,189.11 \$1,134,422.41 \$-480,23 Expenditures 654,189.11 \$1,134,422.41 \$-480,23 Expenditures 655,189.11 \$1,134,422.41 \$-480,23 Expenditures 655,189.11 \$1,134,422.41 \$-480,23 Expenditures 600 655,189.12 \$-480,23 Expenditures 90.00 90.00 \$-5,86 \$-5,86 Blues and BBQ Marketing 1,668.53 \$-6,90	Tour & Special Events Revenue	820.00	1,575.25	-755.25
Restrictions Satisfied by Pymts 0.00 Total Rev Released from Restrictions 0.00 Unapplied Cash Payment Income \$654,189.11 \$1,134,422.41 \$-480,25 Total Revenue \$654,189.11 \$1,134,422.41 \$-480,25 ROSS PROFIT \$654,189.11 \$1,134,422.41 \$-480,25 Expenditures	Total PROGRAM INCOME	24,064.82	22,075.25	1,989.57
Total Rev Released from Restrictions 0.00 Unapplied Cash Payment Income \$,862.00 5,862.00<	Rev Released from Restrictions			
Diapplied Cash Payment Income	Restrictions Satisfied by Pymts		0.00	0.00
Total Revenue \$654,189.11 \$1,134,422.41 \$-480,23 GROSS PROFIT \$654,189.11 \$1,134,422.41 \$-480,23 Expenditures Christmas Tree Lighting (deleted) 0.00	Total Rev Released from Restrictions		0.00	0.00
GROSS PROFIT \$654,189.11 \$1,134,422.41 \$-480,23 Expenditures Christmas Tree Lighting (deleted) 0.00	Unapplied Cash Payment Income		5,862.00	-5,862.00
Expenditures	Total Revenue	\$654,189.11	\$1,134,422.41	\$ -480,233.30
Christmas Tree Lighting (deleted) 0.00 FUNDRAISING EXPENSES 30.38 3.33 Blues and BBQ Marketing 1,668.53 1,66 Blues and BBQ Operating Expense -900.00 -90 Blues and BBQ Expense Entertainment 4,700.00 0.00 4,74 Blues and BBQ Expense-Staging Park (deleted) 4,740.00 -94 Event Sponsorship (deleted) 100.00 4,740.00 -94 Event Sponsorship (deleted) 100.00 10 10 Golf Outing Expenses (deleted) 100.00 3,750.00 6,68 Total FUNDRAISING EXPENSES 16,098.91 8,490.00 7,66 MANAGEMENT & ADMINISTRATION 0.00 3,750.00 6,63 Bank Fee 66.00 2,05 6,63 Bank Fee 66.00 6,63 6,63 Late Fee/Penalty 2,597.00 2,55 2,55 Square Fees (deleted) 2,597.00 2,55 2,55 Square Fees (deleted) 2,761.6 88.24 18 Total Bank Fee 3,266.90 259.	GROSS PROFIT	\$654,189.11	\$1,134,422.41	\$ -480,233.30
FUNDRAISING EXPENSES 30.38 3.68 Blues and BBQ Marketing 1,668.53 1,668 Blues and BBQ Operating Expense -900.00 -90 Blues and BBQ Expense Entertainment 4,700.00 0.00 4,74 Blues and BBQ Expense-Staging Park (deleted) 4,740.00 4,740.00 -90 Event Sponsorship (deleted) 100.00 4,740.00 10 Golf Outing Expenses (deleted) 100.00 3,750.00 6,68 Total FUNDRAISING EXPENSES 16,098.91 8,490.00 7,66 MANAGEMENT & ADMINISTRATION 0.00 39.00 -2,05 Administrative Fees - CFLC 2,056.19 -2,05 Bank Fee 66.00 39.00 -5 Bank charges (deleted) 0.00 39.00 -5 Late Fee/Penalty 2,597.00 2,55 Square Fees (deleted) 276.16 88.24 18 Total Bank Fee 3,266.90 259.09 3,00 Board Retreat and Training 1,461.99 -1,46 Business Expenses (deleted) 3,000.	Expenditures			
Blues and BBQ Marketing 1,668.53 1,66 Blues and BBQ Operating Expense -900.00 -90 Blues and BBQ Expense Entertainment 4,700.00 0.00 4,70 Blues and BBQ Expense-Staging Park (deleted) 4,740.00 -9,4 Total Blues and BBQ Operating Expense 3,800.00 4,740.00 -9,4 Event Sponsorship (deleted) 100.00 4,740.00 -9,4 Golf Outing Expenses (deleted) 100.00 3,750.00 6,6 Grant Writing Expenses 10,400.00 3,750.00 6,6 Total FUNDRAISING EXPENSES 16,098.91 8,490.00 7,6 MANAGEMENT & ADMINISTRATION 0.00 2,056.19 -2,05 Bank Fee 66.00 2,056.19 -2,05 Bank charges (deleted) 0.00 39.00 -3 Interest Expense 327.74 131.85 15 Late Fee/Penalty 2,597.00 2,55 Square Fees (deleted) 276.16 88.24 16 Total Bank Fee 3,266.90 259.09 3,00	Christmas Tree Lighting (deleted)	0.00		0.00
Blues and BBQ Operating Expense -900.00 -90 Blues and BBQ Expense Entertainment 4,700.00 0.00 4,70 Blues and BBQ Expense-Staging Park (deleted) 4,740.00 -9,47 Total Blues and BBQ Operating Expense 3,800.00 4,740.00 -9,47 Event Sponsorship (deleted) 100.00 4,740.00 -9,47 Golf Outing Expenses (deleted) 100.00 3,750.00 6,68 Total FUNDRAISING EXPENSES 16,098.91 8,490.00 7,66 MANAGEMENT & ADMINISTRATION 0.00 -2,056.19 -2,05 Administrative Fees - CFLC 2,056.19 -2,05 Bank Fee 66.00 6 6 Bank charges (deleted) 0.00 39.00 -2 Interest Expense 327.74 131.85 15 Square Fees (deleted) 276.16 88.24 16 Total Bank Fee 3,266.90 259.09 3,00 Board Retreat and Training 1,461.99 -1,44 Business Expenses (deleted) 3,000.00 73.91 2,92	FUNDRAISING EXPENSES	30.38		30.38
Blues and BBQ Expense Entertainment 4,700.00 0.00 4,77 Blues and BBQ Expense-Staging Park (deleted) 4,740.00 -4,74 Total Blues and BBQ Operating Expense 3,800.00 4,740.00 -94 Event Sponsorship (deleted) 100.00 10 10 Golf Outing Expenses (deleted) 10,400.00 3,750.00 6,68 Total FUNDRAISING EXPENSES 16,098.91 8,490.00 7,60 MANAGEMENT & ADMINISTRATION 0.00 2,056.19 -2,05 Bank Fee 66.00 2,056.19 -2,05 Bank charges (deleted) 0.00 39.00 -3 Interest Expense 327.74 131.85 15 Late Fee/Penalty 2,597.00 2,55 Square Fees (deleted) 276.16 88.24 18 Total Bank Fee 3,266.90 259.09 3,00 Board Retreat and Training 1,461.99 -1,46 Business Expenses (deleted) 3,000.00 73.91 2,92 Conference, Convention, Meeting 3,472.67 1,507.70 1,	Blues and BBQ Marketing	1,668.53		1,668.53
Blues and BBQ Expense-Staging Park (deleted) 4,740.00 -4,74 Total Blues and BBQ Operating Expense 3,800.00 4,740.00 -94 Event Sponsorship (deleted) 100.00 10 10 Golf Outing Expenses (deleted) 100.00 3,750.00 6,65 Grant Writing Expenses 10,400.00 3,750.00 6,65 Total FUNDRAISING EXPENSES 16,098.91 8,490.00 7,60 MANAGEMENT & ADMINISTRATION 0.00 2,056.19 -2,05 Bank Fee 66.00 2,056.19 -2,05 Bank charges (deleted) 0.00 39.00 -5 Interest Expense 327.74 131.85 16 Late Fee/Penalty 2,597.00 2,56 Square Fees (deleted) 276.16 88.24 18 Total Bank Fee 3,266.90 259.09 3,00 Board Retreat and Training 1,461.99 -1,46 Business Expenses (deleted) 3,000.00 73.91 2,92 Conference, Convention, Meeting 3,472.67 1,507.70 1,96	Blues and BBQ Operating Expense	-900.00		-900.00
Total Blues and BBQ Operating Expense 3,800.00 4,740.00 -994 Event Sponsorship (deleted) 100.00 10 Golf Outing Expenses (deleted) 100.00 3,750.00 6,65 Grant Writing Expense 10,400.00 3,750.00 6,65 Total FUNDRAISING EXPENSES 16,098.91 8,490.00 7,60 MANAGEMENT & ADMINISTRATION 0.00 2,056.19 -2,05 Bank Fee 66.00 2,056.19 -2,05 Bank charges (deleted) 0.00 39.00 -5 Interest Expense 327.74 131.85 15 Late Fee/Penalty 2,597.00 2,56 Square Fees (deleted) 276.16 88.24 18 Total Bank Fee 3,266.90 259.09 3,00 Board Retreat and Training 1,461.99 -1,46 Business Expenses (deleted) 3,000.00 73.91 2,92 Conference, Convention, Meeting 3,472.67 1,507.70 1,96 Constant Contact 898.80 1,059.30 -16	Blues and BBQ Expense Entertainment	4,700.00	0.00	4,700.00
Event Sponsorship (deleted) 100.00 100.00 Golf Outing Expenses (deleted) 100.00 3,750.00 6,65 Grant Writing Expense 10,400.00 3,750.00 6,65 Total FUNDRAISING EXPENSES 16,098.91 8,490.00 7,60 MANAGEMENT & ADMINISTRATION 0.00 -2,056.19 -2,05 Bank Fee 66.00 2,056.19 -2,05 Bank charges (deleted) 0.00 39.00 -2 Interest Expense 327.74 131.85 15 Late Fee/Penalty 2,597.00 2,55 Square Fees (deleted) 276.16 88.24 18 Total Bank Fee 3,266.90 259.09 3,00 Board Retreat and Training 1,461.99 -1,46 Business Expenses (deleted) 3,000.00 73.91 2,92 Conference, Convention, Meeting 3,472.67 1,507.70 1,96 Constant Contact 898.80 1,059.30 -16	Blues and BBQ Expense-Staging Park (deleted)		4,740.00	-4,740.00
Golf Outing Expenses (deleted) 100.00 10 Grant Writing Expense 10,400.00 3,750.00 6,68 Total FUNDRAISING EXPENSES 16,098.91 8,490.00 7,60 MANAGEMENT & ADMINISTRATION 0.00 2,056.19 -2,05 Administrative Fees - CFLC 2,056.19 -2,05 Bank Fee 66.00 2,056.19 -2,05 Bank charges (deleted) 0.00 39.00 -3 Interest Expense 327.74 131.85 15 Late Fee/Penalty 2,597.00 2,56 Square Fees (deleted) 276.16 88.24 18 Total Bank Fee 3,266.90 259.09 3,00 Board Retreat and Training 1,461.99 -1,46 Business Expenses (deleted) 3,000.00 73.91 2,92 Conference, Convention, Meeting 3,472.67 1,507.70 1,96 Constant Contact 898.80 1,059.30 -16	Total Blues and BBQ Operating Expense	3,800.00	4,740.00	-940.00
Grant Writing Expense 10,400.00 3,750.00 6,68 Total FUNDRAISING EXPENSES 16,098.91 8,490.00 7,60 MANAGEMENT & ADMINISTRATION 0.00 2,056.19 -2,08 Bank Fee 66.00 2,056.19 -2,08 Bank charges (deleted) 0.00 39.00 -3 Interest Expense 327.74 131.85 19 Late Fee/Penalty 2,597.00 2,59 Square Fees (deleted) 276.16 88.24 18 Total Bank Fee 3,266.90 259.09 3,00 Board Retreat and Training 1,461.99 -1,46 Business Expenses (deleted) 3,000.00 73.91 2,92 Conference, Convention, Meeting 3,472.67 1,507.70 1,96 Constant Contact 898.80 1,059.30 -16	Event Sponsorship (deleted)	100.00		100.00
Total FUNDRAISING EXPENSES 16,098.91 8,490.00 7,60 MANAGEMENT & ADMINISTRATION 0.00 2,056.19 -2,05 Bank Fee 66.00 2,056.19 -2,05 Bank charges (deleted) 0.00 39.00 -3 Interest Expense 327.74 131.85 15 Late Fee/Penalty 2,597.00 2,59 Square Fees (deleted) 276.16 88.24 16 Total Bank Fee 3,266.90 259.09 3,00 Board Retreat and Training 1,461.99 -1,46 Business Expenses (deleted) 3,000.00 73.91 2,92 Conference, Convention, Meeting 3,472.67 1,507.70 1,96 Constant Contact 898.80 1,059.30 -16	Golf Outing Expenses (deleted)	100.00		100.00
MANAGEMENT & ADMINISTRATION 0.00 Administrative Fees - CFLC 2,056.19 -2,056.19 Bank Fee 66.00 66.00 39.00 -3 Bank charges (deleted) 0.00 39.00 -3 Interest Expense 327.74 131.85 19 Late Fee/Penalty 2,597.00 2,59 Square Fees (deleted) 276.16 88.24 18 Total Bank Fee 3,266.90 259.09 3,00 Board Retreat and Training 1,461.99 -1,46 Business Expenses (deleted) 3,000.00 73.91 2,92 Conference, Convention, Meeting 3,472.67 1,507.70 1,96 Constant Contact 898.80 1,059.30 -16	Grant Writing Expense	10,400.00	3,750.00	6,650.00
Administrative Fees - CFLC 2,056.19 -2,05 Bank Fee 66.00 6 Bank charges (deleted) 0.00 39.00 -3 Interest Expense 327.74 131.85 15 Late Fee/Penalty 2,597.00 2,59 Square Fees (deleted) 276.16 88.24 18 Total Bank Fee 3,266.90 259.09 3,00 Board Retreat and Training 1,461.99 -1,46 Business Expenses (deleted) 3,000.00 73.91 2,92 Conference, Convention, Meeting 3,472.67 1,507.70 1,96 Constant Contact 898.80 1,059.30 -16	Total FUNDRAISING EXPENSES	16,098.91	8,490.00	7,608.91
Bank Fee 66.00 39.00 66.00 Bank charges (deleted) 0.00 39.00 -30.00 Interest Expense 327.74 131.85 19.00 Late Fee/Penalty 2,597.00 2,59.00 25.00 Square Fees (deleted) 276.16 88.24 18.00 Total Bank Fee 3,266.90 259.09 3,00 Board Retreat and Training 1,461.99 -1,46 Business Expenses (deleted) 3,000.00 73.91 2,92 Conference, Convention, Meeting 3,472.67 1,507.70 1,96 Constant Contact 898.80 1,059.30 -16	MANAGEMENT & ADMINISTRATION	0.00		0.00
Bank charges (deleted) 0.00 39.00 -3 Interest Expense 327.74 131.85 18 Late Fee/Penalty 2,597.00 2,59 Square Fees (deleted) 276.16 88.24 18 Total Bank Fee 3,266.90 259.09 3,00 Board Retreat and Training 1,461.99 -1,46 Business Expenses (deleted) 3,000.00 73.91 2,92 Conference, Convention, Meeting 3,472.67 1,507.70 1,96 Constant Contact 898.80 1,059.30 -16	Administrative Fees - CFLC		2,056.19	-2,056.19
Interest Expense 327.74 131.85 18 Late Fee/Penalty 2,597.00 2,58 Square Fees (deleted) 276.16 88.24 18 Total Bank Fee 3,266.90 259.09 3,00 Board Retreat and Training 1,461.99 -1,46 Business Expenses (deleted) 3,000.00 73.91 2,92 Conference, Convention, Meeting 3,472.67 1,507.70 1,96 Constant Contact 898.80 1,059.30 -16	Bank Fee	66.00		66.00
Late Fee/Penalty 2,597.00 2,597.00 Square Fees (deleted) 276.16 88.24 18 Total Bank Fee 3,266.90 259.09 3,00 Board Retreat and Training 1,461.99 -1,46 Business Expenses (deleted) 3,000.00 73.91 2,92 Conference, Convention, Meeting 3,472.67 1,507.70 1,96 Constant Contact 898.80 1,059.30 -16	Bank charges (deleted)	0.00	39.00	-39.00
Square Fees (deleted) 276.16 88.24 18 Total Bank Fee 3,266.90 259.09 3,00 Board Retreat and Training 1,461.99 -1,46 Business Expenses (deleted) 3,000.00 73.91 2,92 Conference, Convention, Meeting 3,472.67 1,507.70 1,96 Constant Contact 898.80 1,059.30 -16	Interest Expense	327.74	131.85	195.89
Total Bank Fee 3,266.90 259.09 3,00 Board Retreat and Training 1,461.99 -1,46 Business Expenses (deleted) 3,000.00 73.91 2,92 Conference, Convention, Meeting 3,472.67 1,507.70 1,96 Constant Contact 898.80 1,059.30 -16	Late Fee/Penalty	2,597.00		2,597.00
Board Retreat and Training 1,461.99 -1,46 Business Expenses (deleted) 3,000.00 73.91 2,92 Conference, Convention, Meeting 3,472.67 1,507.70 1,96 Constant Contact 898.80 1,059.30 -16	Square Fees (deleted)	276.16	88.24	187.92
Business Expenses (deleted) 3,000.00 73.91 2,92 Conference, Convention, Meeting 3,472.67 1,507.70 1,96 Constant Contact 898.80 1,059.30 -16	Total Bank Fee	3,266.90	259.09	3,007.81
Conference, Convention, Meeting 3,472.67 1,507.70 1,96 Constant Contact 898.80 1,059.30 -16	Board Retreat and Training		1,461.99	-1,461.99
Constant Contact 898.80 1,059.30 -16	Business Expenses (deleted)	3,000.00	73.91	2,926.09
	Conference, Convention, Meeting	3,472.67	1,507.70	1,964.97
B 101 11	Constant Contact	898.80	1,059.30	-160.50
Dues and Subscriptions 791.85 3,162.00 -2,37	Dues and Subscriptions	791.85	3,162.00	-2,370.15

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

	TOTAL		
	JAN - DEC 2021	JAN - DEC 2020 (PY)	CHANGE
Paid Event/ Program Staff			
Executive Director	94,275.51	97,137.68	-2,862.17
Griot's Corner Facilitator	6,000.00	7,200.00	-1,200.00
Health Insurance (deleted)		2,473.64	-2,473.64
Payroll Processing Fee	1,186.44	71.11	1,115.33
Payroll Taxes	10,700.25	6,496.93	4,203.32
Program/Project Manager	45,600.00	46,000.00	-400.00
Total Paid Event/ Program Staff	157,762.20	159,379.36	-1,617.16
Postage, Mailing Service	735.82	212.54	523.28
Printing and Copying		83.88	-83.88
Technology Upgrades	17,150.65	14,592.56	2,558.09
Website		228.00	-228.0
Website (deleted)		228.00	-228.0
Total Website		456.00	-456.0
Total MANAGEMENT & ADMINISTRATION	530,641.92	288,338.20	242,303.7
PROGRAM SERVICES EXPENSE			
Archaeology Project	61,842.46	59,180.29	2,662.1
Educational Outreach/Curriculum Dev	7,146.14	5,420.00	1,726.1
Freedom Day	300.00	3,381.76	-3,081.7
Entertainment	4,900.00	182.41	4,717.5
Staging (deleted)		7,808.00	-7,808.0
Total Freedom Day	5,200.00	11,372.17	-6,172.1
Griot's Corner Expense	246.43	2,523.77	-2,277.3
Holiday Event	-1,683.00	21,149.48	-22,832.4
Juneteenth Celebration	4,751.63	1,500.00	3,251.6
Juneteenth Celebration - Merchandise (deleted)	1,764.14		1,764.1
Juneteenth Celebration - Performance	19,685.06	5,300.00	14,385.0
Juneteenth Celebration-Staging Park	15,532.33	1,875.00	13,657.3
Total Juneteenth Celebration	41,733.16	8,675.00	33,058.1
Miscellaneous Indirect Program Costs		464.00	-464.0
Hospitality	397.88	347.46	50.4
Reenactments and Tours	400.00	200.00	200.0
Supplies	183.17	1,389.04	-1,205.8
Total Miscellaneous Indirect Program Costs	981.05	2,400.50	-1,419.4
MPP Anniversary Forum Expenses	3,200.00	3,300.00	-100.0
Program Marketing	167.76	10,925.00	-10,757.2
Anniversary Forum Marketing		3,000.00	-3,000.0
Freedom Day Marketing	4,700.00	•	4,700.0
General Project Marketing	8,150.00	6,977.28	1,172.7
Griot's Corner Marketing	2,250.00	6,450.00	-4,200.0
Holiday/Tree Lighting Marketing	24,138.00	,	24,138.0
Juneteenth Marketing	26,834.13	24,575.00	2,259.13

