

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 permanent 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 Review Committee annual reporting requirements, **please classify your current grant request into the following authorized categories:**

1 - Destination Advertising/Promotion <i>Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity.</i>	57 %
2 - Tourism-Related Events <i>Promotion of the arts and cultural events.</i>	35 %
3 - Tourism-Related Facilities <i>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.</i>	8 %
4 - Tourism-Related Public Services <i>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.</i>	0 %
5 - Tourist Public Transportation <i>Tourist shuttle transportation.</i>	0 %
6 - Waterfront Erosion/Control/Repair <i>Control and repair of waterfront erosion.</i>	0 %
7 - Operation of Visitor Information Centers <i>Operating visitor information centers.</i>	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.

C. FUNDING:

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

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 organization's total annual funding.

<u>54%</u>	Government Sources	<u>26%</u>	Private Contributions, Donations and Grants
13%	Corporate Support, Sponsors	<u>2%</u>	Membership, Dues, Subscriptions
<u>5%</u>	Ticket Sales, or Sales and Services	_____	Other

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

Yes 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 upcoming fiscal year's **operating budget** for the organization.

Budget Provided: **Yes**

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

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

Previous fiscal year Profit Loss Reports Provided:

2022- Previous FY 1

2021- Previous FY 2

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

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

Previous fiscal year Balance Sheets Provided:

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

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

F. MEASURING EFFECTIVENESS:

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

The 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:

Historic Mitchelville Freedom Park

2024

REVENUES

Grants (Regional)	256,000
Donations / Citizenships (membership)	300,000
Management Agreement - TOHH	105,000
Grants (Organizational)	142,500
Program Income	50,000
Individual Business Contributions & Sponsorships	
Corporate Sponsorship	100,000
Board Pledges---2024--16 members at \$1,000	16,000
Gifts-in-kind--Rental Space MPP Offices	14,000
Miscellaneous Revenue (tours, etc.)	7,000
Investment Income	
Interest - CD	1,500

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
Promotion of Master Plan (print, displays, direct marketing)	20,000
Benefits (Insurance / 401k / Dental / Vision / Life)	20,000
Payroll Taxes	16,000
Park maintenance & updates	15,000
Accounting fees	15,000
Trash removal (Park)	15,000
Misc. Indirect Program Costs	15,000
Rent, Parking & Utilities HMFP Offices	14,000
Donor software and associated costs	10,000
Conferences/Natl. Meetings/Workshops	10,000
Educational Outreach/Curriculum Dev.	8,000
Property / Terrorism / Liability Insurance	8,000
Group Management Systems Adminstrative Costs	8,000
Bookkeeping fees	7,000
Social Security / Medicare	7,000
Project travel costs	6,000
Hospitality	6,000
Dues / Memberships and Subscriptions	5,000
Park Utilities	5,000
Interest Expense / Service Charges	4,500
Depreciation and amortization	4,000
Technology upgrades for Project	3,500
Event Transportation	3,000

Legal Counsel	3,000	
Rotary fees	2,500	
Organizational Supplies	2,500	
Storage	2,300	
Web site hosting	2,000	
Printing and Copying Expenses	2,000	
Postage, Mailing Service	1,500	
Board Retreat / Training	1,500	
Constant Contact	1,100	
County Property Tax	700	
Professional Fees - Chamber of Commerce	500	
Online Payment System Fees	500	
Admin Fees - Community Foundation	400	
PayPal fees	400	
Total	992,000	
Revenue Over (Under)	0	

Historic Mitchelville Freedom Park

Statement of Activity

January 1 - August 30, 2023

	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	

Historic Mitchelville Freedom Park

Statement of Activity

January 1 - August 30, 2023

	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

Historic Mitchelville Freedom Park

Statement of Activity

January 1 - August 30, 2023

	TOTAL
Total 63000 Payroll Expenses	92,909.30
Constant Contact	619.94
Reconciliation Discrepancies	-1,749.06
Total 60000 MANAGEMENT & ADMINISTRATION	240,363.21
70000 FUNDRAISING EXPENSES	
70050 Blues and BBQ Marketing	1,820.00
70100 Blues and BBQ Operations	27,054.59
70150 Compass Group - Fundraising Exp	70,000.00
70200 Fundraising Event Exp - Hosp/Misc	479.90
Total 70000 FUNDRAISING EXPENSES	99,354.49
71000 PROGRAM SERVICES EXPENSE	
71110 Archaeology Project	9,782.21
71120 Educational Outreach/Curriculum Dev	7,200.34
71130 Misc Indirect Program Costs	10,059.37
Hospitality	896.41
Total 71130 Misc Indirect Program Costs	10,955.78
71200 Program Marketing	
71210 Freedom Day Marketing	8,785.00
71220 Griot's Corner Marketing	4,744.21
71230 History Hike Marketing	120.00
71240 Holiday/Tree Lighting Marketing	25,071.61
71250 Juneteenth Marketing	39,979.51
71260 MAGIC Marketing	64.08
71270 Mitchelville Anniversary Forum Marketing	1,000.00
71300 General Project Marketing	40,532.59
71400 Master Plan Marketing	35,747.32
Total 71200 Program Marketing	156,044.32
71500 Program Costs	
71520 Freedom Day	17,725.00
71530 Griot's Corner Expense	1,027.93
71540 History Hike	621.92
71550 Holiday Event	-240.01
71560 Juneteenth Celebration	79,293.50
Juneteenth Celebration - Performance	4,600.00
Total 71560 Juneteenth Celebration	83,893.50
71570 MAGIC Expense	1,455.08
71580 MPP Anniversary Forum Expenses	-300.00
Total 71500 Program Costs	104,183.42
Total 71000 PROGRAM SERVICES EXPENSE	288,166.07
Ask My Accountant	-9,483.54
Capital Expense	261,041.09
Total Expenditures	\$879,441.32
NET OPERATING REVENUE	\$2,639,532.53

Historic Mitchelville Freedom Park

Statement of Activity

January 1 - August 30, 2023

	TOTAL
NET REVENUE	\$2,639,532.53

Historic Mitchelville Freedom Park

Statement of Activity

January - December 2022

	TOTAL
Revenue	
CONTRIBUTIONS, GIFTS & GRANTS	
Archaeology Project Contributions	42,509.75
Contributions - Individual & Business	
Board Pledges	6,275.00
Corporate Contributions	46,900.00
Donations & Memberships - Individuals	145,403.94
Total Contributions - Individual & Business	198,578.94
Direct Public Grants	
Misc Public Grants	57,500.00
Total Direct Public Grants	57,500.00
Direct Public Support	
Gifts in Kind - Rental Space	7,000.08
MOU with TOHH for 2021	105,000.00
MOU with Town Of HHI	105,000.00
Total Direct Public Support	217,000.08
Government Grants	
SC Parks and Recreation Grants	31,000.00
TOHH - ATAX 2022	131,255.08
TOHH A-Tax 2021	4,577.82
Total Government Grants	166,832.90
Total CONTRIBUTIONS, GIFTS & GRANTS	682,421.67
FUNDRAISING INCOME	
Capital Campaign	97,850.00
Total FUNDRAISING INCOME	97,850.00
INVESTMENT INCOME	
Interest - SouthState Checking	234.44
Total INVESTMENT INCOME	234.44
PROGRAM INCOME	1,000.00
Admission/Ticket Sales Revenue	12,281.49
Tour & Special Events Revenue	417.00
Total PROGRAM INCOME	13,698.49
Restricted Donation	50,000.00
Total Revenue	\$844,204.60
GROSS PROFIT	\$844,204.60
Expenditures	
FUNDRAISING EXPENSES	
Blues and BBQ Marketing	4,426.00
Blues and BBQ Operating Expense	46,439.13
Compass Group	192,500.00
Grant Writing Expense	100.00
Total FUNDRAISING EXPENSES	243,465.13

Historic Mitchelville Freedom Park

Statement of Activity

January - December 2022

	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

Historic Mitchelville Freedom Park

Statement of Activity

January - December 2022

	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
Total Expenditures	\$842,334.84
NET OPERATING REVENUE	\$1,869.76
NET REVENUE	\$1,869.76

Historic Mitchelville Freedom Park

Statement of Activity

January - December 2021

	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			

Historic Mitchelville Freedom Park

Statement of Activity

January - December 2021

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

Historic Mitchelville Freedom Park

Statement of Activity

January - December 2021

	TOTAL		
	JAN - DEC 2021	JAN - DEC 2020 (PY)	CHANGE
Museum Associations/Orgs	1,000.00		1,000.00
Rotary Fees	920.00		920.00
Total Dues and Subscriptions	2,711.85	3,162.00	-450.15
Facilities and Equipment			
Depr and Amort - Allowable	3,692.04	1,758.00	1,934.04
Donated Facilities	7,000.08	7,000.00	0.08
Park Lease	4.00		4.00
Park Maintenance & Updates	14,388.00	14,867.58	-479.58
Park Updates (deleted)	28,125.00		28,125.00
Park Utilities	525.00		525.00
Storage	527.00	413.62	113.38
Total Facilities and Equipment	54,261.12	24,039.20	30,221.92
Insurance Expense			
Liability/Event/Terrorism Insurance	540.00	540.00	0.00
Property Insurance	6,896.84	5,592.22	1,304.62
Total Insurance Expense	7,436.84	6,132.22	1,304.62
Misc/Indirect Program Expense		302.34	-302.34
Office/Organizational Supplies	612.61		612.61
Other Types of Expenses			
Marketing	16,558.39	24,360.50	-7,802.11
Marketing Project Mgmt	14,300.00		14,300.00
Marketing Supplies	818.55	76.86	741.69
Media Buy Radio/TV (deleted)		1,000.00	-1,000.00
Social Media (deleted)		10,740.00	-10,740.00
Strategic Planning		4,500.00	-4,500.00
Total Marketing	31,676.94	40,677.36	-9,000.42
Membership (deleted)		170.00	-170.00
Other Costs			
All Other Expenses			
Supplies	168.54	1,375.40	-1,206.86
Total All Other Expenses	168.54	1,375.40	-1,206.86
Travel and Meetings (deleted)		307.73	-307.73
Total Other Costs	168.54	1,683.13	-1,514.59
Telephone, Telecommunications (deleted)		692.25	-692.25
Total Other Types of Expenses	31,845.48	43,222.74	-11,377.26
Outside Services	12,720.64		12,720.64
Accountant	16,233.25	12,491.35	3,741.90
Audit/Review Expense (deleted)	8,115.00		8,115.00
Fundraising Fees	210,000.00	17,500.00	192,500.00
Legal Fees	418.09	345.83	72.26
Total Outside Services	247,486.98	30,337.18	217,149.80