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

Statement of Financial Position

As of August 30, 2023

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
10100 Coastal States CD	170,586.3
10200 Comm Found of the Lowcountry	128,890.0
10300 Paypal Account	87.5
10400 South State Bank	200,074.4
10500 South State Capital Acct	2,000.00
10600 South State Sweep Acct Total Bank Accounts	2,762,713.3 \$3,264,351,6
	\$3,264,351.66
Accounts Receivable	
Pledge Receivable - Blues and BBQ	0.00
Pledge Receivables	0.0
11200 Pledges Receivable - CFoLC	0.00
Unrestricted Board Pledge 2017 Unrestricted Board Pledges 2019	0.0 0.0
Unrestricted Board Pledges 2020	0.0
Unrestricted Board Pledges Receivable 2021	0.0
MOU TOHH 2021	5,000.0
Total Unrestricted Board Pledges Receivable 2021	5,000.0
Total Pledge Receivables	5,000.00
Total Accounts Receivable	\$5,000.00
Other Current Assets	. ,
MOU Town of HHI 2021	105,000.00
Prepaid Expenditures	0.00
Prepaid Expenditures-Anniversary Forum	0.0
Prepaid Expenditures-Blues and BBQ	
Prepaid Blues and BBQ-Advertising	0.0
Prepaid Blues and BBQ-Band	0.0
Prepaid Blues and BBQ-Staging Park	0.0
Total Prepaid Expenditures-Blues and BBQ	0.0
Prepaid Expenditures-Juneteenth	
Prepaid Juneteenth Expense	0.0
Prepaid Juneteenth Marketing Expense	0.0
Total Prepaid Expenditures-Juneteenth	0.0
Prepaid Holiday Event	0.0
Total Prepaid Expenditures	0.0
Prepaid Property Insurance	0.0
TOHH A-Tax Receivable	185,000.0
Uncategorized Asset	0.0
Total Other Current Assets	\$290,000.00
Total Current Assets	\$3,559,351.68
Fixed Assets	

Statement of Financial Position

As of August 30, 2023

	TOTAL
Furniture and Equipment	36,965.09
Sign	2,655.00
zAccumulated Depreciation	-27,329.40
Total Fixed Assets	\$12,290.69
Other Assets	
Collections-Exhibits	10,000.00
Total Other Assets	\$10,000.00
TOTAL ASSETS	\$3,581,642.37
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable (A/P)	0.00
Total Accounts Payable	\$0.00
Credit Cards	
South State Bank CC	0.00
Total Credit Cards	\$0.00
Other Current Liabilities	
Accounts Payable	0.00
Accrued Expenses	0.00
Deferred Revenue - Blues and BBQ	0.00
Payroll Tax Payable	0.00
Unearned or Deferred Revenue	0.00
With Donor Restrictions	
Breedlove Grant	0.00
Total With Donor Restrictions	0.00
Total Unearned or Deferred Revenue	0.00
Wages Payable	0.00
Total Other Current Liabilities	\$0.00
Total Current Liabilities	\$0.00
Total Liabilities	\$0.00
Equity	
Net Assets With Donor Restrictions	69,795.48
Net Assets Without Donor Restrictions	873,071.68
Opening Balance Equity	-757.32
Net Revenue	2,639,532.53
Total Equity	\$3,581,642.37
TOTAL LIABILITIES AND EQUITY	\$3,581,642.37

Statement of Financial Position As of December 31, 2022

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Coastal States CD	170,586.35
Comm Found of the Lowcountry	128,890.07
Paypal Account	87.50
South State Bank	380,307.22
Total Bank Accounts	\$679,871.14
Accounts Receivable	
MOU TOHH 2021	0.00
Pledge Receivable - Blues and BBQ	0.00
Pledge Receivables	
Unrestricted Board Pledges 2019	2,750.00
Unrestricted Board Pledges 2020	4,138.00
Total Pledge Receivables	6,888.00
Total Accounts Receivable	\$6,888.00
Other Current Assets	
MOU Town of HHI 2021	105,000.00
Prepaid Expenditures	1,240.85
Prepaid Expenditures-Anniversary Forum	0.00
Prepaid Expenditures-Blues and BBQ	75.00
Prepaid Expenditures-Juneteenth	0.00
Prepaid Holiday Event	0.00
Total Prepaid Expenditures	1,315.85
Prepaid Property Insurance	0.00
TOHH A-Tax Receivable	185,000.00
TOHH A-Tax Receivable 2020	757.32
Total TOHH A-Tax Receivable	185,757.32
Uncategorized Asset	0.00
Total Other Current Assets	\$292,073.17
Total Current Assets	\$978,832.31
Fixed Assets	
Furniture and Equipment	22,807.04
Sign	2,655.00
zAccumulated Depreciation	-24,868.04
Total Fixed Assets	\$594.00
Other Assets	
Collections-Exhibits	10,000.00
Total Other Assets	\$10,000.00
TOTAL ASSETS	\$989,426.31

LIABILITIES AND EQUITY

Liabilities

Statement of Financial Position As of December 31, 2022

	TOTAL
Current Liabilities	
Credit Cards	
South State Bank CC	0.00
Total Credit Cards	\$0.00
Other Current Liabilities	
Accounts Payable	10,991.05
Deferred Revenue - Blues and BBQ	0.00
Payroll Tax Payable	0.00
Unearned or Deferred Revenue	0.0
With Donor Restrictions	
Breedlove Grant	0.00
Total With Donor Restrictions	0.00
Total Unearned or Deferred Revenue	0.00
Wages Payable	0.00
Total Other Current Liabilities	\$10,991.0
Total Current Liabilities	\$10,991.0
Total Liabilities	\$10,991.0
Net Assets	
Net Assets With Donor Restrictions	69,795.48
Net Assets Without Donor Restrictions	906,770.03
Net Revenue	1,869.76
Total Net Assets	\$978,435.20
OTAL LIABILITIES AND EQUITY	\$989,426.3 ⁻

Statement of Financial Position As of December 31, 2021

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

Statement of Financial Position As of December 31, 2021

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

990

Return of Organization Exempt From Income Tax

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

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

2021 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Inspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information. For the 2021 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Mitchelville Preservation Project, Check if applicable: Address change Doing business as Historic Mitchelville Preservation 27-2308109 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 843-255-7300 Initial return PO Box 21758 Final return/ City or town, state or province, country, and ZIP or foreign postal code HILTON HEAD ISLAND SC 29925 654,188 **G** Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Ahmad Ward H(b) Are all subordinates included? If "No," attach a list. See instructions **X** 501(c)(3)) (insert no.) 4947(a)(1) or 527 501(c) (www.EXPLOREMITCHELVILLE.ORG **H(c)** Group exemption number ▶ Website: Year of formation: 2010 Form of organization: X Corporation Trust Association M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: See Schedule O Governance 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 16 Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 16 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 3 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year 8 Contributions and grants (Part VIII, line 1h) 1,099,708 628,626 Revenue 9 Program service revenue (Part VIII, line 2g) 22,075 24,065 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,274 1,457 <u>-3,24</u>0 -5**,**459 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,123,817 648,689 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 144,109 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 150,576 16a Professional fundraising fees (Part IX, column (A), line 11e) 17,500 210,000 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 315,046 378,987 476,655 739,563 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 647,162 -90,874 19 Revenue less expenses. Subtract line 18 from line 12. Beginning of Current Year End of Year 5 1,095,484 987,556 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 28,048 10,994 22 Net assets or fund balances. Subtract line 21 from line 20 1,067,436 976,562 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sian Here Ahmad Ward Key Employee Type or print name and title Print/Type preparer's name Preparer's signature Check Paid David E Williams, CPA David E Williams, CPA 06/22/22 self-employed P01510199 Preparer Williams C.P.A., LLC 46-1684469 Firm's name Firm's EIN ▶ **Use Only** 840 William Hilton Pkwy Ste B 29928-3434 843-715-9568 Hilton Head, SC

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

-orm	990 (2021) MITCHEIVIIIE Prese	ervation Pro) ject, 2/-23	308109	Page 4
Pa	Statement of Program Servic Check if Schedule O contains a			Part III	X
1	Briefly describe the organization's mission:	a response or note	to any line in this r	all III	
-	ee Schedule O				
	·				
2	Did the organization undertake any significant pro	-	•		
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedul				Yes X No
3	Did the organization cease conducting, or make		ow it conducts, any proc	ıram	
Ū	services?				Yes X No
	If "Yes," describe these changes on Schedule O.				🗀
4	Describe the organization's program service acco	emplishments for each of	of its three largest progra	am services, as measured by	У
	expenses. Section 501(c)(3) and 501(c)(4) organi		-	ants and allocations to others	5,
	the total expenses, and revenue, if any, for each	program service report	ed.		
_	(Code:) (Expenses \$ 66	<u> </u>	rants of \$) (Revenue \$	
M M S I	rrived at Galveston, Textorer now free. MPP hosts itchelville Freedom Park tage performances and cu ook at Historic Mitchelvistory, and education feive performances.	its annual . This prog ltural progr ille. It p	Juneteenth gram highlig ramming that romotes Afri	celebration in hts the park a gives visitor can American o	n Historic and features s a unique culture,
	ive performances.				
	• • • • • • • • • • • • • • • • • • • •				
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	(Code:) (Expenses \$ 63 ee Schedule O		rants of \$		
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ŀ	(Code:) (Expenses \$ coliday Event - Community coliday season with enter istoric Mitchelville Fre	tainment and	the entire f		
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	•				
	01				
4d	Other program services (Describe on Schedule C (Expenses \$ 181,089 includi		\ (D.	ovenue \$	١
4e	(Expenses \$ 181,089 includi Total program service expenses ▶	ng grants of \$ 309,814) (Re	evenue \$)

	<u> </u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	11	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		37
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			v
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			х
7	"Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
7		7		х
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		<u> </u>
0		8	x	
9	complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	۰		
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	الله		
. •	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			v
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		x
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		
10		16		х
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	├ <i>ं`</i>		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Х Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and X 19? Note: All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 16 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable **b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and X reportable gaming (gambling) winnings to prize winners?

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	3	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	S.				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	acco	unt)?	4a		X
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \dots			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	е				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods				
				7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S				
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	1?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	ne			
				8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		I			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		4		
11	Section 501(c)(12) organizations. Enter:		1			
а	Gross income from members or shareholders	11a		4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources	441				
40-	against amounts due or received from them.)	11b	<u> </u>	10-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		· · · · · · · · · · · · · · · · · · ·	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		\dashv		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			120		
а				13a		
b	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which					
b	· · · · · · · · · · · · · · · · · · ·	12h				
•	the organization is licensed to issue qualified health plans	13b 13c		\dashv		
C 140	Enter the amount of reserves on hand			14a		х
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			140	<u> </u>	
13	and the second s			15		х
	excess parachute payment(s) during the year?			13		Λ
16	If "Yes," see instructions and file Form 4720, Schedule N.	inace	202	16		х
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes" complete Form 4720. Schedule O	II ICON	IC:	10		
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in					
••	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes." complete Form 6069.			.,		

Part VI

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

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by t	he following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Int	<u>ernal</u>	Revenue	Code.)	
					Yes	
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	orm?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	onflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed SC					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (s	ection	5U1(C)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
40	Own website Another's website X Upon request Other (explain on Schedule O)		Para a P			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	est po	licy, and			
20	financial statements available to the public during the tax year.	ude 🏲				
20 Ma	State the name, address, and telephone number of the person who possesses the organization's books and reco	ias 🟲				
	elody Irvin PO Box 21758 Llton Head Island SC 2992	5	0.4	3-25	5_7	300
	Iton Head Island SC 2992	ر.	04	<u> </u>	<u> </u>	<u> </u>

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

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

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

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

- 1				
- 1	Check this box if neither the organization no	or any related organization	company and any current office	ar diractor or tructaa
- 1		Ji aliv icialeu ulualiizaliuli	COMPENSALED ANY CURTER ONC	er, director, or trustee.

(A) Name and title	(B) Average hours per week		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				in e)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Ahmad Ward										
	40.00								_	
Key Employee	0.00			X				100,000	0	0
(2)Jamie Berndt										
57	2.00								_	
Director	0.00	X						0	0	0
(3) Margot Brown	2.00									
Dime at an	0.00	$ \mathbf{x} $						o	0	0
Director (4) Ochieng Ubri Car		^						0	0	<u> </u>
(4) Ochreng Obri Car	4.00									
Director	0.00	$ \mathbf{x} $						0	0	0
(5) Carlton Dallas	0.00	122								
(5) CGI I COII DGI I G	2.00									
Director	0.00	$ \mathbf{x} $						0	0	0
(6) Herbert Ford										
(-)	2.00									
Director	0.00	$ \mathbf{x} $						0	0	0
(7) Hester Hodde										
•	2.00									
Director	0.00	x						0	0	0
(8) Kirsten Hotchkis	3 S									
	2.00									
Director	0.00	X						0	0	0
(9) Didi Summers, PI										
	2.00									
Director	0.00	X						0	0	0
(10) Anna Ponder PhD										
	2.00	.						_	_	_
Director	0.00	X						0	0	0
(11) Michael Scioscia										
	2.00	.						_	_	
Director	0.00	X						0	0	Form 990 (2021)

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Part VII Section A. Officers	s, Directors, Tru	stee	es, K	ey E	mpl	oyee	es, a	nd Highest Compensated	Employees (continued)	т——			
					C)								
(A)	(B)	(d	lo not		ition more	than c	one	(D)	(E)		(F)		
Name and title	Average	bo	x, unl	ess pe	erson i	is both	an	Reportable	Reportable	Est	imated		
	hours per week				directo	or/trust	ee)	compensation from the	compensation from related	, c	of oth compens		
	(list any	Individual or director	nst	Officer	Key	e High	Former	organization (W-2/	organizations (W-2/		from t	he	
	hours for related	lirect	Institutional	βĕ	em	lest	ner	1099-MISC/	1099-MISC/		ganizatio ed orga		
	organizations	or tr	. –		employee	Com		1099-NEC)	1099-NEC)	Totale	ca orga	inzation	3
	below	trustee	trustee		ee	Highest compensated employee							
	dotted line)		ee			ated							
(12) Raymond Werts	\$												
	2.00												
Director	0.00	X						0	0				(
(13) Lola Campbell	i.												
	4.00												
Vice Chairperson	0.00			X				0	0				(
(14) Melody Irvin													
	4.00												
Treasurer	0.00			X				0	0				(
(15) Thomas C Barr													
	2.00												
Chairman Emeritus	0.00			x				0	0				(
(16) Gloria Holmes													
, , , , , , , , , , , , , , , , , , , ,	4.00												
Secretary	0.00			x				0	0				(
(17) Shirley Peter													
(17) BILLICY TOOL	4.00												
Chairperson	0.00			x				0	0				(
Chariperson	0.00		+	<u> </u>		1			0	-			
			-										
							_	100 000					
1b Subtotal							•	100,000					
c Total from continuation shee	•							100 000					
d Total (add lines 1b and 1c)						<u></u>	<u> </u>	100,000	•	<u> </u>			
2 Total number of individuals (in				thos	e lis	ted a	bove	e) who received more than	\$100,000 of				
reportable compensation from	the organization	1 🚩	<u> </u>									Yes	No
3 Did the organization list any fo	ormer officer, dir	ecto	r, tru	stee	, ke	/ emi	ploye	ee, or highest compensated	d	ſ			
employee on line 1a? If "Yes,"	" complete Sche	dule	J fo	suc	h in	dividu	ial				3		X
4 For any individual listed on line	e 1a, is the sum	of r	epor	table	con	npens	satio	n and other compensation	from the				1
organization and related organ													v
individual5 Did any person listed on line 1						 - 					4		Х
5 Did any person listed on line 1 for services rendered to the or											5		х
Section B. Independent Contracto		03,	COII	ipicio	, 00	ricuu	10 0	tor such person					
1 Complete this table for your five		ensa	ated	inde	oend	lent o	contr	actors that received more	than \$100,000 of				
compensation from the organization	zation. Report co							lar year ending with or with	in the organization's tax ye	ear.			
Name and	(A) business address							Descrint	(B) ion of services		Co	(C) mpensat	ion
Name and	business uddress							Dosario	ion or services		001	пропои	OII
							t						
							+						
							\vdash			+			
							-						
2 Total number of independent	contractors (c. 1	٠۵:-		n - '	lies'	- بام	41	on listed observal with a		\rightarrow			
2 Total number of independent of received more than \$100,000								se listed above) who	0				
10001100 HIGH \$100,000	J. John Por Idadiol			~ Oil	ے ۱۱ اس		. 🛩		U				

MITCHELVILL 06/22/2022 11:46 AM Form 990 (2021) Mitchelville Preservation Project, 27-2308109 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (A) Total revenue (D) Revenue excluded (B) Related or exempt Unrelated function revenue from tax under husiness revenue sections 512-514 Gifts, Grants ilar Amounts 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c 21,601 **d** Related organizations 1d e Government grants (contributions) 249,732 **f** All other contributions, gifts, grants, 357,293 and similar amounts not included above 1f g Noncash contributions included in 1g lines 1a-1f 628,626 h Total. Add lines 1a-1f. Business Code 19,245 19,245 Juneteenth Program Service Revenue 4,000 4,000 Griot's Corner Reenactments & Tours 820 820 f All other program service revenue 24,065 g Total. Add lines 2a-2f \blacktriangleright 3 Investment income (including dividends, interest, and other similar amounts) 1,457 1,457 Income from investment of tax-exempt bond proceeds Royalties (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 7a other than inventory **b** Less: cost or other Other Revenue basis and sales exps. 7c c Gain or (loss) d Net gain or (loss) **8a** Gross income from fundraising events (not including \$ 21,601 of contributions reported on line 1c). See Part IV, line 18 ... 40 **b** Less: direct expenses 5,499 -5,459 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19

0

Miscellaneous Revenue **b** Less: direct expenses

10a Gross sales of inventory, less returns and allowances

b Less: cost of goods sold

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

Total revenue. See instructions .

c Net income or (loss) from gaming activities

c Net income or (loss) from sales of inventory

d All other revenue

9b

10a

10b

Business Code

648,689

25,522

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

Sect	Check if Schedule O contains a respons			olete column (A).	
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C)	(D)
	Db, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2					
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	139,876	23,779	103,508	12,589
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	10,700	1,819	7,918	963
11	Fees for services (nonemployees):				
а	Management				
b		418		418	
С	Accounting	24,348		24,348	
d					
е	Professional fundraising services. See Part IV, line 17	210,000			210,000
f	Investment management fees				
g	, J				
	(A) amount, list line 11g expenses on Schedule O.)	30,307	30,307		
12	Advertising and promotion	113,707	82,030	31,677	
13	Office expenses	10,697	560	10,137	
14	Information technology	17,151	17,151		
15	Royalties			1.1.100	
16	Occupancy	50,569	31,941	16,608	2,020
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4 252	0.044	2 - 2 - 2	
19	Conferences, conventions, and meetings	4,370	2,244	2,126	
20	Interest				
21	Payments to affiliates	1 660	1 660		
22	Depreciation, depletion, and amortization	1,669	1,669	B 43B	
23	Insurance	7,437		7,437	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	61 042	61 042		
a	Archaeology Project	61,842	61,842		
b	Juneteenth Event Educational Outreach	40,049	40,049 7,146		
C	· · · · · · · · · · · · · · · · · · ·		5,200		
d	Freedom Day	5,200	4,077		
	All other expenses	4,077 739,563	309,814	204,177	225,572
25 26	Total functional expenses. Add lines 1 through 24e	139,303	309,014	4U7,1//	443,314
_0	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

Form **990** (2021)

Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		48,6	
2		2		39,5	
3	Revenue less expenses. Subtract line 2 from line 1	3	-:	90,8	374
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,0	57,4	136
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	9'	76,5	562
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2021

Open to Public Inspection

Mitchelville Preservation Project, Employer identification number Name of the organization Inc. 27-2308109 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 X described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s).

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

Schedule A (Form 990) 2021 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below please complete Part III.)

Sec	tion A. Public Support	Tialis to quality	under the test	.s listed below,	please comple	ite i ait iii.)	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not				,,	,	· ·
	include any "unusual grants.")	205,334	365,145	579,318	1,099,708	628,626	2,878,131
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	6,900	6,900	6,900			20,700
4	Total. Add lines 1 through 3	212,234	372,045	586,218	1,099,708	628,626	2,898,831
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						2,898,831
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	212,234	372,045	586,218	1,099,708	628,626	2,898,831
8	Gross income from interest, dividends,	212,234	372,045	360,216	1,099,708	028,020	2,090,031
•	payments received on securities loans,						
	rents, royalties, and income from similar sources	105	624	1,429			2,158
•				-			-
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)		730	30			760
11	Total support. Add lines 7 through 10						2,901,749
12	Gross receipts from related activities, etc.						178,090
13	First 5 years. If the Form 990 is for the o	=	econd, third, fourth	n, or fifth tax year a	as a section 501(c))(3)	, _
500	organization, check this box and stop her tion C. Computation of Public So						
	•			- (f))		144	22.22.0/
14 15	Public support percentage for 2021 (line 6 Public support percentage from 2020 Sche			n (ī))		14	99.90 % 99.88 %
	33 1/3% support test—2021. If the organ	,,		12 and line 14 is 3	22 1/20/ or more		99.88 %
IVa	box and stop here. The organization qual			tion			▶ X
b	33 1/3% support test—2020. If the organ					ore check	r <u>==</u>
_	this box and stop here. The organization			nization			▶□
17a	10%-facts-and-circumstances test—202						
	10% or more, and if the organization mee	=					
	Part VI how the organization meets the fa	cts-and-circumstan	ces test. The orga	nization qualifies a	as a publicly suppo	orted	
	organization						▶ □
b	10%-facts-and-circumstances test—202						
	15 is 10% or more, and if the organization	n meets the facts-a	nd-circumstances	test, check this box	x and stop here. E	Explain	
	in Part VI how the organization meets the organization			•			▶ □
18	Private foundation. If the organization did instructions	d not check a box of	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	ee	▶ [

Page 2

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

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

Sec	etion A. Public Support	quality under	the tests listed	below, please	complete Part	11.)	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			(1)	(1)		()
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sec	tine 6.)						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	(4) 2011	(2) 2010	(5) 2515	(a) 2020	(6) 2021	(i) rotar
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the or	rganization's first, s					, _
500	organization, check this box and stop here						<u></u> ▶ ∟
15	Public support percentage for 2021 (line 8)			mn (f))		15	%
16	Public support percentage from 2020 Sche	, coluitiii (i), divide edule A. Part III. lii	ed by lifte 13, coldi ne 15	1111 (1))		16	%
	ction D. Computation of Investme						70
17	Investment income percentage for 2021 (li			3. column (f))		17	%
18	Investment income percentage from 2020 S	Schedule A. Part I	II. line 17	o, oolariir (i))		18	%
19a	33 1/3% support tests—2021. If the organ	nization did not ch	eck the box on line	e 14, and line 15 is	more than 33 1/3	%, and line	. ,,
	17 is not more than 33 1/3%, check this bo						▶ □
b	33 1/3% support tests—2020. If the organ	-	=				-
	line 18 is not more than 33 1/3%, check th	is box and stop h	ere. The organiza	tion qualifies as a	publicly supported	organization	▶ ∟
20	Private foundation. If the organization did	d not check a box	on line 14, 19a, or	19b, check this bo	ox and see instruc	tions	▶

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

		Yes	No
		162	INO
	1		
	2		
	2-		
	3a		
	3b		
	3с		
	4a		
	4b		
	4-		
	4c		
	5a		
	5b		
	5с		
	6		
	_		
	7		
	o		
	8		
	9a		
	9b		
	9с		
	10a		
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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
Secti	supervised, or controlled the supporting organization. on C. Type II Supporting Organizations			
	on or type it supporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Socti	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.	1.		
a b	The organization satisfied the Activities rest. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization is the parent of each of its supported organizations. Somplete line's below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instr	uctions	ı	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

3b

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

Schedule A (Form 990) 2021

(see instructions).

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

Schedule A (Form 990) 2021

Schedule A (For	m 990) 2021	Mitc	helville	Preservat	ion Project,	27-2308109	Page 8
Part VI	III, line 12; FB, lines 1 at 3a, and 3b;	Part IV, Section And 2; Part IV, Se Part V, line 1; P	A, lines 1, 2, 3 ection C, line? Part V, Section	3b, 3c, 4b, 4c, 5 1; Part IV, Section B, line 1e; Part	a, 6, 9a, 9b, 9c, 11a on D, lines 2 and 3;	e 10; Part II, line 17a or a, 11b, and 11c; Part IV, Part IV, Section E, lines 5, 6, and 8; and Part V, instructions.)	Section 1c, 2a, 2b,
Dart T	T Line	10 - Other	Theome	Detail			
F.G.T.C	1, 11116						
				\$	760		
•							
•							

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047 Open to Public

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

Schedule D (Form 990) 2021 MICCHEIV:	lite Preser	vation Pro	ject,	2/-230	отоэ	Page 2
Part III Organizations Maintaining	g Collections of A	Art, Historical T	reasures,	or Other S	Similar Ass	sets (continued)
3 Using the organization's acquisition, access collection items (check all that apply):	ion, and other records,	check any of the fo	ollowing that n	nake significar	nt use of its	
a Public exhibition	d 🗌 L	oan or exchange pr	ogram			
b Scholarly research	e 🗌 O	Other				
c Preservation for future generations						
4 Provide a description of the organization's of	collections and explain h	how they further the	organization'	s exempt purp	pose in Part	
XIII.						
5 During the year, did the organization solicit	or receive donations of	art, historical treas	ures, or other	similar		
assets to be sold to raise funds rather than	to be maintained as pa	art of the organization	n's collection	?		Yes X No
Part IV Escrow and Custodial A	rrangements.					
Complete if the organizatio 990, Part X, line 21.	n answered "Yes"	on Form 990, F	Part IV, line	9, or repo	rted an am	ount on Form
1a Is the organization an agent, trustee, custoo	tian or other intermedia	ary for contributions	or other asse	ts not		
						☐ Yes ☐ No
included on Form 990, Part X? b If "Yes," explain the arrangement in Part XII						[163 [140
b ii res, explain the arrangement in rait XII	i and complete the folio	Jwing table.				Amount
c Reginning halance					1c	7
c Beginning balance					10	
d Additions during the year						
e Distributions during the year						
f Ending balance2a Did the organization include an amount on	Form 000 Port V line	21 for approve or as	otadial assau	nt linbility?		Yes No
b If "Yes," explain the arrangement in Part XII						
Part V Endowment Funds.	i. Check here ii the exp	Dianation has been p	Jiovided on F	ait Aiii		
Complete if the organization	n answered "Ves"	on Form 990 E	Part IV/ line	10		
Complete if the organization	(a) Current year	(b) Prior year	(c) Two ye		(d) Three years b	ack (e) Four years back
4a Barianian of man halance	(a) Current year	(b) Filor year	(c) Two ye	ars back	(d) Three years b	deck (e) Four years back
1a Beginning of year balance			+			
b Contributions						
c Net investment earnings, gains, and						
losses			_			
d Grants or scholarships						
e Other expenditures for facilities and						
programs			-			
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of the cur	rrent year end balance	(line 1g, column (a)) held as:			
a Board designated or quasi-endowment ▶	%					
b Permanent endowment ▶%						
c Term endowment ▶ %						
The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.					
3a Are there endowment funds not in the poss	ession of the organizati	on that are held and	d administered	d for the		
organization by:						Yes No
(i) Unrelated organizations						3a(i)
(ii) Related organizations						3a(ii)
b If "Yes" on line 3a(ii), are the related organia	zations listed as require	ed on Schedule R?				3b
4 Describe in Part XIII the intended uses of the	ne organization's endow	vment funds.				
Part VI Land, Buildings, and Equ	uipment.					
Complete if the organizatio	n answered "Yes"	on Form 990, P	art IV, line	11a. See I	Form 990,	Part X, line 10.
Description of property	(a) Cost or other ba	sis (b) Cost or	other basis	(c) Accu	ımulated	(d) Book value
	(investment)	(otl	her)	depred	ciation	
1a Land						
b Buildings						
c Leasehold improvements						
d Equipment						
e Other			25,462		21,176	4,286
Total. Add lines 1a through 1e. (Column (d) must		X, column (B), line 1			>	4,286

Part VII	Investments - Other Securities.	5 000 B (N/ !	441 0 5 000	D 1 V 1 10
	Complete if the organization answered "Yes" on			
	(a) Description of security or category	(b) Book value	(c) Method o	
	(including name of security)		Cost or end-of-ye	ar market value
(1) Financial	derivatives			
(2) Closely he	eld equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.			
rait VIII		Form 000 Port IV/ liv	00 110 Soo Form 000	Dort V line 12
	Complete if the organization answered "Yes" on			
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-ye	ar market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	•		
	Complete if the organization answered "Yes" on	Form 990, Part IV, lin	ne 11d. See Form 990,	Part X, line 15.
	(a) Description	, ,	,	(b) Book value
(1)				
(2)				
(3)				
(4)				
•				
(5)				
(6)				
(7)				
(8)				
(9)	(I) (F) (F) (F) (F)			
	n (b) must equal Form 990, Part X, col. (B) line 15.)		P	
Part X	Other Liabilities.	Farms 000 Dart IV II	44 446 C F	000 D+ V
	Complete if the organization answered "Yes" on	Form 990, Part IV, III	ne The or Th. See For	n 990, Part X,
_	line 25.			
1.	(a) Description of liability			(b) Book value
	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.)		•	
	uncertain tax positions. In Part XIII, provide the text of the foo	tnote to the organization's	financial statements that reno	orts the
organization!		to have if the text of the for	•	

	art XI Reconciliation of Revenue per Audited Financial S	Statements With Reven	nue per Return.	
	Complete if the organization answered "Yes" on Form			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d		2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5		2.)	5	
Pa	art XII Reconciliation of Expenses per Audited Financial			
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d		2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	
Pa	art XIII Supplemental Information.			
Provi	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; P	art V, line 4; Part X, line	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	o provide any additional inforr	nation.	

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

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Mitchelville Preservation Project, Name of the organization

Employer identification number

27-2308109 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events C In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col. (i) Yes No 1 3 6 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2021 Mitchelville Preservation Project, 27-2308109 Page 2
Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

	gros	ss receipts	greate	er than \$5,0	00.									
			D1.	(a) Event #1	PPO		(b) Evo	ent #2).T.	(c) Other events		(d) Total event	
			BT.	ues and (event type)	BBÖ		(event	type)		N	(total number)		(add col. (a) throu col. (c))	ıgh
nue				(* * * * *)			V	317			(3333)			
Revenue	1 Gross rece	eipts			21,641								21,	641
ш.	0 1 0	(allowed a second			21,601								21	601
	2 Less: Cont 3 Gross incom				21,001								21	,001
					40									40
	4 Cash prize	s												
	5 Noncash p	rizes												
Expenses	6 Rent/facility	costs												
ct Exp	7 Food and I	beverages												
Direct	8 Entertainme	ent												
	9 Other direct	t expenses			5,499								5	,499
	10 Direct expe	ense summary	. Add li	nes 4 through 9	9 in column ((d)						•	5,	,499 ,459
_	11 Net income	e summary. Sເ	ubtract l	ine 10 from line	e 3, column ((d)						. ▶		
Р				if the organi 90-EZ, line 6		were	d "Yes" d	on Form	990, F	art	IV, line 19, or	repo	rted more than	
	Ψι	5,000 011 1 0	1111 30		<i>.</i>		(b) Pull t	abs/instant					(d) Total gaming (add
Revenue				(a) Bingo			bingo/progre	essive bingo			(c) Other gaming		col. (a) through col	(c))
Rev	1 Gross reve	2010												
	i Gloss leve	:iiue												
Expenses	2 Cash prize	s												
	3 Noncash p	rizes												
Direct	4 Rent/facility	costs												
	5 Other direct	t expenses		1			_			_				
	6 Valuataan l	loh or	-	Yes	%	-			%	Н	Yes	%		
	6 Volunteer I	abor	Щ	No			No				No			
	7 Direct expe	ense summary	. Add li	nes 2 through	5 in column (d)						. •		
	8 Net gaming	g income sumi	mary. S	Subtract line 7 f	rom line 1, co	olumn	(d)					. ▶		
	Is the organiza	tion licensed t	o condi	uct gaming acti	ivities in each	of the	ese states?						Yes	☐ No
J	CAPICITI	•												
	Were any of th	e organization									······································			☐ No

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

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Form 990	- Organization's Mission	
Preservin	the history of Mitchelville and preserving a historically	
significa	t site; to reveal an American story of former slaves who created	£
a culture	of sacrifice, resistence and resilience in a quest to define an	
inclusive	freedom.	

Form 990 - Additional Information

Part IV, Line 11g

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

Form 990, Part III - Additional Information

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

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

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

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

Schedule O (Form 990) 2021 Page 2

Name of the organization

Mitchelville Preservation Project,

Employer identification number

27-2308109

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

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

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

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

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

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

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

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

and participating in a variety of learning experiences. Lifelong learning

Schedule O (Form 990) 2021 Page 2

Name of the organization

Mitchelville Preservation Project,

Employer identification number

27-2308109

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

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

Schedule O (Form 990) 2021 Page 2

Name of the organization

Mitchelville Preservation Project,

Employer identification number

27-2308109

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

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

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

The organization has a Conflicts of Interest policy and procedures to

monitor compliance with the Conflict of Interest policy and they are

reviewed regularly by the Board of Directors.

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

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

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

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

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

The organization makes its Form 990 available for public inspection upon

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

Schedule O (Form 990) 2021

Name of the organization Mitchelizi11e	Preservation	Project	Employer identification number 27-2308109
	Preservacion	rioject,	27-2300109
inspection.			
			Page 4 of 4

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

▶ Attach to your tax return.

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

OMB No. 1545-0172

27-2308109

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

Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,050,000 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,620,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 1,050,000 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 2,282 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A 1,669 MACRS deductions for assets placed in service in tax years beginning before 2021 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . Section B-Assets Placed in Service During 2021 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (a) Depreciation deduction only-see instructions) service 19a 3-year property b 5-year property C 7-year property 10-year property е 15-year property 20-year property 25-year property 25 vrs. Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L MM S/L 39 yrs. i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year S/L 12 yrs. 30-year 30 yrs. MM S/L 40-year MM S/L 40 yrs. Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 1,669 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

MITCHELVILL Mitchelville Preservation Project,
27-2308109 Federal Asset Report

FYE: 12/31/2021

Form 990, Page 1

06/22/2022 11:46 AM

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

MITCHELVILL Mitchelville Preservation Project,
27-2308109

Bonus Depreciation Report

FYE: 12/31/2021

•			
Form	990,	Page	1

06/22/2022 11:46 AM

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

FYE: 12/31/2021

All Business Activities

06/22/2022 11:46 AM

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

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

FYE: 12/31/2021

27-2308109

Taxable Interest on Investments

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

Amount Obs (\$ or %)

1,457 1,457 Total

6/22/2022 11:46 AM

27-2308109

FYE: 12/31/2021

Federal Statements

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

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

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

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

6/22/2022 11:46 AM

27-2308109

Federal Statements

FYE: 12/31/2021

Schedule A, Part II, Line 1(e)

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

Schedule A, Part II, Line 12 - Current year

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

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

27-2308109

FYE: 12/31/2021

Blues and BBQ

Other Direct Fundraising or Gaming Expenses

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

Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning

, and ending

Mitchelville Preservation Project, 27-2308109 Inc.