Historic Mitchelville Freedom Park

Statement of Activity

January - December 2021

	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	-228.00
Website (deleted)		228.00	-228.00
Total Website		456.00	-456.00
Total MANAGEMENT & ADMINISTRATION	530,641.92	288,338.20	242,303.72
PROGRAM SERVICES EXPENSE			
Archaeology Project	61,842.46	59,180.29	2,662.17
Educational Outreach/Curriculum Dev	7,146.14	5,420.00	1,726.14
Freedom Day	300.00	3,381.76	-3,081.76
Entertainment	4,900.00	182.41	4,717.59
Staging (deleted)		7,808.00	-7,808.00
Total Freedom Day	5,200.00	11,372.17	-6,172.17
Griot's Corner Expense	246.43	2,523.77	-2,277.34
Holiday Event	-1,683.00	21,149.48	-22,832.48
Juneteenth Celebration	4,751.63	1,500.00	3,251.63
Juneteenth Celebration - Merchandise (deleted)	1,764.14		1,764.14
Juneteenth Celebration - Performance	19,685.06	5,300.00	14,385.06
Juneteenth Celebration-Staging Park	15,532.33	1,875.00	13,657.33
Total Juneteenth Celebration	41,733.16	8,675.00	33,058.16
Miscellaneous Indirect Program Costs		464.00	-464.00
Hospitality	397.88	347.46	50.42
Reenactments and Tours	400.00	200.00	200.00
Supplies	183.17	1,389.04	-1,205.87
Total Miscellaneous Indirect Program Costs	981.05	2,400.50	-1,419.45
MPP Anniversary Forum Expenses	3,200.00	3,300.00	-100.00
Program Marketing	167.76	10,925.00	-10,757.24
Anniversary Forum Marketing		3,000.00	-3,000.00
Freedom Day Marketing	4,700.00		4,700.00
General Project Marketing	8,150.00	6,977.28	1,172.72
Griot's Corner Marketing	2,250.00	6,450.00	-4,200.00
Holiday/Tree Lighting Marketing	24,138.00		24,138.00
Juneteenth Marketing	26,834.13	24,575.00	2,259.13

Historic Mitchelville Freedom Park

Statement of Activity

January - December 2021

	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

Historic Mitchelville Freedom Park

Statement of Financial Position

As of August 30, 2023

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
10100 Coastal States CD	170,586.35
10200 Comm Found of the Lowcountry	128,890.07
10300 Paypal Account	87.50
10400 South State Bank	200,074.41
10500 South State Capital Acct	2,000.00
10600 South State Sweep Acct	2,762,713.35
Total Bank Accounts	\$3,264,351.68
Accounts Receivable	
Pledge Receivable - Blues and BBQ	0.00
Pledge Receivables	
11200 Pledges Receivable - CFoLC	0.00
Unrestricted Board Pledge 2017	0.00
Unrestricted Board Pledges 2019	0.00
Unrestricted Board Pledges 2020	0.00
Unrestricted Board Pledges Receivable 2021	0.00
MOU TOHH 2021	5,000.00
Total Unrestricted Board Pledges Receivable 2021	5,000.00
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	0.00
Prepaid Expenditures-Blues and BBQ	0.00
Prepaid Blues and BBQ-Advertising	0.00
Prepaid Blues and BBQ-Band	0.00
Prepaid Blues and BBQ-Staging Park	0.00
Total Prepaid Expenditures-Blues and BBQ	0.00
Prepaid Expenditures-Juneteenth	0.00
Prepaid Juneteenth Expense	0.00
Prepaid Juneteenth Marketing Expense	0.00
Total Prepaid Expenditures-Juneteenth	0.00
Prepaid Holiday Event	0.00
Total Prepaid Expenditures	0.00
Prepaid Property Insurance	0.00
TOHH A-Tax Receivable	185,000.00
Uncategorized Asset	0.00
Total Other Current Assets	\$290,000.00
Total Current Assets	\$3,559,351.68
Fixed Assets	

Historic Mitchelville Freedom Park

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

Historic Mitchelville Freedom Park

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	

Historic Mitchelville Freedom Park

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	0.00
With Donor Restrictions	
Breedlove Grant	0.00
Total With Donor Restrictions	0.00
Total Unearned or Deferred Revenue	0.00
Wages Payable	0.00
Total Other Current Liabilities	\$10,991.05
Total Current Liabilities	\$10,991.05
Total Liabilities	\$10,991.05
Net Assets	
Net Assets With Donor Restrictions	69,795.48
Net Assets Without Donor Restrictions	906,770.02
Net Revenue	1,869.76
Total Net Assets	\$978,435.26
TOTAL LIABILITIES AND EQUITY	\$989,426.31

Historic Mitchelville Freedom Park

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			
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

Historic Mitchelville Freedom Park

Statement of Financial Position

As of December 31, 2021

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

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Mitchelville Preservation Project, Inc.		D Employer identification number 27-2308109
	Doing business as Historic Mitchelville Preservation		E Telephone number 843-255-7300
	Number and street (or P.O. box if mail is not delivered to street address) PO Box 21758		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code HILTON HEAD ISLAND SC 29925		G Gross receipts \$ 654,188
F Name and address of principal officer: Ahmad Ward			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: ▶ WWW.EXPLOREMITCHELVILLE.ORG	H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 2010	M State of legal domicile: SC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O	
	2 Check this box <input type="checkbox"/> 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
	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)	40
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 1,099,708 Current Year: 628,626
	9 Program service revenue (Part VIII, line 2g)	Prior Year: 22,075 Current Year: 24,065
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	Prior Year: 5,274 Current Year: 1,457
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Prior Year: -3,240 Current Year: -5,459
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year: 1,123,817 Current Year: 648,689
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	Prior Year: Current Year: 0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	Prior Year: Current Year: 0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	Prior Year: 144,109 Current Year: 150,576
	16a Professional fundraising fees (Part IX, column (A), line 11e)	Prior Year: 17,500 Current Year: 210,000
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 225,572	Prior Year: Current Year:
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	Prior Year: 315,046 Current Year: 378,987
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	Prior Year: 476,655 Current Year: 739,563	
19 Revenue less expenses. Subtract line 18 from line 12	Prior Year: 647,162 Current Year: -90,874	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 1,095,484 End of Year: 987,556
	21 Total liabilities (Part X, line 26)	Beginning of Current Year: 28,048 End of Year: 10,994
	22 Net assets or fund balances. Subtract line 21 from line 20	Beginning of Current Year: 1,067,436 End of Year: 976,562

Part II Signature Block

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

Sign Here	Signature of officer Ahmad Ward	Date
	Type or print name and title Key Employee	

Paid Preparer Use Only	Print/Type preparer's name David E Williams, CPA	Preparer's signature David E Williams, CPA	Date 06/22/22	Check <input type="checkbox"/> if self-employed	PTIN P01510199
	Firm's name ▶ David E. Williams C.P.A., LLC		Firm's EIN ▶ 46-1684469		
	Firm's address ▶ 840 William Hilton Pkwy Ste B Hilton Head, SC 29928-3434		Phone no. 843-715-9568		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

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

4a (Code:) (Expenses \$ **66,883** including grants of \$) (Revenue \$)

Juneteenth is the oldest known celebration to recognize the end of slavery. It was on June 19, 1865 when union officer Major General Gordon Granger arrived at Galveston, Texas with news that the war had ended and all slaves were now free. MPP hosts its annual Juneteenth celebration in Historic Mitchelville Freedom Park. This program highlights the park and features stage performances and cultural programming that gives visitors a unique look at Historic Mitchelville. It promotes African American culture, history, and education featuring traditional music, art, crafts, food and live performances.

4b (Code:) (Expenses \$ **61,842** including grants of \$) (Revenue \$)

See Schedule O

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

Holiday Event - Community event for the entire family to kick off the holiday season with entertainment and refreshments near the big oak tree in Historic Mitchelville Freedom Park

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

(Expenses \$ **181,089** including grants of \$) (Revenue \$)

4e Total program service expenses **309,814**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		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		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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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		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		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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	16	
1b	Enter the number of voting members included on line 1a, above, who are independent	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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	X	
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?		X
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SC**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **►**

Melody Irvin **PO Box 21758** **SC 29925** **843-255-7300**
Hilton Head Island

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Ahmad Ward	40.00									
Key Employee	0.00			X			100,000	0	0	
(2) Jamie Berndt	2.00									
Director	0.00	X					0	0	0	
(3) Margot Brown	2.00									
Director	0.00	X					0	0	0	
(4) Ochieng Ubri Campbell	4.00									
Director	0.00	X					0	0	0	
(5) Carlton Dallas	2.00									
Director	0.00	X					0	0	0	
(6) Herbert Ford	2.00									
Director	0.00	X					0	0	0	
(7) Hester Hodde	2.00									
Director	0.00	X					0	0	0	
(8) Kirsten Hotchkiss	2.00									
Director	0.00	X					0	0	0	
(9) Didi Summers, PHD	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	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Raymond Werts Director	2.00 0.00	X						0	0	0
(13) Lola Campbell Vice Chairperson	4.00 0.00			X				0	0	0
(14) Melody Irvin Treasurer	4.00 0.00			X				0	0	0
(15) Thomas C Barnwell Jr. Chairman Emeritus	2.00 0.00			X				0	0	0
(16) Gloria Holmes, PHD Secretary	4.00 0.00			X				0	0	0
(17) Shirley Peterson Chairperson	4.00 0.00			X				0	0	0
1b Subtotal								100,000		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								100,000		