Net Asset / Fund Balance at Begin					
Revenue					
Contributions	_	1,099,708			
Program service revenue	_	22,075 5,274			
Investment income	_	5,274			
Capital gain / loss	_				
Fundraising / Gaming:					
Gross revenue	1,500				
Direct expenses	4,740				
Net income	_	-3,240			
Other income	_	0			
Total revenue			1,:	L23,817	
Expenses					
Program services	_	290,250			
Management and general	_	158,158			
Fundraising	_	28,247			
Total expenses				476 , 655	
Excess / (deficit)					647,162
Changes					
Net Asset / Fund B	alance at End of Yo	ear			1,067,436
		ou.			
Reconciliation of F				Reconciliation o	of Expenses
otal revenue per financial statements		Total e			
otal revenue per financial statements ess:		Total e	expenses pe	r financial statem	of Expenses
otal revenue per financial statements ess: Unrealized gains		Total e Less: Do	expenses pe	r financial statem ces	of Expenses
otal revenue per financial statements ess: Unrealized gains Donated services		Total e Less: Do Pr	expenses pe onated servi	r financial statem ces	of Expenses
otal revenue per financial statements ess: Unrealized gains Donated services Recoveries		Total e Less: Do Pr	expenses pe onated servi ior year adju	r financial statem ces	of Expenses
otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other		Total e Less: Do Pr Lo	expenses pe onated servi	r financial statem ces	of Expenses
otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other lus:		Total e Less: Do Pr Lc Of	expenses pe onated servicior year adju esses her	r financial statem ces ustments	of Expenses
otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other us: Investment expenses		Total e Less: Do Pr Lo Ot Plus:	expenses per onated servicior year adjusses ther	r financial statem ces ustments	of Expenses
otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other us:		Total e Less: Do Pr Lc Ot Plus:	expenses per onated servicior year adjusses her vestment ex ther	r financial statem ces ustments	of Expenses nents
otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other us: Investment expenses Other		Total e Less: Do Pr Lc Ot Plus:	expenses per onated servicior year adjusses her vestment ex ther	r financial statem ces ustments penses	of Expenses nents
otal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other us: Investment expenses Other		Total e Less: Do Pr Lc Ot Plus:	expenses per onated service ior year adju- esses ther westment ex ther Total expe	r financial statem ces ustments penses	of Expenses nents
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Form **8879-EC**

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

OMB	No	15/5-00/7

For calendar year 2020, or fiscal year beginning

....., 2020, and ending, 20

▶ Do not send to the IRS. Keep for your records. Department of the Treasury ▶ Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Taxpaver identification number Name of exempt organization or person subject to tax Mitchelville Preservation Project, Inc. 27-2308109 Name and title of officer or person subject to tax Ahmad Ward Executive Director Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b **b** Total revenue, if any (Form 990-EZ, line 9) 2a Form 990-EZ check here 3a Form 1120-POL check here **b** Total tax (Form 1120-POL, line 22) 3b **b** Tax based on investment income (Form 990-PF, Part VI, line 5) _____ 4b 4a Form 990-PF check here ▶ 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b b Total tax (Form 990-T, Part III, line 4) 6b 6a Form 990-T check here ▶ 7a Form 4720 check here Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that | X | I am an officer of the above organization or | | I am a person subject to tax with respect to , (EIN) and that I have examined a copy (name of organization) of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize David E. Williams C.P.A., LLC to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 57839707134 Do not enter all zeros

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

David E Williams, CPA ERO's signature

_ Date ▶

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047 **2020** Open to Public Inspection

For the 2020 calendar year, or tax year beginning , and ending D Employer identification number C Name of organization Mitchelville Preservation Project, Check if applicable: Address change Doing business as Historic Mitchelville Preservation 27-2308109 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 843-255-7300 Initial return PO Box 21758 Final return/ City or town, state or province, country, and ZIP or foreign postal code HILTON HEAD ISLAND SC 29925 1,128,557 **G** Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Ahmad Ward PO Box 21758 H(b) Are all subordinates included? If "No," attach a list. See instructions Hilton Head Island SC 29925 **X** 501(c)(3) 501(c) () **◄** (insert no.) 4947(a)(1) or Tax-exempt status www.EXPLOREMITCHELVILLE.ORG H(c) Group exemption number ▶ Website: Year of formation: 2010 Form of organization: X Corporation Trust Association M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: See Schedule O Governance 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 16 Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 16 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 2 5 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year 8 Contributions and grants (Part VIII, line 1h) 579,318 1,099,708 Revenue 9 Program service revenue (Part VIII, line 2g) 78,195 22,075 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,429 5,274 26,652 -3,240 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 685,594 1,123,817 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 100,000 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 144,109 16a Professional fundraising fees (Part IX, column (A), line 11e) 17,500 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 346,103 315,046 446,103 476,655 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 239,491 647,162 19 Revenue less expenses. Subtract line 18 from line 12. Beginning of Current Year End of Year 5 599,332 1,095,484 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 179,058 28,048 22 Net assets or fund balances. Subtract line 21 from line 20 420,274 1,067,436 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sian Executive Director Here Ahmad Ward Type or print name and title Print/Type preparer's name Preparer's signature Check Paid David E Williams, CPA David E Williams, CPA 11/29/21 self-employed P01510199 Preparer Williams C.P.A., LLC 46-1684469 Firm's name Firm's EIN ▶ **Use Only** 840 William Hilton Pkwy Ste B 29928-3434 843-715-9568 Hilton Head, SC X Yes No May the IRS discuss this return with the preparer shown above? See instructions

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

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	١.		37
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_	х	
_	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
		9		х
10	debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
_	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	١		37
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		v
4-7	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-	х	
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		x
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		^
פו	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and X 19? Note: All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 16 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and

X

reportable gaming (gambling) winnings to prize winners?

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

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

	te determine regarding exist into I mingo and tax compilation (continu	<i>aoa,</i>												
0-	Fates the graph of complement and also Fame W.O. Tarana "India (Wang and Tara					Yes	No							
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2-	2											
	Statements, filed for the calendar year ending with or within the year covered by this return	2a				х								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returnations. Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).				b	^								
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?)		3	.		X							
3a b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule				b b		21							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty ovor	⊢3	+									
- a	a financial account in a foreign country (such as a bank account, securities account, or other financial		-		a		x							
b														
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).													
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?													
b														
С	If "Voo" to line Fo or Fh. did the organization file Form 9996 T2													
6a														
	organization solicit any contributions that were not tax deductible as charitable contributions?			6	a		X							
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or												
	gifts were not tax deductible?			6	ь									
7	Organizations that may receive deductible contributions under section 170(c).													
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods												
	and services provided to the payor?			7	a									
b	If "No " did the approximation positive the depart of the value of the appeal or appring provided 12			۱,	b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa													
	required to file Form 8282?				С									
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d												
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7	e									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7	f									
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 889	9 as required?	? 7	g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	e a Form 1098	I-C? 7	h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	ie											
	sponsoring organization have excess business holdings at any time during the year?				3									
9	Sponsoring organizations maintaining donor advised funds.													
а	Did the sponsoring organization make any taxable distributions under section 4966?			9	a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9	b									
10	Section 501(c)(7) organizations. Enter:													
а	Initiation fees and capital contributions included on Part VIII, line 12	10a												
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b												
11	Section 501(c)(12) organizations. Enter:													
а	Gross income from members or shareholders	11a												
b	Gross income from other sources (Do not net amounts due or paid to other sources													
40-	against amounts due or received from them.)	11b	<u> </u>											
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l 1	·		2a									
b 42	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b												
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			1	,									
а	Note: See the instructions for additional information the organization must report on Schedule O.			1	oa									
b	Enter the amount of reserves the organization is required to maintain by the states in which													
b		13b												
С	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13c												
14a				1,	la		Х							
b b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i>	 e O			$\overline{}$									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			······										
	excess parachute payment(s) during the year?			1	5		x							
	If "Yes," see instructions and file Form 4720, Schedule N.			······ -										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	1	6		х							
-	If "Yes," complete Form 4720, Schedule O.													

Part VI

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

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

Sec	tion A. Governing Body and Management												
			1.0		Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16	_									
	If there are material differences in voting rights among members of the governing body, or												
	if the governing body delegated broad authority to an executive committee or similar												
	committee, explain on Schedule O.	١	1.0										
b	Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key ampleyed baye a family relationship or a business relationship with												
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with												
	any other officer, director, trustee, or key employee?												
3	Did the organization delegate control over management duties customarily performed by or under the direct												
	supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?												
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?												
5	Did the organization become aware during the year of a significant diversion of the organization's assets?												
6	Did the organization have members or stockholders?												
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			1_		3.5							
_	one or more members of the governing body?			7a		X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			l		3.5							
	stockholders, or persons other than the governing body?			7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by tl	ne following:										
а	The governing body?			8a	X								
b	Each committee with authority to act on behalf of the governing body?			8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at												
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	mai k	evenue C	ode.)									
					Yes								
10a	Did the organization have local chapters, branches, or affiliates?			10a		X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,												
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	rm?	11a	X								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.												
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	onflicts?	12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"												
	describe in Schedule O how this was done			12c	X								
13	Did the organization have a written whistleblower policy?			13	X								
14	Did the organization have a written document retention and destruction policy?			14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by												
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37								
а	The organization's CEO, Executive Director, or top management official			15a	X								
b	Other officers or key employees of the organization			15b	X								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).												
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					37							
	with a taxable entity during the year?			16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its												
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the												
	organization's exempt status with respect to such arrangements?			16b									
	tion C. Disclosure												
17	List the states with which a copy of this Form 990 is required to be filed ► SC												
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (S	ection	501(c)										
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.												
	Own website X Another's website X Upon request X Other (explain on Schedule O)												
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	est po	licy, and										
	financial statements available to the public during the tax year.												
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	rds 🕨											
	elody Irvin PO Box 21758 Ulton Head Island SC 2992) E	0.4	3-25	E 7	200							
H 1	LILON DEAU ISTANO SU 2997		04	ューノ・つ	·) — /	コロロ							

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

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

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

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

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

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

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													J	
(A) Name and title Average hours per week (list any			(C) Position (do not check more than on box, unless person is both a officer and a director/trustee						an from the from related organization organizations			(F) Estimated amount of other compensation from the		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		ganizatio ted orgar		:
(12) C	harles Curl													
Vice Ch	airperson	5.00 0.00			x				0	0				0
	elody Irvin													
Treasure	 ar	4.00 0.00			x				o	0				0
	homas C Barr	well Jr												
Chairmar	n Emeritus	2.00 0.00			x				0	0				0
	loria Holmes									0				
		4.00												^
Secretar (16) S	ry hirley Pete	0.00			X				0	0				0
		13.00												
Chairper	cson	0.00			X				0	0				0
1b Subtot	al							>						
	rom continuation shee add lines 1b and 1c)													
2 Total n	umber of individuals (in		imite	d to				bove	e) who received more than	\$100,000 of				
reporta	ble compensation from	the organization)	0								—т	Yes	No
									ee, or highest compensated			2		х
4 For an	ree on line 1a? If "Yes," y individual listed on line	e 1a, is the sum	of re	eport	able	con	npens	satio	n and other compensation	from the		3		<u> </u>
									complete Schedule J for su			4		x
5 Did an	y person listed on line 1	1a receive or acc	crue	com	pens	atior	n fror	n ar	ny unrelated organization or for such person	· individual		5		х
	ndependent Contracto		<i>c</i> 3,	COIT	picio	, 001	ledui	10 0	tor such person					
									ractors that received more that reactions that received more that		ear.			
		(A) business address								(B) ion of services		Cor	(C) npensatio	on
												ı		
												ı		
-								_						
	umber of independent of more than \$100,000								se listed above) who	0				

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

_		CHECK II	SCITE	edule O Conta	31115	a respor	ise of flote	to any line in this	s raiι vIII	<u></u>	<u> </u>
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated camp	naigns		1a						
ran	h	Membership due	20		1b						
Ωñ,	c	Fundraising eve	nte		1c						
ifts ır⊿	4	Related organiza	atione		1d						
nilsi G	u	Government grants (co	atioi is	nc)	1e		941,179				
Sir		All other contributions,			16		J11 / 1 / J	-			
utic	'	and similar amounts no			1f		158,529				
gig						<u></u>	50,000				
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions i			1g	·	30,000	1,099,708			
<u>a C</u>	n	Total. Add lines	ia-ii				T				
	2-	g.,;					Business Code	20,000	20,000		
vice	2a	Griot's Co		m				1,575	1,575		
Serv	b							500	500		
Program Service Revenue	C	Freedom Day	Ÿ					300	300		
gra	d										
Pro	e										
		All other program						22,075			
_		Total. Add lines						22,073			
	3	Investment incor		-				5,274	5,274		
	4	other similar amounts)					3,2/4	3,2/4			
		4 Income from investment of tax-exempt bond proceeds5 Royalties									
	5	Royaities									
	0-	0		(i) Real		(11)	Personal	-			
		Gross rents	6a					-			
		Less: rental expenses	6b					-			
	_	Rental inc. or (loss)	6c	1>							
	d Net rental income or (loss)					<u>P</u>					
		sales of assets		(ii) Other) Other	-				
		other than inventory	7a					-			
Revenue	D	Less: cost or other	-								
eve		basis and sales exps.	7b					-			
		Gain or (loss)	7c_								
Other		Net gain or (loss				 T	······ <u> </u>				
ō	ва	Gross income from									
		(not including \$									
		of contributions rep		•			1 500				
		See Part IV, line 18			8a		1,500 4,740				
		Less: direct exp			8b						
		Net income or (I	,	•	events	3 T	<u></u>	-3,240			
	9a	Gross income from	•	•							
		See Part IV, line 19	,		9a			-			
		Less: direct exp			9b						
		Net income or (I			vities .	 T	<u></u>				
	10a	Gross sales of in		•	۱.,						
		returns and allow	wance	s	10a			-			
		Less: cost of god			10b						
-	С	Net income or (l	oss) fr	rom sales of inve	entory		Ducinoss Cod-				
sn							Business Code				
Miscellaneous Revenue	11a	• • • • • • • • • • • • • • • • • • • •									
el el	b	•						 			
Sce	C .										
Ξ		All other revenue									
		Total. Add lines						1 100 017	07 340		_
	12	Total revenue.	See in	nstructions				1,123,817	27,349	0	0

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

Sect	Check if Schedule O contains a respons			olete column (A).	
Do r	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	135,138	54,514	71,882	8,742
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2,474	2,474 6,497		
10	Payroll taxes	6,497	6,497		
11	Fees for services (nonemployees):				
а	Management				
b	Legal	346		346	
С	Accounting	12,491		12,491	
d					
е	Professional fundraising services. See Part IV, line 17	17,500			17,500
f	Investment management fees				
g					
	(A) amount, list line 11g expenses on Schedule O.)	19,021	19,021		
12	Advertising and promotion	100,485	58,749	41,736	
13	Office expenses	7,694	416	7,278	
14	Information technology	15,741	15,741		
15	Royalties			1.1.100	
16	Occupancy	22,282	3,789	16,488	2,005
17	Travel	308		308	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.050	4 -0-		
19	Conferences, conventions, and meetings	2,970	1,525	1,445	
20	Interest				
21	Payments to affiliates	1 550	1 506	50	
22	Depreciation, depletion, and amortization	1,758	1,706	52	
23	Insurance	6,132		6,132	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	EQ 100	EQ 100		
a	Archaeology Project	59,180	59,180		
b	Holiday Event Travel	21,149 11,797	21,149 11,797		
C	• • • • • • • • • • • • • • • • • • • •	11 272			
d	Freedom Day	11,372 22,320	11,372		
	All other expenses	476,655	22,320 290,250	158,158	28,247
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	±/0,033	490,430	130,130	40,44/
-0	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

				(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing			352,170	1	88
2				165,000	2	995,762
3				64,449	3	81,363
4				_	4	
5						
	trustee, key employee, creator or founder, substant	tial contributor,	or 35%			
	controlled entity or family member of any of these p	persons			5	
6	Loans and other receivables from other disqualified					
	under section 4958(f)(1)), and persons described in	n section 4958(c)(3)(B)		6	
7					7	
8					8	
9					9	2,316
10	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	25,462			
1	b Less: accumulated depreciation	1 1	19,507	7,713	10c	5,955
11					11	
12	Investments—other securities. See Part IV, line 11				12	
13		l			13	
14					14	
15	Other assets. See Part IV, line 11			10,000	15	10,000
16	Total assets. Add lines 1 through 15 (must equal li	ine 33)		599,332	16	1,095,484
17	Accounts payable and accrued expenses			9,058	17	13,237
18	Grants payable				18	
19				170,000	19	14,811
20	Tax-exempt bond liabilities				20	
21		IV of Schedule	D		21	
22	, ,					
22	trustee, key employee, creator or founder, substant		or 35%			
	controlled entity or family member of any of these p				22	
23	Secured mortgages and notes payable to unrelated	third parties			23	
24					24	
25	()					
	parties, and other liabilities not included on lines 17	'-24). Complete	Part X			
	of Schedule D			150 050	25	00.040
26				179,058	26	28,048
	Organizations that follow FASB ASC 958, check	here ► X				
	and complete lines 27, 28, 32, and 33.			400 074		1 067 426
27 28			420,274	27	1,067,436	
28			28			
	Organizations that do not follow FASB ASC 958					
	and complete lines 29 through 33.				-00	
29 30 31					29	
30	1 1 7 7 97 11				30	
	Total not accets or fund belonges			420,274	31 32	1,067,436
32				7.U.J.	.5/	T,00/,#30

Form **990** (2020)

	art XI Reconciliation of Net Assets				ıας	gc 12	
	Check if Schedule O contains a response or note to any line in this Part XI					П	
1		1	1	12	23,8	- 	
2	Total evenue (must equal Part VIII, column (A), line 12)	2			76,6		
	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			17,1 20,2		
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments							
5	Net unrealized gains (losses) on investments						
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		-	0.0	/	126	
_	32, column (B))	10		,00	7,4	136	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				· · · · · · · · · · · · · · · · · · ·		
					Yes	No	
1	Accounting method used to prepare the Form 990:		— I				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or						
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		L	2b		_X_	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of						
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		i	
	If the organization changed either its oversight process or selection process during the tax year, explain on						
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Single Audit Act and OMB Circular A-133?			3a			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		·····				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		Ī	

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

Mitchelville Preservation Project, En

2020

Open to Public Inspection

Employer identification number Name of the organization Inc. 27-2308109 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s).

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

Page 2

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	151,643	205,334	365,145	579,318	1,099,708	2,401,148
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	6,900	6,900	6,900	6,900		27,600
4	Total. Add lines 1 through 3	158,543	212,234	372,045	586,218	1,099,708	2,428,748
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6_	Public support. Subtract line 5 from line 4						2,428,748
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	158,543	212,234	372,045	586,218	1,099,708	2,428,748
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	29	105	624	1,429		2,187
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			730	30		760
11	Total support. Add lines 7 through 10						2,431,695
12	Gross receipts from related activities, etc.	(see instructions)				12	152,528
13	First 5 years. If the Form 990 is for the or	•		•	, ,	• •	
	organization, check this box and stop her	e					>
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2020 (line 6	, column (f) divided	I by line 11, colum	ın (f))		14	99.88%
15	Public support percentage from 2019 Sche	edule A, Part II, line	e 14				99.79 %
16a	33 1/3% support test—2020. If the organ	ization did not ched	ck the box on line	13, and line 14 is 3	33 1/3% or more, c	heck this	
	box and stop here. The organization qual						> X
b	33 1/3% support test—2019. If the organ						
	this box and stop here. The organization						▶ ∟
17a		-					
	10% or more, and if the organization mee				•		
	Part VI how the organization meets the "fa	acts-and-circumstar	nces" test. The or	ganization qualifies	as a publicly supp	oorted	
	organization						▶ ∟
b	10%-facts-and-circumstances test—201	•					
	15 is 10% or more, and if the organization			•	•	•	
	in Part VI how the organization meets the	Tacts-and-circums	tances" test. The	organization qualifi	es as a publicly su	ipported	
40	organization						▶ ∟
18	Private foundation. If the organization did						. □
	instructions						<u> </u>

Schedule A (Form 990 or 990-EZ) 2020

27-2308109

Page 3

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

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

Sec	tion A. Public Support	quality artaor to	TO LOCIO HOLOGIA	bolow, ploado d	ompioto i art ii	,	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees	. ,	. ,	, ,	, ,		• • • • • • • • • • • • • • • • • • • •
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						
0	line 6.)						
	tion B. Total Support	() 0040	#1.0047	() 0040	(N 0040	() 0000	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the org	ganization's first, s	second, third, fourth	n, or fifth tax year	as a section 501(c	:)(3)	
	organization, check this box and stop here	<u> </u>					.
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2020 (line 8,						<u>%</u>
16	Public support percentage from 2019 Sche					16	%_
	tion D. Computation of Investmen						
17	Investment income percentage for 2020 (lii			3, column (f))			%
	Investment income percentage from 2019 S						%_
19a	33 1/3% support tests—2020. If the organ						, n
	17 is not more than 33 1/3%, check this bo		=				▶ ⊔
b	33 1/3% support tests—2019. If the organ						$_{ m L}$
20	line 18 is not more than 33 1/3%, check thi Private foundation. If the organization did		=			=	. \square

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

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

trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3a

Scheal	lie A (Form 990 or 990-E2) 2020 MICCHEIVIIIE FIESEI VACIOII F.	<u> </u>		Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	/. 20, ´	1970 (explain in Part VI). S	ee
	instructions. All other Type III non-functionally integrated supporting organizations musi	t comp	lete Sections A through E.	
Sect	(B) Current Year (optional)			
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of			
	gross income or for management, conservation, or maintenance of property			
	held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
6	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2020

(see instructions).

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

Schedule A (Form 990 or 990-EZ) 2020

Part VI. See instructions.

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

and 4c.

Excess distributions carryover to 2021. Add lines 3j

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

Schedule B (Form 990, 990-EZ,

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

Inc.