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	21,601					
	d Related organizations	1d						
	e Government grants (contributions)	1e	249,732					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	357,293					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			628,626				
	Program Service Revenue	2a Juneteenth	Business Code		19,245	19,245		
b Griot's Corner				4,000	4,000			
c Reenactments & Tours				820	820			
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				24,065				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,457	1,457			
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real	(ii) Personal				
			b Less: rental expenses	6b				
			c Rental inc. or (loss)	6c				
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			b Less: cost or other basis and sales exps.	7b				
			c Gain or (loss)	7c				
	d Net gain or (loss)							
	8a Gross income from fundraising events (not including \$ 21,601 of contributions reported on line 1c). See Part IV, line 18	8a			40			
			b Less: direct expenses	8b	5,499			
	c Net income or (loss) from fundraising events			-5,459				
	9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses			9b					
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	10a							
		b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11a	Business Code						
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions			648,689	25,522	0	0		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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):				
a Management				
b Legal	418		418	
c Accounting	24,348		24,348	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	210,000			210,000
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	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				
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				
19 Conferences, conventions, and meetings	4,370	2,244	2,126	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,669	1,669		
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.)				
a Archaeology Project	61,842	61,842		
b Juneteenth Event	40,049	40,049		
c Educational Outreach	7,146	7,146		
d Freedom Day	5,200	5,200		
e All other expenses	4,077	4,077		
25 Total functional expenses. Add lines 1 through 24e	739,563	309,814	204,177	225,572
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	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, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2,316	9	1,316
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 25,462		
	b	Less: accumulated depreciation	10b 21,176	10c	4,286
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	10,000	15	10,000
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,095,484	16	987,556	
Liabilities	17	Accounts payable and accrued expenses	13,237	17	10,994
	18	Grants payable		18	
	19	Deferred revenue	14,811	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	28,048	26	10,994
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	1,067,436	27	976,562
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	1,067,436	32	976,562
33	Total liabilities and net assets/fund balances	1,095,484	33	987,556	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	648,689
2	Total expenses (must equal Part IX, column (A), line 25)	2	739,563
3	Revenue less expenses. Subtract line 2 from line 1	3	-90,874
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,067,436
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	976,562

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2021

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization

**Mitchelville Preservation Project,
Inc.**

Employer identification number

27-2308109

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	212,234	372,045	586,218	1,099,708	628,626	2,898,831
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	105	624	1,429			2,158
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		730	30			760
11 Total support. Add lines 7 through 10						2,901,749

12 Gross receipts from related activities, etc. (see instructions) 12 178,090

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	99.90 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.88 %

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
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						
c 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "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.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>			
2 Activities Test. <i>Answer lines 2a and 2b below.</i>			
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? <i>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.</i>			
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? <i>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.</i>			
2b			
3 Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
3b			

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2021 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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

Part II, Line 10 - Other Income Detail

\$ 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

2021

Open to Public Inspection

Name of the organization

Mitchelville Preservation Project, Inc.

Employer identification number

27-2308109

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, and questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and monitoring details.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ %
- b** Permanent endowment ▶ %
- c** Term endowment ▶ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		25,462	21,176	4,286
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,286

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

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**SCHEDULE G
(Form 990)**

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

**Mitchelville Preservation Project,
Inc.**

Employer identification number

27-2308109

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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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? Yes No

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.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 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.

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Blues and BBQ</u> (event type)	_____ (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	21,641		21,641
	2	Less: Contributions	21,601		21,601
	3	Gross income (line 1 minus line 2)	40		40
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	5,499		5,499
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-5,459

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

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

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:
a The organization's facility

13a	%
-----	---

b An outside facility

13b	%
-----	---

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name ►
Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
c If "Yes," enter name and address of the third party:
Name ►
Address ►

16 Gaming manager information:
Name ►
Gaming manager compensation ► \$
Description of services provided ►
 Director/officer Employee Independent contractor

17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**

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

Mitchelville Preservation Project,

27-2308109

Archeology at Mitchelville Exhibition. In the fall of 1862, Major General Ornsby Mitchel, Commander of the Department of the South at Hilton Head Island, ordered the construction of a freedman's town to serve as a new home for thousands of former slaves who flocked to the island after it fell to union forces in November 1861. Mitchelville was more than a refugee 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

Name of the organization

Employer identification number

Mitchelville Preservation Project,

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 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 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

Name of the organization

Employer identification number

Mitchelville Preservation Project,

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

Name of the organization

Employer identification number

Mitchelville Preservation Project,

27-2308109

inspection.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

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

OMB No. 1545-0172

2021

Attachment Sequence No. **179**

Name(s) shown on return **Mitchelville Preservation Project, Inc.**

Identifying number
27-2308109

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,050,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	2,282
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	0
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	2,282

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

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

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

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	1,669
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,669
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2021)

DAA

There are no amounts for Page 2

27-2308109

Federal Asset Report

FYE: 12/31/2021

Form 990, Page 1

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

27-2308109

Bonus Depreciation Report

FYE: 12/31/2021

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
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
5	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			<u>25,462</u>		<u>0</u>	<u>0</u>	<u>11,245</u>	<u>11,935</u>

Depreciation Adjustment Report

All Business Activities

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

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ <u>1,457</u>					
Total	\$ <u><u>1,457</u></u>					

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	\$ 6,000	\$ 6,000	\$	\$
Payroll processing fees	1,186	1,186		
Grant writing	10,400	10,400		
Outside Services	12,721	12,721		
Total	\$ 30,307	\$ 30,307	\$ 0	\$ 0

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

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

Federal Statements

Schedule A, Part II, Line 1(e)

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

Schedule A, Part II, Line 12 - Current year

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

Federal Statements**Blues and BBQ****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
Direct expenses	\$ 1,669
Marketing	<u>3,830</u>
Total	<u>\$ 5,499</u>

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 Beginning of Year 420,274

Revenue

Contributions	<u>1,099,708</u>	
Program service revenue	<u>22,075</u>	
Investment income	<u>5,274</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>1,500</u>	
Direct expenses	<u>4,740</u>	
Net income	<u>-3,240</u>	
Other income	<u>0</u>	
Total revenue		<u>1,123,817</u>