Schedule of Contributors

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

2020

Name of the organization

Mitchelville Preservation Project,

Employer identification number

27-2308109

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

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

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

Name of organization

Mitchelville Preservation Project,

Employer identification number 27-2308109

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047 Open to Public

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

	art III Organizations Maintaining					r Other S	Similar A	ssets	(contin		age <u>=</u>
3	Using the organization's acquisition, accessio collection items (check all that apply):								(
а	Public exhibition	d 🗍 I	Loan or e	xchange pro	ogram						
b	Scholarly research										
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	how they	further the	organization's	exempt pur	pose in Pa	rt			
	XIII.	,	,		J		•				
5	During the year, did the organization solicit or	r receive donations of	of art, hist	orical treasu	ires, or other s	similar					
	assets to be sold to raise funds rather than to	be maintained as p	art of the	organizatio	n's collection?				☐ Ye	s X	No
Pa	art IV Escrow and Custodial Arr			<u> </u>							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
1a	Is the organization an agent, trustee, custodia	an or other intermedi	iary for co	ntributions of	or other assets	not					
	included on Form 990, Part X?								Ye	s	No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for es	scrow or cus	stodial account	liability?			Ye	s	No
	If "Yes," explain the arrangement in Part XIII.									Г	1
Pa	art V Endowment Funds.										
	Complete if the organization	answered "Yes"	on Forn	n 990, Pa	rt IV, line 1	0.					
		(a) Current year	(b) P	rior year	(c) Two year	s back	(d) Three yea	rs back	(e) Fou	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships										
	Other expenditures for facilities and										
	programs										
f											
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g.	column (a))	held as:						
а	Board designated or quasi-endowment ▶		, 0,	(//							
	Permanent endowment ▶ %										
С											
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posses	•	tion that a	are held and	l administered	for the					
	organization by:	. J								Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Scl	hedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Pa	art VI Land, Buildings, and Equi										
	Complete if the organization		on Forn	n 990, Pa	rt IV, line 1	1a. See F	orm 990.	Part X	, line 1	0.	
	Description of property	(a) Cost or other b		(b) Cost or		(c) Accu			(d) Book		
		(investment)		(oth	er)	depred	ciation				
1a	Land										
b	Buildings										
C	Leasehold improvements										
	Equipment										
	Other				25,462		19,50	7		5,9	955
	I. Add lines 1a through 1e. (Column (d) must e		X, colum					•			955

(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	Part VII		Other Securities. e organization answered "Yes" on	Form 990 Part IV lin	e 11h. See Form 990 F	Part X line 12
Cockety held coulty interests			-	i e		
3) Clother				(3) 23311 13112	, ,	
3) Clother	(1) Financial	derivatives	· · · · · · · · · · · · · · · · · · ·			
(A)	(2) Closely he	ald equity interests				
A						
(B)	(A)					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 13.						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. or 11f. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. or 11f. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. or 11f. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. or 11f. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. or 11f. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. or 11f. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. or 11f. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. or 11f. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. or 11f. See Form 990, Part X, line 15. Complete i						
(E)						
(F) (G) (H) (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Fart Viii Investments - Program Related. (B) Book value (B) Member of vincement (B) Book value (B) Member of vincement (Cont or end of year market value (B) Book value (B) Member of vincement (Cont or end of year market value (Cont or end of year market value (B) Book value (Cont or end of year market value (Cont or end of year value (Cont or end						
Column (1) must equal Form 990, Part X, col. (8) line 12.) Noter Interest Note Interest						
Cotal. Column (b) must equal Form 990, Part X, col. (8) line 12.) Part Viii Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Cote or end-of-year market value Cote or end-of-year value Cote or end-of-year value Cote or end-of						
Total. Column (b) must equal Form 990, Part X, col. (B) line 12.) New Street St						
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	·		. , , , , , , , , , , , , , , , , , , ,			
(9) Book value (9) Method of virulation. Cost or end-di-year rake value (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Part VIII			F 000 D. (IV I'.	. 44 · 0 · · F · · · 000 · F	No. 4 No. 11 oc. 40
Cast or end-dryser market value (1)			-	i e		
(1) (2)		(a) Des	cription of investment	(b) Book value	, ,	
(2)					Cost or end-of-ye	ar market value
(4)	(1)					
(4)	(2)					
6	(3)					
(6)	(4)					
(7) (8) (9) (9) (7) (10) must equal Form 990, Part X, col. (B) line 13.) ► (9) (9) (10) (10) must equal Form 990, Part X, col. (B) line 13.) (10) Book value (11) (10) Book value (12) (13) (14) (15) (16) Book value (15) (16) Book value (17) (17) (18) (19) Book value (19) (19) Book value (19) (19) Book value (19) Book value (19) (19) Book value (19)	(5)					
(8) (9) (9) (10 10 10 10 10 10 10 1	(6)					
Cotal. Cotal Total. Cotal Tot	(7)					
Total. Column (b) must equal Form 990, Part X, col. (B) line 13.) Note Part IX Other Assets. (a) Description (a) Description Part X, line 11d. See Form 990, Part X, line 15. (b) Book value Part X, line 15. Part X Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (b) Book value Part X (a) Description of liability (b) Book value (b) Book value (c) Part X (a) Description of liability (b) Book value (c) Part X (d) Description of liability (e) Book value (f) Pederal Income taxes (f) Pederal Income	(8)					
Part IX	(9)					
Part IX	Total. (Colum	n (b) must equal Fo	rm 990, Part X, col. (B) line 13.) ▶			
(a) Description (b) Book value (f)	Part IX	Other Assets) <u> </u>			
(f)		Complete if th	e organization answered "Yes" on	Form 990, Part IV, lin-	e 11d. See Form 990, F	Part X, line 15.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Fodoral income taxes (9) (9) (1) Fodoral income taxes (9) (1) Fodoral income taxes (1) Fodoral income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Fodoral income taxes (9) (1) Fodoral income taxes (1) Fodoral income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Fodoral income taxes (9) (1) Fodoral income taxes (1) Fodoral income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Fodoral income taxes (1) Fodoral income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Fodoral income taxes (1) Fodoral income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) Fodoral income taxes (1) Fodoral income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) Fodoral income taxes (1) Fodoral income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (7) (9) (8) (9) (9) (1) Fodoral income taxes (1) Fodoral income taxes (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) Fodoral income taxes (1) Fodoral income taxes (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (7) (9) (8) (9) (9) (1) Fodoral income taxes (1) Fodoral income taxes (2) Fodoral income taxes (3) Fodoral income taxes (4) Fodoral income taxes (5) Fodoral income taxes (6) Fodoral income taxes (9) (1) Fodoral income taxes (1) Fodoral income taxes (2) Fodoral income taxes (3) Fodoral income taxes (4) Fodoral income taxes (5) Fodoral income taxes (6) Fodoral income taxes (9) Fodoral income taxes (1) Fodoral income taxes (2) Fodoral income taxes (3) Fodoral income taxes (4) Fodoral income taxes (5) Fodoral income taxes (6) Fodoral income taxes (7) Fodoral income taxes (8) Fodoral income taxes (9) Fodoral income taxes (1) Fodoral income taxes (1) Fodoral income taxes (2) Fodoral income taxes (3) Fodoral income taxes (4) Fodoral income taxes (5) F		•	-			
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Section Sec	Fail A			Form 000 Port IV lin	o 11o or 11f Soo Form	000 Part V
1. (a) Description of liability (b) Book value (1) Federal income taxes		•	e organization answered Tes on	roini 990, rait iv, iiii	e i ie di i ii. See Foiiii	990, Fait A,
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			Description of Polytha			(h) Parali control
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(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		income taxes				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶						
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶						
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶						
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)						
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(6)					
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(7)					
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(8)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶						
·		n (b) must equal Fo	rm 990, Part X, col. (B) line 25.)	<u> </u>	<u></u>	
	2. Liability for	uncertain tax position	ons. In Part XIII, provide the text of the foo	tnote to the organization's	financial statements that repo	orts the

Pa	art XI Reconciliation of Revenue per Audited Financial Statements With Rev	enue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	a Net unrealized gains (losses) on investments	
b		
С		
d		
е		2e
3		3
4		
а	a Investment expenses not included on Form 990, Part VIII, line 7b	
b	O Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
5	7	
Pa	art XII Reconciliation of Expenses per Audited Financial Statements With Exp	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	
1		
2	· · · · · · · · · · · · · · · · · · ·	
а		
b	· · · · · · · · · · · · · · · · · · ·	
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e	• • • • • • • • • • • • • • • • • • • •	2e
3		3
4		
a	, , , , , , , , , , , , , , , , , , , ,	
b	Carlot (2000)20 iii carlot amin)	
•	Add lines 4a and 4b	1.46.1
_	Add lines 4a and 4b Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.	5
5 Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	Part V, line 4; Part X, line
5 Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	Part V, line 4; Part X, line ormation.
5 Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b;	Part V, line 4; Part X, line ormation.
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5 Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	Part V, line 4; Part X, line ormation.
5 Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	Part V, line 4; Part X, line ormation.
5 Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	Part V, line 4; Part X, line ormation.
5 Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	Part V, line 4; Part X, line ormation.
5 Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	Part V, line 4; Part X, line ormation.
5 Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	Part V, line 4; Part X, line ormation.
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5 Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	Part V, line 4; Part X, line ormation.
5 Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	Part V, line 4; Part X, line ormation.
5 Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	Part V, line 4; Part X, line ormation.
5 Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	Part V, line 4; Part X, line ormation.
5 Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	Part V, line 4; Part X, line ormation.
5 Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	Part V, line 4; Part X, line ormation.
5 Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	Part V, line 4; Part X, line ormation.
5 Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	Part V, line 4; Part X, line ormation.
5 Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	Part V, line 4; Part X, line ormation.
5 Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	Part V, line 4; Part X, line ormation.
5 Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	Part V, line 4; Part X, line ormation.
5 Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	Part V, line 4; Part X, line ormation.
5 Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	Part V, line 4; Part X, line ormation.

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

SCHEDULE G (Form 990 or 990-EZ

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

Mitchelville Preservation Project,

Employer identification number

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

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

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

b If "Yes," explain:

Sche	dule G (Form 990 or 990-EZ) 2020	Mitchelville	Preservation	Project,	27-230810	9	Page 3
11	Does the organization conduct gaming					Y	es No
12	Is the organization a grantor, beneficiar	•		•			
	formed to administer charitable gaming						'es 📗 No
13	Indicate the percentage of gaming acti	•			1	l	
а	The organization's facility						<u>%</u>
b					13b		%
14	Enter the name and address of the pe	rson who prepares the orga	nization's gaming/special ev	ents books and			
	records:						
	Name ▶						
	Name ▶						
	Address ▶						
15a	Does the organization have a contract	with a third party from whon	n the organization receives	gaming			
	revenue?					Y	'es 🗌 No
b	If "Yes," enter the amount of gaming re	evenue received by the orga	nization ► \$	and	d the		
	amount of gaming revenue retained by	the third party ▶ \$					
С	If "Yes," enter name and address of the	e third party:					
	Nama N						
	Name ▶						
	Address •						
	Address ▶						
16	Gaming manager information:						
	o o						
	Name ▶						
	Gaming manager compensation ▶ \$						
	Description of continue provided •						
	Description of services provided ▶						
	Director/officer Em	oloyee Indep	endent contractor				
17	Mandatory distributions:						
а	Is the organization required under state	e law to make charitable dist	tributions from the gaming	proceeds to			
	retain the state gaming license?					\	res 🗌 No
b	Enter the amount of distributions requir	ed under state law to be dis	stributed to other exempt or	ganizations or			
_	spent in the organization's own exempt			2		, ,	1
Pa	rt IV Supplemental Informa	-			, , ,		
	Part III, lines 9, 9b, 10b See instructions.), 150, 150, 16, and 17	b, as applicable. Also	provide any add	illonal information	1.	
	Oce manuchons.						
• • • •							
• • • •							
•••							

SCHEDULE M (Form 990)

Noncash Contributions

202

OMB No. 1545-0047

Open To Public Inspection

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

Attach to Form 990.

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

Mitchelville Preservation Project, Inc.

Employer identification number

27-2308109

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

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

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

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

OMB No. 1545-0047

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

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

Open to Public Inspection

Name of the organization Mitchelville Preservation Project,
Inc.

Employer identification number 27-2308109

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

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

Name of the organization

Employer identification number

27-2308109

Mitchelville Preservation Project,

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

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

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

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

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

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

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

leadership program was designed to engage area high school students in

discovering their own leadership abilities by exploring historical concepts

<u>Mitchelville Preservation Project,</u>

Employer identification number

27-2308109

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

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

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

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

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

The organization makes its Form 990 available for public inspection upon

Form **4562**

Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information. Mitchelville Preservation Project,

OMB No. 1545-0172

Identifying number 27-2308109 Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,040,000 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,590,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 1,040,000 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions ... 5 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 2,282 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A 1,758 MACRS deductions for assets placed in service in tax years beginning before 2020 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . Section B-Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (a) Depreciation deduction only-see instructions) service 19a 3-year property b 5-year property C 7-year property 10-year property е 15-year property 20-year property 25-year property 25 vrs. Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L MM S/L 39 yrs. i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year S/L 12 yrs. 30-year 30 yrs. MM S/L 40-year MM S/L Part IV **Summary** (See instructions.)

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

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

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

Listed property. Enter amount from line 28

1,758

21

21

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

11/29/2021 4:38 PM

FYE: 12/31/2020

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

MITCHELVILL Mitchelville Preservation Project,
27-2308109

SC Asset Report

FYE: 12/31/2020

Form 990, Page 1

11/29/2021 4:38 PM

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

MITCHELVILL Mitchelville Preservation Project, 27-2308109 Bonus Depreciation Report

11/29/2021 4:38 PM

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

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

11/29/2021 4:38 PM

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

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

27-2308109 Form 990, Page 1

FYE: 12/31/2020

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

11/29/2021 4:38 PM

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

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

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

11/29/2021 4:38 PM

27-2308109

FYE: 12/31/2020

Federal Statements

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

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

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

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

MITCHELVILL Mitchelville Preservation Project,

27-2308109

Federal Statements

FYE: 12/31/2020

Schedule A, Part II, Line 1(e)

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

Schedule A, Part II, Line 12 - Current year

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

MITCHELVILL Mitchelville Pre 27-2308109 FYE: 12/31/2020	eservation Project, Federal Statements	11/29/2021 4:38 PM
Blues and BBQ Oth	er Direct Fundraising or Gaming Expense	ne .
	or biroot rundialoning or building Expense	<u>53</u>
Description	Amount	<u> </u>
Description Direct expenses Marketing	<u> </u>	<u>55</u>

Forms 990 / 990-EZ Return Summary

For calendar year 2019, or tax year beginning

, and ending

Mitchelville Preservation Project, 27-2308109 Inc.

Revenue					
Contributions		579,318			
Program service revenue		78,195			
Investment income		1,429			
Capital gain / loss					
Fundraising / Gaming:					
Gross revenue	44,025				
Direct expenses	17,403				
Net income		26,622			
Other income		30			
Total revenue			6	85,594	
Expenses					
Program services		248,167			
Management and general		186,915			
Fundraising		11,021			
Total expenses		<u>, </u>	4	46,103	
Excess / (deficit)					239,491
Changes					-8,212
					400.074
Not Accet / Fund Ra	lance at End of Vear				470 774
Net Asset / Fund Ba	lance at End of Year				420,274
Net Asset / Fund Ba Reconciliation of Reconcili	evenue	Total e		deconciliation of	
Reconciliation of Re	evenue	Total e Less:			f Expenses
Reconciliation of Reconciliati	evenue	Less:		financial stateme	f Expenses
Reconciliation of Reconciliati	evenue	Less:	xpenses per	financial stateme	f Expenses
Reconciliation of Reconciliati	evenue	Less: Doi Prid	xpenses per	financial stateme	f Expenses
Reconciliation of Reconciliati	evenue	Less: Do Pric	xpenses per nated service or year adjust	financial stateme	f Expenses
Reconciliation of Reconciliati	evenue	Less: Doi Prid Los	xpenses per nated service or year adjust	financial stateme	f Expenses
Reconciliation of Reconciliation of Recotal revenue per financial statements_ess: Unrealized gains Donated services Recoveries	evenue	Less: Doi Prid Los Oth Plus:	xpenses per nated service or year adjust	financial statemo es stments	f Expenses
Reconciliation of Reconciliati	evenue	Less: Doi Prid Los Oth Plus:	xpenses per nated service or year adjust sses ner estment exp	financial statemo es stments	f Expenses
Reconciliation of Reconciliation of Reconciliation of Reconciliation of Recotal revenue per financial statements_ess: Unrealized gains Donated services Recoveries Other Lus: Investment expenses	evenue	Less: Doi Prid Los Ott Plus: Inv	xpenses per nated service or year adjust sses ner estment exp	financial statemo es stments	f Expenses ents
Reconciliation of Reconciliation of Reconciliation of Reconciliation of Recotal revenue per financial statements_ess: Unrealized gains Donated services Recoveries Other Ius: Investment expenses Other	evenue	Less: Doi Pric Los Oth Plus: Inv	xpenses per nated service or year adjust sees ner estment exp ner Total expen	financial statements es emses	f Expenses ents
Reconciliation of Reconciliation of Reconciliation of Reconciliation of Recotal revenue per financial statements_ess: Unrealized gains Donated services Recoveries Other Ius: Investment expenses Other	685,594	Less: Doi Prid Los Ott Plus: Inv Ott	xpenses per nated service or year adjust sees ner estment exp ner Total expen	financial statements stments enses nses per return	f Expenses ents 446,10
Reconciliation of Reconciliation of Reconciliation of Recotal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Ius: Investment expenses Other Total revenue per return	685,594 Beginning	Less: Doi Pric Los Oth Plus: Inv Oth Balance She Ending	xpenses per nated service or year adjust esses ner estment exp ner Total expen	financial statements es emses	f Expenses ents 446,10
Reconciliation of Reconciliation of Reconciliation of Recotal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Ius: Investment expenses Other Total revenue per return Assets	685,594 Beginning 233,795	Less: Doi Pric Los Ott Plus: Inv Ott	xpenses per nated service or year adjust sses ner estment exp ner Total exper	financial statements stments enses nses per return	f Expenses ents 446,10
Reconciliation of Reconciliati	Beginning 233,795 44,800	Less: Doi Prid Los Ott Plus: Inv Ott Balance She Ending 599,	xpenses per nated service or year adjustes sees ner estment expenser Total expenser eet 332 058	financial statements es stments enses nses per return Differences	f Expenses ents 446,10
Reconciliation of Reconciliation of Reconciliation of Recotal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return Assets	685,594 Beginning 233,795	Less: Doi Pric Los Ott Plus: Inv Ott	xpenses per nated service or year adjustes sees ner estment expenser Total expenser eet 332 058	financial statements stments enses nses per return	f Expenses ents 446,10
Reconciliation of Reconciliation of Reconciliation of Recotal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Unus: Investment expenses Other Total revenue per return Assets Liabilities	Beginning 233,795 44,800 188,995	Less: Doi Pric Los Oth Plus: Inv Oth Balance She Ending 599, 179, 420,	xpenses per nated service or year adjustes sees ner estment expenser Total expenser eet 332 058	financial statements es stments enses nses per return Differences	f Expenses ents 446,10
Reconciliation of Reconciliation of Reconciliation of Recotal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Unus: Investment expenses Other Total revenue per return Assets Liabilities	Beginning 233,795 44,800 188,995	Less: Doi Pric Los Oth Plus: Inv Oth Balance She Ending 599, 179, 420,	xpenses per nated service or year adjustes sees ner estment expenser Total expenser eet 332 058	financial statements es stments enses nses per return Differences	f Expenses ents 446,10
Reconciliation of Reconciliation of Reconciliation of Recotal revenue per financial statements ess: Unrealized gains Donated services Recoveries Other Unus: Investment expenses Other Total revenue per return Assets Liabilities	Beginning 233,795 44,800 188,995	Less: Doi Prid Los Oth Plus: Inv Oth Balance She Ending 599, 179, 420,	xpenses per nated service or year adjust sees ner estment expenser Total expenses eet 332 058 274	financial statements es stments enses nses per return Differences	f Expenses ents 446,10

Form **8879-EO**

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

OMB	No	15/5-1878

Department of the Treasury Internal Revenue Service 20

Name of exempt organization

Name and title of officer

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

Mitchelville Preservation Project,

Employer identification number

27-2308109

Inc.