Expenses

Program services	<u>290,250</u>	
Management and general	<u>158,158</u>	
Fundraising	<u>28,247</u>	
Total expenses		<u>476,655</u>
Excess / (deficit)		<u>647,162</u>

Changes _____

Net Asset / Fund Balance at End of Year 1,067,436

Reconciliation of Revenue

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u>1,123,817</u>

Reconciliation of Expenses

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u>476,655</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>599,332</u>	<u>1,095,484</u>	
Liabilities	<u>179,058</u>	<u>28,048</u>	
Net assets	<u>420,274</u>	<u>1,067,436</u>	<u>647,162</u>

Miscellaneous Information

Amended return _____
Return / extended due date 05/17/21
Failure to file penalty _____

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Form 8879-EO

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

2020

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

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

Taxpayer identification number 27-2308109

Name and title of officer or person subject to tax Ahmad Ward Executive Director

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from 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.

Table with 2 columns: Line number and description, and Amount. Line 1a: Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1,123,817

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

Under penalties of perjury, I declare that [X] I am an officer of the above organization or [] I am a person subject to tax with respect to (name of organization), (EIN) and that I have examined a copy 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.

PIN: check one box only

[X] I authorize David E. Williams C.P.A., LLC to enter my PIN 52565 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 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.

Signature of officer or person subject to tax Date 11/12/21

Part III Certification and Authentication

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

57839707134 Do not enter all zeros

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

ERO's signature David E Williams, CPA Date 11/12/21

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 **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Mitchelville Preservation Project, Inc.		D Employer identification number 27-2308109
	Doing business as Historic Mitchelville Preservation		E Telephone number 843-255-7300
	Number and street (or P.O. box if mail is not delivered to street address) PO Box 21758		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code HILTON HEAD ISLAND SC 29925		G Gross receipts \$ 1,128,557

F Name and address of principal officer:
Ahmad Ward
PO Box 21758
Hilton Head Island SC 29925

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.EXPLOREMITCHELVILLE.ORG**

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **2010** **M** State of legal domicile: **SC**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O			
	2 Check this box <input type="checkbox"/> 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)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11			
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year 579,318	Current Year 1,099,708
	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
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		26,652	-3,240
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		685,594	1,123,817
	Expenses	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)			0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		100,000	144,109	
16a Professional fundraising fees (Part IX, column (A), line 11e)			17,500	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 28,247				
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		346,103	315,046	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		446,103	476,655	
19 Revenue less expenses. Subtract line 18 from line 12		239,491	647,162	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year 599,332	End of Year 1,095,484
	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

Part II Signature Block

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

Sign Here Signature of officer: **Ahmad Ward** Date: _____
 Type or print name and title: **Executive Director**

Paid Preparer Use Only

Print/Type preparer's name David E Williams, CPA	Preparer's signature David E Williams, CPA	Date 11/29/21	Check <input type="checkbox"/> if self-employed	PTIN P01510199
Firm's name ▶ David E. Williams C.P.A., LLC		Firm's EIN ▶ 46-1684469		
Firm's address ▶ 840 William Hilton Pkwy Ste B Hilton Head, SC 29928-3434		Phone no. 843-715-9568		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

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

4a (Code:) (Expenses \$ **33,250** including grants of \$) (Revenue \$)

Juneteenth is the oldest known celebration to recognize the end of slavery. It was on June 19, 1865 when union officer Major General Gordon Granger arrived at Galveston, Texas with news that the war had ended and all slaves were now free. MPP hosts its annual Juneteenth celebration in Historic Mitchelville Freedom Park. This program highlights the park and features stage performances and cultural programming that gives visitors a unique look at Historic Mitchelville. It promotes African American culture, history, and education featuring traditional music, art, crafts, food and live performances.

4b (Code:) (Expenses \$ **59,180** including grants of \$) (Revenue \$)

See Schedule O

4c (Code:) (Expenses \$ **21,149** including grants of \$) (Revenue \$)

Holiday Event - Community event for the entire family to kick off the holiday season with entertainment and refreshments near the big oak tree in Historic Mitchelville Freedom Park

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

(Expenses \$ **176,671** including grants of \$) (Revenue \$ **22,075**)

4e Total program service expenses **290,250**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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		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		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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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		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		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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	16	
b	Enter the number of voting members included on line 1a, above, who are independent	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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?		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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SC**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **►**

Melody Irvin PO Box 21758
Hilton Head Island SC 29925 843-255-7300

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.

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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) James Berndt	5.00									
Director	0.00	X					0	0	0	
(2) Charles Bogguess	5.00									
Director	0.00	X					0	0	0	
(3) Margot Brown	2.00									
Director	0.00	X					0	0	0	
(4) Lola Campbell	4.00									
Director	0.00	X					0	0	0	
(5) Ochieng Ubri Campbell	1.00									
Director	0.00	X					0	0	0	
(6) Herbert Ford	4.00									
Director	0.00	X					0	0	0	
(7) Kirsten Hotchkiss	4.00									
Director	0.00	X					0	0	0	
(8) Didi Summers, PHD	2.00									
Director	0.00	X					0	0	0	
(9) Anna Ponder PhD	2.00									
Director	0.00	X					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	