Ahmad Ward

Executive Director

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	685,594
2a Form 990-EZ check here ▶ ☐ b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ 🔲 b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature Date 11

Part III Certification and Authentication

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

57839707134

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature David E Williams, CPA

Date 11/14/21

ERO Must Retain This Form — See Instructions

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

Form

(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019 Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	For the 201	9 calendar year, or tax year beginning , and ending			
<u>B</u>	Check if applicable	c Name of organization Mitchelville Preservation Project,		D Employer	identification number
	Address change	Inc.			
Ħ	Name change	Doing business as Historic Mitchelville Preservation		27-2	308109
님	warne change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	
ш	Initial return	PO Box 21758		843-	255-7300
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code			
_	Amended return	HILTON HEAD ISLAND SC 29925		G Gross rec	eipts \$ 702,997
으	Amended return	F Name and address of principal officer:			
\square	Application pendi	Ahmad Ward	H(a) Is this a gr	oup return for s	ubordinates? Yes X No
		PO Box 21758	H(b) Are all sub	ordinates incl	uded? Yes No
		Hilton Head Island SC 29925	If "No,	" attach a list.	(see instructions)
$\overline{}$	Tax-exempt sta				
	Website:	www.EXPLOREMITCHELVILLE.ORG	H(c) Group exe	motion numbo	. •
			Year of formation: 2		M State of legal domicile: SC
	Form of organiza		real of formation: 2	010	M State of legal domicile: DC
		Summary			
		describe the organization's mission or most significant activities:			
Se	se	e Schedule O			
nar					
Governance		······			
Ó	1	this box ▶ if the organization discontinued its operations or disposed of more than 2			
త	3 Numb	er of voting members of the governing body (Part VI, line 1a)		. 3	16
es	4 Numb	er of independent voting members of the governing body (Part VI, line 1b)		. 4	16
Σ	5 Total	number of individuals employed in calendar year 2019 (Part V, line 2a)		5	0
Activities		number of volunteers (estimate if necessary)			100
•	7a Total	unrelated business revenue from Part VIII, column (C), line 12		7a	0
	b Net u	nrelated business taxable income from Form 990-T, line 39		. 7b	0
			Prior Yea	ar	Current Year
Φ	8 Contri	outions and grants (Part VIII, line 1h)	36	5,145	579,318
Revenue		m service revenue (Part VIII, line 2g)	2	6,415	78,195
eve	10 Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)		804	1,429
œ	11 Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-:	2,093	26,652
		revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	39	0,271	685,594
	1	s and similar amounts paid (Part IX, column (A), lines 1–3)		300	0
	1	ts paid to or for members (Part IX, column (A), line 4)			0
"	4E Colori	es, other compensation, employee benefits (Part IX, column (A), lines 5–10)	100	0,000	100,000
Expenses	16a Profes	sional fundraising fees (Part IX, column (A), line 11e)			0
ber	b Total	rundraising expenses (Part IX, column (D), line 25) ▶ 11,021			
Ж	17 Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	22	2,389	346,103
	I	expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		2,689	446,103
	1	ue less expenses. Subtract line 18 from line 12		7,582	239,491
10 Y		and the stage of t	Beginning of Cui		End of Year
Net Assets or	20 Total	assets (Part X, line 16)	23.	3,795	599,332
ASS	21 Total	iabilities (Part X, line 26)	4	4,800	179,058
Fee	22 Net a	ssets or fund balances. Subtract line 21 from line 20	188	8,995	420,274
P		Signature Block			
		of perjury, I declare that I have examined this return, including accompanying schedules and statement	ents, and to the be	est of my kn	owledge and belief, it is
		d complete. Declaration of preparer (other than officer) is based on all information of which preparer			
Sig	an 📗	Signature of officer		Date	
He	- .	Ahmad Ward Execu	tive Di	rector	•
		Type or print name and title			
_	Print/	Type preparer's name Preparer's signature	Date	Check	if PTIN
Pai	.	d E Williams, CPA David E Williams, CPA	12/01	/21 self-em	
Pre	narer	name David E. Williams C.P.A., LLC		irm's EIN	46-1684469
	Only	840 William Hilton Pkwy Ste B		IIII S EIIN F	10 1001107
	, l	Hilton Hood CO 20020 2424	_	hone no.	843-715-9568
May		cuss this return with the preparer shown above? (see instructions)			X Yes No
·via	, ii to uic	2000 mile return that the property differnt above. (000 methodions)			22 163 140

orm 990 (2019) Mitchelville I			27-2308109	Page 2
Part III Statement of Program			in this Dort III	X
Uneck it Schedule U con Briefly describe the organization's mission		i note to any line	; III IIIS Рап III	<u>X</u>
See Schedule O				
• • • • • • • • • • • • • • • • • • • •				
2 Did the organization undertake any signif	icant program services	during the year which	ch were not listed on the	
prior Form 990 or 990-EZ?				Yes X No
If "Yes," describe these new services on	Schedule O.			
3 Did the organization cease conducting, o services?	_			Yes X No
If "Yes," describe these changes on Scho				
Describe the organization's program serv		or each of its three la	argest program services, a	s measured by
expenses. Section 501(c)(3) and 501(c)(4	· -		mount of grants and allocated	ations to others,
the total expenses, and revenue, if any, t	for each program service	ce reported.		
4a (Code:) (Expenses \$	60,573 inc	luding grants of \$		(Revenue \$ 15,783)
It was on June 19, 18 arrived at Galveston, were now free. MPP h Mitchelville Freedom stage performances and look at historic Mitchistory and education live performances,	Texas with osts its an Park. This d cultural phelville. featuring	news that nual Junet program h programming It promote tradidtion	the war had eenth celebra ighlights the g that gives african Ame al music, art	ended and all slaves tion in historic park and features visitors a unique erican culture, , crafts, food and
rive periormances,				
4b (Code:) (Expenses \$ See Schedule O				(Revenue \$ 13,000)
·				
*				
•				
c (Code:) (Expenses \$ Holiday Event - Commu: holiday season with e Historic Mitchelville	ntertainment	and refre	tire family t eshments near	(Revenue \$ co kick off the the big oak tree in
HISCOITC MICCHETVIIIE	rieedom ra			
·				
•				
• • • • • • • • • • • • • • • • • • • •				
•				
Id Other program services (Describe on Sci	hedule O \			
	including grants of \$) (Revenue \$	49,412)
4e Total program service expenses ▶	248,16	7		<u> </u>

	The one of Required Contradict		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	NO
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		v	
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
00	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b 24	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and X 19? Note: All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and X reportable gaming (gambling) winnings to prize winners?

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

					Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ĺ						
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule							
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial			4a		х		
b	If "Yes," enter the name of the foreign country ▶							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A							
5a	What the expeniencian a porty to a prohibited toy chalter transaction at any time during the tay year?			5a		Х		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			Ea				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		х		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution							
	gifts were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	oods						
	and services provided to the payor?			7a				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	required to file Form 8282?			7c				
d		7d						
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
q	If the organization received a contribution of qualified intellectual property, did the organization file Form		9 as required?					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained							
_	sponsoring organization have excess business holdings at any time during the year?			8				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the annual of a new close to a section to the distribution and a section 40000			9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?							
10	Section 501(c)(7) organizations. Enter:							
a	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
 а	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources							
		11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		>	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	le the experient licensed to issue qualified health plane in more than one state?			13a				
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which							
	, ,	13b						
С	Enter the amount of reserves on hand	13c						
14a	Did the appropriation receives any property for indeed together continue the tay year?			14a		х		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations.							
-	excess parachute payment(s) during the year?			15		х		
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	16		х		
-	If "Yes," complete Form 4720, Schedule O.		~ .					
	,							

Part VI

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

<u> </u>	tion A. Governing Body and Management					
			1.6		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16	4		
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.		1.0			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	ł?		4		X
5				5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by t	ne following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal F	<u>Revenue Co</u>	ode.)		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	g the fo	rm?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	se to co	nflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
<u>Sec</u>	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ SC					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section	501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website X Upon request X Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	rest po	licy, and			
	financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	ords 🕨				
Me	elody Irvin PO Box 21758					
TT -	ilton Hoad Island SC 200	25	0/1	2-25	5 _7	200

Form 990 (2019)	Mitchelville	Preservation	Project.	27-2308109
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for	offi	x, unle	ess pe nd a c	ition more rson	than one is both a or/trustee	in e)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W 21033-WIGO)	(W 21000 IMCO)	related organizations
(1) Charles Bogguess										
	5.00									
Director	0.00	X						0	0	0
(2) Ochieng Ubri Car										
	1.00								•	
Director	0.00	Х						0	0	0
(3) Helen Baker	2.00									
Director	0.00	x						0	0	0
(4) James Berndt	0.00							0	<u> </u>	<u> </u>
(4) Cames Derive	5.00									
Director	0.00	X						0	0	0
(5) Margot Brown										
(,)	2.00									
Director	0.00	X						0	0	0
(6) Kirsten Hotchkis	s									
	4.00									
Director	0.00	X						0	0	0
(7) Brent Morris, PI										
	5.00	.						_	_	_
Director	0.00	X						0	0	0
(8) Didi Summers, PI										
Di	2.00								0	0
Director (9) Lola Campbell	0.00	X						0	U	0
(9) LOIA CAMPDEII	4.00									
Director	0.00	x						0	0	0
(10) Herbert Ford	0.00							•		
(10)11012010 1014	4.00									
Director	0.00	X						0	0	0
(11) Patricia Montgon			•							
	4.00									
Director	0.00	X						0	0	0
		-						·		Form 990 (2019)

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Part VII Section A. Officers								and Highest Compensated				1 0	age c
(A) Name and title	(B) Average hours per week (list any	(d bo	o not	Pos check ess pe	c) ition more rson i	than o	one an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the			
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		rganizatio ted orga	on and	S
(12) Charles Curl Vice Chairperson	5.00 0.00			х				0	0				0
(13) Shirley Peter	rson 13.00												
Chairperson	0.00			Х				0	0				0
(14) Melody Irvin	4.00												
Treasurer	0.00			x				0	0				0
(15) Gloria Holmes				<u> </u>									
Secretary	4.00 0.00			x				0	0				0
(16) Thomas C Barr	1	+											
Chairman Emeritus	2.00 0.00			x				0	0				0
1b Subtotal							•						
c Total from continuation she							>						
d Total (add lines 1b and 1c)2 Total number of individuals (in	cludina but not l					ted a		l e) who received more than	\$100.000 of				
reportable compensation from	the organization	n ▶	0										
3 Did the organization list any fo	ormer officer, dir	recto	r, tru	stee	, ke	em)	plove	ee, or highest compensate	d			Yes	No
employee on line 1a? If "Yes,"	" complete Sche	dule	J foi	suc	h ind	dividi	ıal .				3		X
4 For any individual listed on line organization and related organ													
individual											4		X
5 Did any person listed on line of for services rendered to the or											5		Х
Section B. Independent Contracto													
1 Complete this table for your fir compensation from the organization.										ear.			
	(A) business address	<u>р с</u>	,,,oa		<u> </u>	.0 00			(B) services	-	Co	(C) mpensati	on
Name and dusiness address Description of services							тропоци	011					
2 Total number of independent received more than \$100,000								se listed above) who	0				

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Part VIII Statement of Revenue

		Check if	Schedule O co	ntains a re	sponse or note t	o any line in this	Part VIII		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
its	1a	Federated camp	paigns	1a					
contributions, Gifts, Grants and Other Similar Amounts	b		es						
Ą,	С	Fundraising eve	nts	4 -	41,536				
ar	d	Related organiz		1d					
<u>⊒</u> ,′	е	Government grants (co		1e	330,103				
r	f	All other contributions,							
the		and similar amounts no	ot included above	·· 1f	207,679				
0	g	Noncash contributions	included in lines 1a-1f	1g \$	106,900				
and	h	Total. Add lines	1a–1f			579,318			
					Business Code				
ń	2a	Griot's Co	rner			30,088	30,088		
<u> </u>	b	Magic Lead	ership Program			30,000	30,000		
riogialii seivice Revenue	С	Juneteenth				15,783	15,783		
geve Seve	d	MPP Aniv.	Forum Admission			2,324	2,324		
5	е								
_	f		m service revenue .						
	g	Total. Add lines	2a–2f			78,195			
	3		me (including divide						
		other similar am	nounts)		▶	1,429	1,429		
	4	Income from inv	estment of tax-exer	mpt bond pro	ceeds ►				
	5	Royalties			▶				
			(i) Rea	al	(ii) Personal				
	6a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental inc. or (loss)	6c						
	d 73	Net rental incom Gross amount from							
	1 a	sales of assets	(i) Secur	ities	(ii) Other				
		other than inventory	7a						
Revenue	b	Less: cost or other							
ver		basis and sales exps.	7b						
	С	Gain or (loss)	7c						
Other	d		s)		·····				
ŏ	8a	Gross income from	-	_					
		(not including \$		b					
		of contributions rep			44 005				
		See Part IV, line 18			44,025				
		Less: direct exp		8b	17,403	26,622			
	C		loss) from fundraisir	ng events		26,622			
	9a	Gross income from							
		See Part IV, line 19							
			enses	9b					
			loss) from gaming a	activities	······ P				
	10a	Gross sales of in	• .	40-					
		returns and allow		10a	-				
		Less: cost of go		10b					
	С	Net income or (i	oss) from sales of i	nventory	Business Code				
sne	11-	Hot-				30	30		
Miscellaneous Revenue	11a	*				30	30		
ven	b								
Re	ت بہ								
≥			e 11a–11d			30			
_			See instructions			685.594	79.654	0	0

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must co. Check if Schedule O contains a response	-		olete column (A).	X
Do r	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations		ехрепзез	general expenses	ехрепзез
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
•					
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	100,000	17,000	74,000	9,000
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	936		936	
С	Accounting	11,139		11,139	
d	Lobbying	,		,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
q	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	50,580	50,580		
12	Advertising and promotion	107,690	48,780	58,910	
13		11,243	615	10,628	
	Office expenses	5,900	4,486	1,261	153
14	Information technology	3,900	7,100	1,201	133
15	Royalties	20,751	3,527	15,356	1,868
16	Occupancy		3,341		1,000
17	Travel	460		460	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.005	F 00F	4 000	
19	Conferences, conventions, and meetings	9,925	5,097	4,828	
20	Interest				
21	Payments to affiliates	4 000	4 554	0.005	
22	Depreciation, depletion, and amortization	4,089	1,754	2,335	
23	Insurance	7,062		7,062	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Program Costs	69,817	69,817		
b	General program direct	46,511	46,511		
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	446,103	248,167	186,915	11,021
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Pa	art)	K Balance Sheet					
		Check if Schedule O contains a response or	note to any line	in this Part X			
					(A)		(B)
$\overline{}$					Beginning of year		End of year
	1				175,596	1	352,170
	2	Savings and temporary cash investments		2	165,000		
	3	Pledges and grants receivable, net			38,679	3	64,449
	4					4	
	5	Loans and other receivables from any current or f	•				
		trustee, key employee, creator or founder, substar	or 35%				
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualifie					
ş		under section 4958(f)(1)), and persons described				6	
Assets	7	Notes and loans receivable, net				7	
<	8					8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	25,462			
		Less: accumulated depreciation	10b	17,749	9,520	10c	7,713
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 1	1			12	
	13	Investments—program-related. See Part IV, line 1			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			10,000	15	10,000
\Box	16	Total assets. Add lines 1 through 15 (must equal			233,795	16	599,332
	17	Accounts payable and accrued expenses			4,800	17	9,058
	18	Grants payable		18			
	19	Deferred revenue			40,000	19	170,000
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Pa		21			
ş	22	Loans and other payables to any current or forme	r officer, director	,			
ij		trustee, key employee, creator or founder, substar	ntial contributor,	or 35%			
Liabilities		controlled entity or family member of any of these				22	
_	23	Secured mortgages and notes payable to unrelate	d third parties			23	
	24	Unsecured notes and loans payable to unrelated t	hird parties			24	
	25	Other liabilities (including federal income tax, paya	bles to related t	hird			
		parties, and other liabilities not included on lines 1	7-24). Complete	Part X			
		of Schedule D				25	
\Box	26	Total liabilities. Add lines 17 through 25			44,800	26	179,058
		Organizations that follow FASB ASC 958, chec	k here ▶ X				
Ses		and complete lines 27, 28, 32, and 33.					
a	27	Net assets without donor restrictions			188,995	27	420,274
Ba	28	Net assets with donor restrictions		28			
n l		Organizations that do not follow FASB ASC 95	8, check here 🕨	· 📙 🔠			
ᆲ		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds				29	
Sets	30	1 1 7 7 1	ipment fund			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco	me, or other fun	ids		31	
₹	32	Total and acceptance found belongs			188,995	32	420,274
	33	Total liabilities and net assets/fund balances			233,795	33	599,332

Form **990** (2019)

	1330 (2013) 11100110111111111111111111111111111			- ' '	igc 12	
Pa	art XI Reconciliation of Net Assets				_	
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			X_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		85,		
2	Total expenses (must equal Part IX, column (A), line 25)	2		146,		
3	Revenue less expenses. Subtract line 2 from line 1	3		239,49		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		L88,	995	
5	Net unrealized gains (losses) on investments	lized gains (losses) on investments 5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		-8,	212	
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	4	120,	274	
Pa	art XII Financial Statements and Reporting				_	
	Check if Schedule O contains a response or note to any line in this Part XII				. 🔲	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		20			
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b			

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

Mitchelville Preservation Project, Em

Open to Public Inspection

Employer identification number 27-2308109

			Inc.					27-230	8109	
Pa	art I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this part.) S	ee instructio	ns.	
The	orga	nization is not	a private foundation becaus	e it is: (For lines 1 through 12, o	check only	one box)			
1		A church, co	nvention of churches, or ass	ociation of churches described i	in sectio i	n 170(b)(1)(A)(i).			
2		A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 9	990-EZ).)				
3		A hospital or	a cooperative hospital servi	ce organization described in se	ction 170	(b)(1)(A)	(iii).			
4		A medical re	search organization operated	d in conjunction with a hospital of	described	in sectio	on 170(b)(1)(A)((iii). Enter the h	nospital's name,	
		city, and stat	e:							
5		An organizati	ion operated for the benefit of	of a college or university owned	or operat	ed by a g	overnmental un	it described in		
	_	section 170(b)(1)(A)(iv). (Complete Part II.)								
6	Ш	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public								
			section 170(b)(1)(A)(vi). (C	• •						
8	Ц			170(b)(1)(A)(vi). (Complete Part						
9	Ш	-	=	cribed in section 170(b)(1)(A)(i				-	ge	
			or a non-land-grant college of	of agriculture (see instructions).	Enter the	name, ci	ty, and state of	the college or		
	\Box	university:								
10	Ш	_	-) more than 33 1/3% of its sup opt functions—subject to certain					OSS	
		•		nd unrelated business taxable in			,			
			•	0, 1975. See section 509(a)(2).	•		,	2 do.: 100000		
11		An organizati	ion organized and operated	exclusively to test for public safe	ety. See s	section 5	09(a)(4).			
12	П	An organizati	on organized and operated	exclusively for the benefit of, to	perform th	ne functio	ns of, or to carr	y out the purpo	oses	
		of one or mo	re publicly supported organization	zations described in section 50	9(a)(1) or	section	509(a)(2). See s	section 509(a)	(3).	
		Check the bo	ox in lines 12a through 12d t	hat describes the type of suppor	rting orga	nization a	nd complete line	es 12e, 12f, an	d 12g.	
	а			erated, supervised, or controlled	•		•		ng	
			• ,, ,	ver to regularly appoint or elect		of the di	rectors or truste	es of the		
			• •	omplete Part IV, Sections A ar						
	b	ш		pervised or controlled in connection			•			
			•	ting organization vested in the s Part IV, Sections A and C.	same pers	sons that	control or mana	ige the support	ea	
	c		•	supporting organization operated	l in conne	action with	and functions	lly integrated w	<i>i</i> ith	
	·			structions). You must complete				ily ilitegrated w	лит,	
	d	Type III	non-functionally integrated	I. A supporting organization ope	erated in	connection	n with its suppo	rted organization	on(s)	
		that is no	ot functionally integrated. The	e organization generally must sa	atisfy a di	stribution	requirement an	d an attentiven	ess	
		requireme	ent (see instructions). You r	nust complete Part IV, Section	ns A and	D, and P	art V.			
	е			eived a written determination fro			s a Type I, Type	ı II, Type III		
				n-functionally integrated support	ting orgar	nization.				
	t ~		mber of supported organization	ne supported organization(s).						
	<u>g</u>		1		/5 A 1- 45-				() ()	
(1		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization ur governing	(v) Amount suppor		(vi) Amount of other support (see	
	Ì	•		above (see instructions))		ment?	instruc		instructions)	
					Yes	No				
(A)										
(B)										
(C)										
(D)	(D)									
(E)										
Tota	ı								I	

Page 2

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

Sec	tion A. Public Support				•	,					
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	73,980	151,643	205,334	365,145	579,318	1,375,420				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
3	The value of services or facilities furnished by a governmental unit to the organization without charge	6,900	6,900	6,900	6,900	6,900	34,500				
4 5	Total. Add lines 1 through 3 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)	80,880	158,543	212,234	372,045	586,218	1,409,920				
6	Public support. Subtract line 5 from line 4						1,409,920				
	tion B. Total Support					_					
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
7	Amounts from line 4	80,880	158,543	212,234	372,045	586,218	1,409,920				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	21	29	105	624	1,429	9 2,208				
9	Net income from unrelated business activities, whether or not the business is regularly carried on										
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				730	30	760				
11	Total support. Add lines 7 through 10						1,412,888				
12	Gross receipts from related activities, etc.	(see instructions)				12	123,679				
13	First five years. If the Form 990 is for the	e organization's first	, second, third, fou	urth, or fifth tax yea	ar as a section 501	(c)(3)					
	organization, check this box and stop her						▶				
Sec	tion C. Computation of Public So										
14	Public support percentage for 2019 (line 6	, column (f) divided	I by line 11, colum	n (f))		14	99.79%				
15	Public support percentage from 2018 Sche	edule A, Part II, line	e 14			15	99.82%				
16a	33 1/3% support test—2019. If the organ	ization did not ched	ck the box on line	13, and line 14 is 3	33 1/3% or more, o	check this					
		box and stop here. The organization qualifies as a publicly supported organization									
b	33 1/3% support test—2018. If the organ				5 is 33 1/3% or me	ore, check					
	this box and stop here. The organization						▶ ∟				
17a	10%-facts-and-circumstances test—201	•									
	10% or more, and if the organization mee										
	Part VI how the organization meets the "footganization						▶ □				
b	10%-facts-and-circumstances test—201	_									
	15 is 10% or more, and if the organization				-						
	Explain in Part VI how the organization m	eets the "facts-and	-circumstances" te	st. The organizatio	n qualifies as a pu	ublicly					
							▶ ∟				
18	Private foundation. If the organization did instructions						▶ □				

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

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

Sect	ion A. Public Support	quality diluci ti	ne tests listed t	bolow, picase c	ompicio i art ii	1.)	_
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	. ,	,	. ,	, ,		
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Soci	line 6.) Lion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(a) 2015	(b) 2010	(6) 2017	(u) 2010	(e) 2019	(i) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	organization's firs	st, second, third, for	urth, or fifth tax ye	ar as a section 50	1(c)(3)	
	organization, check this box and stop here						▶ 📙
Sect	ion C. Computation of Public Su						
15	Public support percentage for 2019 (line 8,						<u>%</u>
16	Public support percentage from 2018 Sche					16	<u>%</u>
	ion D. Computation of Investmen						
17	Investment income percentage for 2019 (lin			3, column (f))			%
18	Investment income percentage from 2018						<u>%</u>
19a	33 1/3% support tests—2019. If the organ						. □
L	17 is not more than 33 1/3%, check this bo		=				▶ ⊔
b	33 1/3% support tests—2018. If the organ line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did		=			=	. \square

Schedule A (Form 990 or 990-EZ) 2019 Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

		Yes	No
	4		
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	Tu		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	7		
	8		
	0-		
	9a		
	9b		
	9с		
	10a		
	10b		
A (Fo	orm 99	0 or 990-	EZ) 2019

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TCHEL	VILL 12/01/2021 11:43 AM		
	ule A (Form 990 or 990-EZ) 2019 Mitchelville Preservation Project, 27-2308109 tIV Supporting Organizations (continued)		Page 5
ı uı	CIV Supporting Organizations (Continued)	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		
	below, the governing body of a supported organization?	a	
b	A family member of a person described in (a) above?	0	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
Secti	ion B. Type I Supporting Organizations		
		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		
	controlled the organization's activities. If the organization had more than one supported organization,		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.		
Secti	ion C. Type II Supporting Organizations		
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
0 4	the supported organization(s).		
Secti	ion D. All Type III Supporting Organizations		T
	Did the association was ide to each of its associated associations by the leat day of the fifth month of the	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
_	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
Secti	supported organizations played in this regard. 3 ion E. Type III Functionally-Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
' a	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization satisfied the redivides rest. Somplete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.		
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions	.)	
·	The organization supported a governmental entity. Bosonibo in rail vi now you supported a government ontity (666 instruction)	<i>).</i>	
2 /	Activities Test. Answer (a) and (b) below.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		
	reasons for the organization's position that its supported organization(s) would have engaged in these		
	activities but for the organization's involvement.	,	
3	Parent of Supported Organizations. Answer (a) and (b) below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		

trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2019 Mitchelville Preservation P		•	109 Page 6				
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non							
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	/. 20, ·	1970 (explain in Part VI). S	ee				
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1 Net short-term capital gain	1						
2 Recoveries of prior-year distributions	2						
3 Other gross income (see instructions)	3						
4 Add lines 1 through 3.	4						
5 Depreciation and depletion	5						
6 Portion of operating expenses paid or incurred for production or							
collection of gross income or for management, conservation, or							
maintenance of property held for production of income (see instructions)	6						
7 Other expenses (see instructions)	7						
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1 Aggregate fair market value of all non-exempt-use assets (see							
instructions for short tax year or assets held for part of year):							
a Average monthly value of securities	1a						
b Average monthly cash balances	1b						
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d						
e Discount claimed for blockage or other							
factors (explain in detail in Part VI):							
2 Acquisition indebtedness applicable to non-exempt-use assets	2						
3 Subtract line 2 from line 1d.	3						
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,							
see instructions).	4						
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6 Multiply line 5 by .035.	6						
7 Recoveries of prior-year distributions	7						
8 Minimum Asset Amount (add line 7 to line 6)	8						
Section C - Distributable Amount			Current Year				
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2 Enter 85% of line 1.	2						
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4 Enter greater of line 2 or line 3.	4						
5 Income tax imposed in prior year	5						
6 Distributable Amount. Subtract line 5 from line 4, unless subject to							
emergency temporary reduction (see instructions).	6						
7 Check here if the current year is the organization's first as a non-functionally integrated		II supporting organization (see				
instructions).		,. 5 5 (

Schedule A (Form 990 or 990-EZ) 2019

Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) **Excess Distributions** Underdistributions Section E - Distribution Allocations (see instructions) Distributable Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 **a** From 2014 **b** From 2015 **c** From 2016.... **d** From 2017 e From 2018. f Total of lines 3a through e **g** Applied to underdistributions of prior years **h** Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2019 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2020. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2015. **b** Excess from 2016 c Excess from 2017

Schedule A (Form 990 or 990-EZ) 2019

d Excess from 2018 e Excess from 2019

Schedule A (For	III, line 12; B, lines 1 a 3a, and 3b;	ntal Infor Part IV, S nd 2; Par Part V, li	rmation. F Section A, I t IV, Section ine 1; Part	Provide the ines 1, 2, 3 on C, line 1 V, Section	explanation 3b, 3c, 4b, 4 ; Part IV, S B, line 1e;	s required to to, 5a, 6, 9a tection D, lir Part V, Sec	by Part II, line a, 9b, 9c, 11a, nes 2 and 3; P	11b, and 11c; F art IV, Section E , 6, and 8; and F	17a or 17b; Part
Part I	I, Line	10 -	Other	Income	Detail				
					\$		760		
•									
•									

Schedule B (Form 990, 990-EZ,

or 990-PF)

Inc.

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 for the latest information. OMB No. 1545-0047

2019

Name of the organization

Organization type (check one):

Mitchelville Preservation Project,

Employer identification number

27-2308109

Filers of: Section: Form 990 or 990-EZ **X** 501(c)(**3**) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% 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

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

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).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Mitchelville Preservation Project,

Employer identification number 27-2308109

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	Beaufort County 100 Ribault Rd. Beaufort SC 29901	\$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Town of Hilton Head One Town Center Court Hilton Head Island SC 29928	\$ 145,103	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4 Women in Philanthropy 4 Northridge Dr. Ste A Hilton Head Island SC 29926	\$ 13,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SC Dept. of Parks & Recreation Grant 1205 Pendleton St, Columbia SC 29201	\$ 165,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Coastal Discovery Museum 70 Honey Horn Drive Hilton Head Island SC 29926	\$ 100,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Community Foundation of the LowCount 4 Northridge Dr. Suite A Hilton Head Island SC 29926	\$ 26,330	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page **3**

Name of organization

Mitchelville Preservation Project,

Employer identification number 27-2308109

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
5	Paid wages of Executive Director	\$ 100,000	12/31/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047 Open to Public

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

	duic D (1 0111 330) 2013 112 001101				<u> </u>				age z
Pa	art III Organizations Maintainin	g Collections of	Art, Historical	Treasures, or	r Other Simi	lar Assets	(contin	ued)	
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other records	s, check any of the f	ollowing that mal	ke significant us	e of its			
а	X Public exhibition	d \square	Loan or exchange p	rogram					
b	Scholarly research		Other	-					
C	Preservation for future generations	• 🗀	· · · · · · · · · · · · · · · · · · ·						
4	Provide a description of the organization's	collections and explain	how they further th	e organization's a	evemnt nurnose	in Part			
7	XIII.	collections and explain	i now they further th	e organization's t	exempt purpose	iii i ait			
_		or receive denotions	of art historical trace	uraa ar athar ai	milar				
5	During the year, did the organization solicit		•	•				s X	٦
Da	assets to be sold to raise funds rather than		part of the organizati	on's collection?			Ye	s A	NO
Pa	art IV Escrow and Custodial A	•	F 000 F					_	
	Complete if the organization	n answered "Yes"	on Form 990, P	art IV, line 9,	or reported a	an amount	on Forn	1	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custo		•					_	,
	included on Form 990, Part X?						. L Ye	s	No
b	If "Yes," explain the arrangement in Part X	II and complete the fo	ollowing table:						
							Amoun	t	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on	Form 990, Part X, line	e 21, for escrow or c	ustodial account	liability?		☐ Ye	s	No
	If "Yes," explain the arrangement in Part XI						-	$ ag{}$	1
	art V Endowment Funds.		•						
	Complete if the organization	n answered "Yes"	on Form 990. F	art IV. line 10).				
		(a) Current year	(b) Prior year	(c) Two years		ree years back	(e) Fou	r years	back
1a	Beginning of year balance		(4, 2, 7, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	(,, , , , , , , , , , , , , , , , , , ,	(,,	,	(1)	,	
	Contributions								
С	3 , 3 ,								
	losses								
	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cu	irrent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment ▶	%							
b	Permanent endowment ►%	,							
С									
	The percentages on lines 2a, 2b, and 2c sl	nould equal 100%.							
3a	Are there endowment funds not in the poss	session of the organiza	ation that are held ar	nd administered f	or the				
	organization by:	_						Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organ	izations listed as requi	red on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Pa	art VI Land, Buildings, and Eq		Jamont Iunus.						
	Complete if the organization		on Form 990 P	art IV line 11	a See Form	000 Part '	Y line 1	Λ	
	Description of property	(a) Cost or other I		or other basis	(c) Accumulate		(d) Book		
	pescription or property	(investment)	1 ''	or other basis	depreciation	ou	(u) DUUK	value	
	Land				aspiedation				
1a	Land								
b	Buildings								
	Leasehold improvements								
d	Equipment								
е	Other			25,462	17	,749		7,	713
Total	I. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Par	t X, column (B), line	10c.)		▶		7,	713

Schedule D (Form	n 990) 2019	Mitchelville	Preservation	n Proj	ect, 2	27-2308109
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	(a) Description of account		ne 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
4) Figure 1-1	• • • • • • • • • • • • • • • • • • • •		Cost or end-or-year market value
1) Financiai	derivatives		+
	eld equity interests		+
3) Otner			
(B)			
(D)			
(G)			
		k	
	n (b) must equal Form 990, Part X, col. (B) line 12.)	▶	
Part VIII	Investments – Program Related. Complete if the organization answered "Yes'	on Form 000 Dort IV li	on 11a Con Form 000 Port V line 12
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(a) Description of investment	(b) Book value	Cost or end-of-year market value
(4)			Cost of end-or-year market value
(1)			+
(2)			+
(3)			+
(4)			
(5)			
(6)			
(7)			
(8)		+	+
(9)			
	m /h) may at a great Farmer 000. Don't V. and /D) line 40.)		
Γotal. (Columi	n (b) must equal Form 990, Part X, col. (B) line 13.)	▶	
	Other Assets.		on 11d Son Form 990 Part Y line 15
otal. (Columi	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, lin	
Fotal. (Columi Part IX	Other Assets.	on Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15. (b) Book value
Part IX (1)	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, lin	
Part IX (1) (2)	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, lin	
Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, lin	
(1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, lin	
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, lin	
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, lin	
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, lin	
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, lin	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes' (a) Description	on Form 990, Part IV, lin	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes' (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)	on Form 990, Part IV, lin	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes' (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	on Form 990, Part IV, lin	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes' (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes'	on Form 990, Part IV, lin	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization answered "Yes' (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes' line 25.	on Form 990, Part IV, lin	(b) Book value (b) Book value The proof of the proof
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization answered "Yes' (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes' line 25. (a) Description of liability	on Form 990, Part IV, lin	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization answered "Yes' (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes' line 25.	on Form 990, Part IV, lin	(b) Book value Line Line
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(1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answered "Yes' (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes' line 25. (a) Description of liability	on Form 990, Part IV, lin	(b) Book value (b) Book value The proof of the proof
(1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answered "Yes' (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes' line 25. (a) Description of liability	on Form 990, Part IV, lin	(b) Book value Line Line
(1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (1) Federal (2) (3) (4) (5) (6) (7) (6) (7) (7) (8) (9) (7) (7) (8) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answered "Yes' (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes' line 25. (a) Description of liability	on Form 990, Part IV, lin	(b) Book value Line Line
(1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (1) Federal (2) (3) (4) (5) (6) (7) (6) (7) (7) (8) (7) (7) (8) (7) (8) (8) (9) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answered "Yes' (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes' line 25. (a) Description of liability	on Form 990, Part IV, lin	(b) Book value Line Line
(1) (2) (3) (4) (5) (6) (7) Federal (2) (3) (4) (5) (6) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (8) (9) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answered "Yes' (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes' line 25. (a) Description of liability	on Form 990, Part IV, lin	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal (2) (3) (4) (5) (6) (7) (8) (7) (8) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answered "Yes' (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes' line 25. (a) Description of liability	on Form 990, Part IV, lin	(b) Book value (b) Book value The proof of the proof
(1) (2) (3) (4) (5) (6) (7) (8) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (9)	Other Assets. Complete if the organization answered "Yes' (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes' line 25. (a) Description of liability	on Form 990, Part IV, lin	(b) Book value Line Line

е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
	art XII Reconciliation of Expenses per Audited Financial State			
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	•	
1	Total company and leaves are sufficiently for a six latest areas.		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
а			4c	
a b	Add lines 4a and 4b			
a b c	And times An and Ale			
a b c 5	Add lines 4a and 4b			
a b c 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
a b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.	IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
a b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
a b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
a b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
a b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
a b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
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a b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
a b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
a b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
a b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
a b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
a b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
a b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
a b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
a b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
a b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
a b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
a b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
a b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
a b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
a b c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	IV, lines 1b and 2b; Part \	/, line 4; Part X, line	

Page 4

Schedule D (F	Form 990) 2019	Mitchelville	Preservation	Project,	27-2308109	Page 5
Part XIII	Supplement	al Information (cont	tinued)			
		,	,			
•						

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Mitchelville Preservation Project,

Name of the organization Employer identification number 27-2308109 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events C In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col. (i) Yes No 1 3 6 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Mitchelville Preservation Project, 27-2308109 Schedule G (Form 990 or 990-EZ) 2019 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Blues and BBQ None (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 85,561 85,561 1 Gross receipts 2 Less: Contributions 41,536 41,536 3 Gross income (line 1 minus 44,025 44,025 line 2) 4 Cash prizes 5 Noncash prizes 5,940 6 Rent/facility costs 5,940 Expenses 3,200 7 Food and beverages 3,200 Direct 8 Entertainment 2,964 2,964 5,299 5,299 9 Other direct expenses 17,403 10 Direct expense summary. Add lines 4 through 9 in column (d) 26,622 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue. 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sche	edule G (Form 990 or 990-EZ) 2019	Mitchelville	Preservation	Project,	27-230810	9	Page 3
11	Does the organization conduct gaming						res No
12	Is the organization a grantor, beneficiar	y or trustee of a trust, or a r				_	_
	formed to administer charitable gaming	ງ?				\	res No
13	Indicate the percentage of gaming acti						
а	The organization's facility				13a		%
b	A				401		%
14	Enter the name and address of the pe						
	records:						
	Name ▶						
	Address ▶						
15a	Does the organization have a contract	with a third party from whor	n the organization receives	gaming			
	revenue?						res 🔲 No
b	If "Yes," enter the amount of gaming re			and and	d the		
	amount of gaming revenue retained by	the third party ▶ \$					
С	If "Yes," enter name and address of the	e third party:					
	Name ▶						
	Address ►						
16	Caming manager information:						
16	Gaming manager information:						
	Name ▶						
	Name ▶						
	Gaming manager compensation ▶ \$						
	The second of th						
	Description of services provided ▶						
	Director/officer Em	ployee Indep	endent contractor				
17	Mandatory distributions:						
а	Is the organization required under state		0 0				
	retain the state gaming license?					□ \	res 🔲 No
b	Enter the amount of distributions requir	ed under state law to be dis	stributed to other exempt or	ganizations or			
_	spent in the organization's own exempt			2 (
Pa	rt IV Supplemental Informa	-			, , , ,	•	
	Part III, lines 9, 9b, 10b), 150, 150, 16, and 17	b, as applicable. Also	provide any add	illional informatio	n.	
	See instructions.						
• • • •							
• • • •							
• • • •							
• • • •							
• • • •							
• • • •							

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Mitchelville Preservation Project, Inc.