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Charles Curl	5.00									
Vice Chairperson	0.00			X			0	0	0	
(13) Melody Irvin	4.00									
Treasurer	0.00			X			0	0	0	
(14) Thomas C Barnwell Jr.	2.00									
Chairman Emeritus	0.00			X			0	0	0	
(15) Gloria Holmes, PHD	4.00									
Secretary	0.00			X			0	0	0	
(16) Shirley Peterson	13.00									
Chairperson	0.00			X			0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	941,179				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	158,529				
	g Noncash contributions included in lines 1a-1f	1g	\$ 50,000				
	h Total. Add lines 1a-1f			1,099,708			
Program Service Revenue	2a Griot's Corner	Business Code		20,000	20,000		
	b Reenactments & Tours			1,575	1,575		
	c Freedom Day			500	500		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			22,075			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			5,274	5,274		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real	(ii) Personal			
		b Less: rental expenses	6b				
		c Rental inc. or (loss)	6c				
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
		b Less: cost or other basis and sales exps.	7b				
		c Gain or (loss)	7c				
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a			1,500		
		b Less: direct expenses	8b			4,740	
c Net income or (loss) from fundraising events				-3,240			
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			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 columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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		
10 Payroll taxes	6,497	6,497		
11 Fees for services (nonemployees):				
a Management				
b Legal	346		346	
c Accounting	12,491		12,491	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	17,500			17,500
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	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				
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				
19 Conferences, conventions, and meetings	2,970	1,525	1,445	
20 Interest				
21 Payments to affiliates				
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.)				
a Archaeology Project	59,180	59,180		
b Holiday Event	21,149	21,149		
c Travel	11,797	11,797		
d Freedom Day	11,372	11,372		
e All other expenses	22,320	22,320		
25 Total functional expenses. Add lines 1 through 24e	476,655	290,250	158,158	28,247
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	352,170	1	88
	2	Savings and temporary cash investments	165,000	2	995,762
	3	Pledges and grants receivable, net	64,449	3	81,363
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	2,316
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	25,462		
	10b	Less: accumulated depreciation	19,507	10c	5,955
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	10,000	15	10,000
16	Total assets. Add lines 1 through 15 (must equal line 33)	599,332	16	1,095,484	
Liabilities	17	Accounts payable and accrued expenses	9,058	17	13,237
	18	Grants payable		18	
	19	Deferred revenue	170,000	19	14,811
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	179,058	26	28,048
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	420,274	27	1,067,436
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	420,274	32	1,067,436
33	Total liabilities and net assets/fund balances	599,332	33	1,095,484	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,123,817
2	Total expenses (must equal Part IX, column (A), line 25)	2	476,655
3	Revenue less expenses. Subtract line 2 from line 1	3	647,162
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	420,274
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	1,067,436

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

Name of the organization

Mitchelville Preservation Project, Inc.

Employer identification number

27-2308109

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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

Section B. Total Support

Calendar 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	99.88 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	99.79 %

16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar 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						
c 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "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.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2 Activities Test. <i>Answer lines 2a and 2b below.</i>		
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? <i>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.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
2b		
3 Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

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

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

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

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

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required— <i>explain in Part VI</i>). 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.			
4 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.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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

Part II, Line 10 - Other Income Detail

\$ 760

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2020

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

Name of the organization Mitchelville Preservation Project, Inc.	Employer identification number 27-2308109
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Organization type (check one):

- | | | |
|--------------------|---|--|
| Filers of: | Section: | |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization | |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | <input type="checkbox"/> 527 political organization | |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation | |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation | |

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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 ▶ \$

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

Name of organization

Mitchelville Preservation Project,

Employer identification number

27-2308109

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Town of Hilton Head One Town Center Court Hilton Head Island SC 29928	\$ 200,179	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SC Dept. of Parks & Recreation Grant 1205 Pendleton St, Columbia SC 29201	\$ 725,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Coastal Discovery Museum 70 Honey Horn Drive Hilton Head Island SC 29926	\$ 50,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	Jamie Berndt/Eric Wojcikiewicz 149 Mooring Bouy Hilton Head Island SC 29928	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Mitchelville Preservation Project,	Employer identification number 27-2308109
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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
3	Paid wages of Executive Director	\$ 50,000	06/30/20
		\$
		\$
		\$
		\$
		\$
		\$
		\$

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

2020

Open to Public Inspection

Name of the organization

Mitchelville Preservation Project, Inc.

Employer identification number

27-2308109

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 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. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ %
- b** Permanent endowment ▶ %
- c** Term endowment ▶ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		25,462	19,507	5,955
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,955

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

Name of the organization **Mitchelville Preservation Project, Inc.**

Employer identification number
27-2308109

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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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? Yes No

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.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	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)				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
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)					

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain:

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c** If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

- 17** Mandatory distributions:
 - a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ 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.