Employer identification number 27-2308109

Pa	art I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determining			
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amo	unts		
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							
	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution — Historic							
	structures							
14	Qualified conservation							
	contribution — Other							
15	Real estate — Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()	X	2	106,900				
26	Other ►()							
27	Other ►()							
28	Other ▶(
29	Number of Forms 8283 received by	the organiz	zation during the tax yea	ar for contributions for				
	which the organization completed Fo	orm 8283,	Part IV, Donee Acknowl	edgement	29			
							Yes	No
30a	During the year, did the organization	receive by	contribution any proper	ty reported in Part I, lines 1	l through			
	28, that it must hold for at least three	e years fro	m the date of the initial	contribution, and which isn't	required			
	to be used for exempt purposes for t	the entire I	nolding period?			30a		_X_
b	If "Yes," describe the arrangement in	Part II.						
31	Does the organization have a gift ac	ceptance p	policy that requires the re	eview of any nonstandard				
						31		_X_
32a	Does the organization hire or use thi	ird parties	or related organizations	to solicit, process, or sell n	oncash			
						32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an an	nount in co	olumn (c) for a type of p	roperty for which column (a)) is checked,			
	describe in Part II.							

Schedule M (Fo	orm 990) 2019 Mitchelville	Preservation	Project,	27-2308109	Page Z
Part II	Supplemental Information. F the organization is reporting in or a combination of both. Also	Part I, column (b), the	number of contr	ibutions, the number of ite	and whether ms received,
			-		

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

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

OMB No. 1545-0047 **2019**

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

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

Open to Public Inspection

Name of the organization Mitchelville Preservation Project,

Employer identification number 27-2308109

·
Amended Return Explanation
Taxpayer inadvertently did not include specific grant income and certain
related expenses
Form 990 - Organization's Mission
Preserving the history of Mitchelville and preserving a historically
significant site; to reveal an American story of former slaves who created
a culture of sacrifice, resistence and resilience in a quest to define an
inclusive freedom.
Form 990 - Additional Information
Part IV, Line 11g
The Other fees for services expense is contract labor paid for office help,
program services, grant writing and fundraising assistance.
Form 990, Part III - Additional Information
Mitchelville Preservation Project started Griot's Corner in 2018 which is a
literacy program for children pre-K through third grade.
Also new in 2018 is the Archaeology Dig at Mitchelville which will display
excavated findings for the first large-scale dig lead by Brockington and
Associates. The dig uncovered remains of old homes, wells and garbage
pits, and recovered more than 20,000 artifacts representing the personal
belongings, tools and household goods from the first self-governed Freed

Name of the organization

Mitchelville Preservation Project,

Employer identification number
27-2308109

Slaves' Town in America, established on Hilton Head in 1862.

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

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

Archeology at Mitchelville Exhibition. In the fall of 1862, Major General

Ornsby Mitchel, Commander of the Department of the South at Hilton Head

Island, ordered the construction of a freedman's town to serve as a new

home for thousands of former slaves who flocked to the island after it fell

to union forces in November 1861. Mitchelville was more than a refugee

camp. The town's new residents built their own homes with materials

provided by the Union Army. They were responsible for creating their own

government, enforcing town ordinances, establishing schools and ensuring

that every child between the ages of 6 and 15 attended regularly.

Mitchelville proved that freed men and women could govern, sustain and

educate themselves. Archeology at Mitchelville will display excavated

findings from the first large-scale dig by Brockington and Associates. The

dig uncovered remnants of old homes, wells and garbage pits, and recovered

more than 20,000 artifacts.

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

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

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

Name of the organization

Mitchelville Preservation Project,

Employer identification number

27-2308109

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

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

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

Name of the organization

Mitchelville Preservation Project,

Employer identification number

27-2308109

encourage the importance of literature in the understanding of all people.

Freedom Day Celebration - Mitchelville Freedom Park is a network to freedom site recognizing the community as the 1st self-governing town of formerly enslaved people. In 1862, shortly before the Emancipation Proclamation was signed -- while most of the African-American population in the south was still enslaved -- the people of Mitchelville were busy creating a completely new, self-governed culture that would be the guidepost for generations to follow. These industrious new citizens build homes on neatly arranged streets, elected their own officials, developed laws, built an economy, and implemented mandatory education for their children. In fact, the reports of the success of Mitchelville were so glowing, that the previous underground railroad freedom fighter, Harriet Tubman, was sent to Hilton Head to see this bustling town, so she could share the story of Mitchelville's self-governed success with future freedom towns.

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

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

The organization has a Conflicts of Interest policy and procedures to

monitor compliance with the Conflict of Interest policy and they are
reviewed regularly by the Board of Directors.

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

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

	Į E	Employer identification num	DEI							
Mitchelville Preservation Project,		27-2308109								
Form 990, Part VI, Line 15b - Compensation Process for Officers										
The Board of Directors will determine compensation based on an evaluation										
of performance and local salary structure when co	ompensati	on is given.								
Form 990, Part VI, Line 18 - No Public Disclosure	e Explana	ation								
The organization makes its Form 990 available for	r public	inspection up	oon							
Form 990, Part VI, Line 19 - Governing Documents	Disclos	ure Explanatio	on							
The organization makes its documents required to	be avail	able for pub	lic							
inspection.										
Form 990, Part IX, Line 11g - Other Fees for Serv	vices									
Description										
Tot/Prog Service Mgt & Genera	al	Fundraisi	ng							
Griot's Corner Coordinator										
	0	\$	0							
	0	\$	0							
\$ 5,030 \$										
\$ 5,030 \$ (
\$ 5,030 \$ 0 MAGIC Facilitator \$ 3,950 \$ 0	0	\$	0							
\$ 5,030 \$ (MAGIC Facilitator \$ 3,950 \$ (Program Manager costs	0	\$	0							
\$ 5,030 \$ (MAGIC Facilitator \$ 3,950 \$ (Program Manager costs \$ 41,600 \$ (0	\$	0							
\$ 5,030 \$ (MAGIC Facilitator \$ 3,950 \$ (Program Manager costs \$ 41,600 \$ (Total	0	\$	0							
\$ 5,030 \$ (MAGIC Facilitator \$ 3,950 \$ (Program Manager costs \$ 41,600 \$ (Total	0	\$ \$	0							
\$ 5,030 \$ (MAGIC Facilitator \$ 3,950 \$ (Program Manager costs \$ 41,600 \$ (Total \$ 50,580 \$ (O Assets	\$ \$ Explanation	0							

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

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

OMB No. 1545-0172 **2019**

tachment quence No. 17

Internal Revenue Service
Name(s) shown on return

Mitchelville Preservation Project,

Identifying number 27-2308109

Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,020,000 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2,282 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,550,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 1,020,000 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filling separately, see instructions 5 (a) Description of property (b) Cost (business use only) 6 Computer - Reidel 2,282 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 2,282 8 2,282 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 0 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 2,282 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A 1,807 MACRS deductions for assets placed in service in tax years beginning before 2019 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . Section B-Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (a) Depreciation deduction only-see instructions) service 19a 3-year property b 5-year property С 7-year property 10-year property е 15-year property 20-year property 25-year property 25 vrs. Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L MM S/L 39 yrs. Nonresidential real property MM S/L Section C-Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year S/L 12 yrs. 30-year 30 yrs. MM S/L 40-year MM S/L 40 yrs. Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 1,807 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

12/01/2021 11:43 AM

MITCHELVILL Mitchelville Preservation Project,
27-2308109 Federal Asset Report

Form 990, Page 1

FYE: 12/31/2019

<u>Asset</u>	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr PerConv Meth	Prior Current
	179 Expense: Computer - Reidel	5/28/19 _	2,282 2,282	X X _	N/A 5 HY S/L N/A	0 2,282 0 2,282
	GDS Property: Computer - Reidel	5/28/19 _ =	N/A* 0	X X _	0 5 HY S/L	00 0
1 2 3 4	MACRS: Sign - Speedy Sign Sign - Speedy signs Sign - Meeting Dynamics Theater Seating The Repertoire Computers - Gullah Great Computers	1/23/18 12/21/17 7/14/18 12/31/14 4/30/15	980 980 695 20,000 525 23,180	X X X X X	910 7 HY S/L 770 7 HY S/L 596 7 HY S/L 10,000 7 HY S/L 262 5 HY S/L 12,538	70 130 210 110 99 85 12,913 1,429 368 53 13,660 1,807
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense Net Grand Totals	ers - =	25,462 0 0 25,462	-	12,538 0 0 12,538	13,660 4,089 0 0 0 0 13,660 4,089

^{*}Because this asset has 179 expense, its cost has been included in the Section 179 Property cost total

MITCHELVILL Mitchelville Preservation Project,

27-2308109

FYE: 12/31/2019

SC Asset Report Form 990, Page 1 12/01/2021 11:43 AM

Asset Description	Date In Service	Cost	Basis for Depr	SC Prior	SC Current	Federal Current	Difference Fed - SC
Section 179 Expense: 6 Computer - Reidel	5/28/19 _	2,282 2,282	N/A N/A	0	2,282 2,282	2,282 2,282	0
5-year GDS Property: 6 Computer - Reidel	5/28/19 _	N/A* 0	0 0	0 0	0	0	0
Prior MACRS: 1 Sign - Speedy Sign 2 Sign - Speedy signs 3 Sign - Meeting Dynamics 4 Theater Seating The Repertoire 5 Computers - Gullah Great Computers	1/23/18 12/21/17 7/14/18 12/31/14 4/30/15	980 980 695 20,000 525 23,180	980 980 695 20,000 525 23,180	70 210 99 12,913 368 13,660	140 140 99 2,857 105 3,341	130 110 85 1,429 53 1,807	-10 -30 -14 -1,428 -52 -1,534
Grand Totals Less: Dispositions Less: Start-up/Org Expense Net Grand Totals	- -	25,462 0 0 25,462	23,180 0 0 23,180	13,660 0 0 13,660	5,623 0 0 5,623	4,089 0 0 4,089	-1,534 0 0 -1,534

^{*}Because this asset has 179 expense, its cost has been included in the Section 179 Property cost total

MITCHELVILL Mitchelville Preservation Project,
27-2308109

Bonus Depreciation Report

12/01/2021 11:43 AM

Form 990, Page 1 FYE: 12/31/2019

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	Sign - Speedy Sign	1/23/18	980		0	0	70	910
2	Sign - Speedy signs	12/21/17	980		0	0	210	770
3	Sign - Meeting Dynamics	7/14/18	695		0	0	99	596
4	Theater Seating The Repertoire	12/31/14	20,000		0	0	10,000	10,000
	Computers - Gullah Great Computers	4/30/15	525		0	0	263	262
6	Computer - Reidel	5/28/19	2,282		2,282	0	0	0
		Grand Total	25,462		2,282	0	10,642	12,538

FYE: 12/31/2019

Form Unit Asset

All Business Activities

Tax

AMT Adjustments/ Preferences

AMT

12/01/2021 11:43 AM

There are no assets that meet the criteria of this report

Description

MITCHELVILL Mitchelville Preservation Project,

27-2308109

Federal Statements

12/1/2021 11:43 AM

FYE: 12/31/2019

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

Description	E	Total Expenses		Program Service	Management & General		Fund Raising	
Griot's Corner Coordinator MAGIC Facilitator Program Manager costs	\$	5,030 3,950 41,600	\$	5,030 3,950 41,600	\$		\$	
Total	\$	50,580	\$	50,580	\$	0	\$	0

MITCHELVILL Mitchelville Preservation Project, 27-2308109

FYE: 12/31/2019

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount		
1862 Campaign	\$	2,677	
Friends & Family		1,550	
Gifts in kind - rental space		6,900	
Board Pledges		14,000	
Corporate Contributions		1,822	
Individual Business Contributions		31,562	
Beaufort County			
Cash Contribution		20,000	
Town of Hilton Head			
Cash Contribution		145,103	
Women in Philanthropy		10.000	
Cash Contribution		13,000	
SC Dept. of Parks & Recreation Grant		165 000	
Cash Contribution		165,000	
Coastal Discovery Museum		100 000	
Paid wages of Executive Director		100,000	
Heritage Classic Foundation Cash Contribution		9,838	
Community Foundation of the LowCount		9,030	
Cash Contribution		26,330	
Blues and BBQ		20,330	
Cash Contribution		41,536	
Total	\$ <u></u>	579,318	

MITCHELVILL Mitchelville Preservation Project,

27-2308109

Federal Statements

12/1/2021 11:43 AM

FYE: 12/31/2019

Schedule A, Part II, Line 12 - Current year

Description		Amount
Griot's Corner Magic Leadership Program MPP Aniv. Forum Admissions Taxable Interest on Savings and Temporary Cash Investments Hats Blues and BBQ Juneteenth Archeology at Mitchelville Holiday Event	\$	30,088 30,000 2,324 1,429 30 44,025 15,783
Total	\$_	123,679

MITCHELVILL Mitchelville Preservation Project, 27-2308109 Federal Statements 12/1/2021 11:43 AM

27-2308109

FYE: 12/31/2019

Blues and BBQ

Other Direct Fundraising or Gaming Expenses

<i>F</i>	Amount
\$	4,043 1,256
\$	5,299
	\$ \$ \$

HMFP Board Meeting Minutes – June 21, 2023

Present – Omolola Campbell (Board Chair), Herbert Ford, Margot Brown, Bill Patterson, Erin Erenberg, Hester Hodde, Michael Tighe, Eric Washington, Myla Lerner, Ahmad Ward, Joyce Wright

Absent – Nancy Contel, Ray Werts, Kirsten Hotchkiss, Andrea Guess, Clinton Hallman, Grace Fernandez

Call to Order: Lola Campbell opened the meeting giving kudos Ahmad, Joyce and team for a wonderful Juneteenth weekend.

Motion for acceptance of May board meeting minutes, agenda and committee report that were submitted. It was moved, second and approved unanimous.

Chairperson Report – No new info.

Executive Director Report – Ahmad Ward

- \$922K request was approved from State of South Carolina
- HMFP will complete The Boeing Global Engagement/Community Investment application requesting \$100,000.
- Reminder Blue & BBQ is September 9th.
- Association of African American Museum Conference in Nashville will be July 26 -28th.
 E.D. invited madam chairperson to attend.
- GMS completed 1st payroll & benefits enrollment.
- International African American Museum opening ceremony July 24th; official opening of the galleries July 27th.
- Ghosted Structures/Church approved materials and 1st draft of contents for the interpretive panels have been compiled. Will keep board apprised.
- DNO insurance (unable to hear conversation); ED welcome feedback. EPLI is currently included.
- Suggested to contact Sen. Tom Davis and Rep. Jeff Bradley regarding Corp of Engineer delay or any roadblocks we may encounter.
- Hearth design to preserve hearth, we will place a covering so its visible; possibly do a ghost design beside it.
- Watterson Foundation donated \$1M over the next 5 years to HMFP.

Finance – Margot Brown

- 3 goals 1) hire Finance Director; 2) complete audit; 3) review our cash balance.
- Offer a sign-on bonus for potential Finance Director.

E.D. - asked for a motion to apply for 2024 ATAX funding.

It was moved, second and approved unanimous.

Governance Report – Eric Washington

- Committee met June 8, 2023.
- Reviewing board assessment questionnaire
- Combine roles of Nominating & Governance committee
- Establish a succession planning

Lola suggested we ask board members to volunteer for any committee roles.

Nomination Report – Herbert Ford

• Committee is looking to bring a potential younger person to the board. Herbert and ED will meet with her Friday, June 23rd.

Development Report – No report

Planning & Operations – No report

Marketing – Billy Watterson – No report

Old Business – None

New Business

Herbert Ford suggested having a staff member, specifically HMFP administrative assistant, to be the board secretary.

Meeting ended 5:17pm.

ATAX EFFECTIVENESS MEASUREMENT

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

* Actual spent refers to January through August 2023*

TOPIC	THE PLAN	BUDGET	ACTUAL SPENT	RESULTS When possible, provide planned results vs. actual results, and/or current year vs. prior year results .
Purchase strategic marke	eting management services			
Printing, Brand strategy, Media relations/ coordination, Website update, Defined branding effort for creation of Historic Mitchelville Freedom Park with new logo material. Updated cases for Westin exhibition.	Strategic marketing services, coordination of media partners for special events, market analysis, Creative Ads, Site maintenance and updating, Creation of promotional materials, new collateral pieces, specialized ads and displays for new logo and preparation Historic Mitchelville Freedom Park launch.	\$75,000	\$48,906	Strategic marketing for Freedom Day / Griot's Corner / Blue and BBQ, Finding Freedom's Home, MAGIC, New AYA logo branding Web Actions (profile visits and website clicks) - 763,314 visits - New and returning. Full page ads in Restaurant Guide / CH2 magazine / USA Today Black History Month periodical (Reach: 5 million people) Website updates for exploremitchelville.org and creation of promotional / organizational pieces for HMFP logo. Creation of updated exhibition cases for care of artifacts in the Finding Freedom's Home exhibition at the Westin.
Social Media	Maintenance and updating of social media: Facebook, Pinterest, Twitter and Blogs, surveys and data reports	\$30,000	\$10,500	Facebook Reach - 220,884 (up 2% from 2023) Instagram Reach 7,129 with a 98% increase in new followers from 2023.
Total		\$105,000	\$59,406	

ATAX EFFECTIVENESS MEASUREMENT

TOPIC	THE PLAN	BUDGET	ACTUAL SPENT	RESULTS When
				possible, provide planned results vs. actual results, and/or
				current year vs. prior year results .
Blues and BBQ, Juneteenth Celebration, Dawn of Freedom Tours Mitchelville Anniversary Forum, Promotion of Finding Freedom's Home exhibition Event Transportation (Juneteenth)	Event services, contractors, materials for tours/presentations, venue expenses, Event permitting, Juneteenth and group tours transportation.	\$ 65,000.00	\$60,000	Blues and BBQ took place in the Park with 350 people in attendance; Juneteenth Celebration - 1,400 people from 12 different states - Overall Juneteenth week 15% increase from 2022. Dawn of Freedom guided tours welcomed 600 people to HMFP. Tourists made up 58% of participation. Holiday Nights and Lights boasted 2,800 people in attendance over a three-day (six hours)period. The Finding Freedom's Home exhibition still reached 25,000 tourists as of August 30, 2023. The Anniversary Forum scheduled for October 25-26 will take the form of a film festival at the Coligny Theater. Expected
Total		\$ 65,000.00	\$60,000	attendance - 100.
Park site maintenance ar	nd updates			
Park site maintenance, Park updates Event Insurance, Liability		\$ 15,000.00	\$ 9,196.80	Maintenance of / Insurance for Historic Mitchelville Freedom Park. Enabled organization to protect the interests of Historic Mitchelville Freedom Park and our patrons. Most site

15,000.00 \$

9,196.80

maintenance scheduled for later part of year. Renewal for

General Liability / Event/ Terrorism Insurance

Total Budget to Actual \$185,000.00 \$128,603.26

\$

/Event Insurance

Total

DEPARTMENT OF THE TREASURY

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

Date: DEC 2 8 2010

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

27-2308109 DLN: 17053334377010 Contact Person: DEL TRIMBLE ID# 31309 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: Yes Effective Date of Exemption: April 14, 2010 Contribution Deductibility: Yes Addendum Applies:

Employer Identification Number:

Dear Applicant:

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

No

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

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