Name of the organization

**Mitchelville Preservation Project,
Inc.**

Employer identification number

27-2308109

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	1	50,000	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2020

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

**Mitchelville Preservation Project,
Inc.**

Employer identification number

27-2308109**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, resistance 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

Mitchelville Preservation Project,

27-2308109

Archeology at Mitchelville Exhibition. In the fall of 1862, Major General Ornsby Mitchel, Commander of the Department of the South at Hilton Head Island, ordered the construction of a freedman's town to serve as a new home for thousands of former slaves who flocked to the island after it fell to union forces in November 1861. Mitchelville was more than a refugee 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

Name of the organization

Mitchelville Preservation Project,

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

Name of the organization

Employer identification number

Mitchelville Preservation Project,

27-2308109

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

Name of the organization

Employer identification number

Mitchelville Preservation Project,

27-2308109

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The organization makes its documents required to be available for public inspection.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

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

OMB No. 1545-0172

2020

Attachment Sequence No. **179**

Name(s) shown on return **Mitchelville Preservation Project, Inc.**

Identifying number
27-2308109

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,040,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	2,282
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	0
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	2,282

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

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

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

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	1,758
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,758
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2020)

DAA

27-2308109

Federal Asset Report

FYE: 12/31/2020

Form 990, Page 1

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

27-2308109

SC Asset Report

FYE: 12/31/2020

Form 990, Page 1

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

27-2308109

Bonus Depreciation Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
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
5	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			<u>25,462</u>		<u>0</u>	<u>0</u>	<u>10,967</u>	<u>12,213</u>

Depreciation Adjustment Report

All Business Activities

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

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

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

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	\$ 7,200	\$ 7,200	\$	\$
Program Manager costs	8,000	8,000		
Payroll processing fees	71	71		
Grant writing	3,750	3,750		
Total	\$ 19,021	\$ 19,021	\$ 0	\$ 0

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

Description	Total Expenses	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

Federal Statements

Schedule A, Part II, Line 1(e)

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

Schedule A, Part II, Line 12 - Current year

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

Federal Statements

Blues and BBQ

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
Direct expenses	\$
Marketing	
Total	\$ <u>0</u>

Forms 990 / 990-EZ Return Summary

For calendar year 2019, or tax year beginning _____, and ending _____

Mitchelville Preservation Project, 27-2308109 Inc.

Net Asset / Fund Balance at Beginning of Year		<u>188,995</u>
Revenue		
Contributions	<u>579,318</u>	
Program service revenue	<u>78,195</u>	
Investment income	<u>1,429</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>44,025</u>	
Direct expenses	<u>17,403</u>	
Net income	<u>26,622</u>	
Other income	<u>30</u>	
Total revenue		<u>685,594</u>
Expenses		
Program services	<u>248,167</u>	
Management and general	<u>186,915</u>	
Fundraising	<u>11,021</u>	
Total expenses		<u>446,103</u>
Excess / (deficit)		<u>239,491</u>
Changes		<u>-8,212</u>
Net Asset / Fund Balance at End of Year		<u>420,274</u>

Reconciliation of Revenue	
Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u>685,594</u>

Reconciliation of Expenses	
Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u>446,103</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>233,795</u>	<u>599,332</u>	
Liabilities	<u>44,800</u>	<u>179,058</u>	
Net assets	<u>188,995</u>	<u>420,274</u>	<u>231,279</u>

Miscellaneous Information

Amended return _____
Return / extended due date 07/15/20
Failure to file penalty _____

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form 8879-EO

For calendar year 2019, or fiscal year beginning 2019, and ending 20

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

2019

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

Name and title of officer 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.

Table with 5 rows: 1a Form 990 check here, 2a Form 990-EZ check here, 3a Form 1120-POL check here, 4a Form 990-PF check here, 5a Form 8868 check here. Corresponding b columns for Total revenue, Total revenue, Total tax, Tax based on investment income, and Balance Due. Amount 685,594 is entered in column 1b.

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.

Officer's PIN: check one box only

[X] I authorize David E. Williams C.P.A., LLC to enter my PIN 45552 as my signature. 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 11/14/21

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 57839707134 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 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 **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2019
Open to Public Inspection

▶ 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.

A For the 2019 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Mitchelville Preservation Project, Inc.		D Employer identification number 27-2308109
	Doing business as Historic Mitchelville Preservation		E Telephone number 843-255-7300
	Number and street (or P.O. box if mail is not delivered to street address) PO Box 21758		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code HILTON HEAD ISLAND SC 29925		G Gross receipts \$ 702,997
F Name and address of principal officer: Ahmad Ward PO Box 21758 Hilton Head Island SC 29925			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.EXPLOREMITCHELVILLE.ORG			H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2010	M State of legal domicile: SC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O	
	2 Check this box <input type="checkbox"/> 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
	4 Number of independent voting members of the governing body (Part VI, line 1b)	16
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	0
	6 Total number of volunteers (estimate if necessary)	100
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 39	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 365,145 Current Year: 579,318
	9 Program service revenue (Part VIII, line 2g)	Prior Year: 26,415 Current Year: 78,195
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	Prior Year: 804 Current Year: 1,429
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Prior Year: -2,093 Current Year: 26,652
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year: 390,271 Current Year: 685,594
	Expenses	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)		Prior Year: 0 Current Year: 0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		Prior Year: 100,000 Current Year: 100,000
16a Professional fundraising fees (Part IX, column (A), line 11e)		Prior Year: 0 Current Year: 0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 11,021		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		Prior Year: 222,389 Current Year: 346,103
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	Prior Year: 322,689 Current Year: 446,103	
19 Revenue less expenses. Subtract line 18 from line 12	Prior Year: 67,582 Current Year: 239,491	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 233,795 End of Year: 599,332
	21 Total liabilities (Part X, line 26)	Beginning of Current Year: 44,800 End of Year: 179,058
	22 Net assets or fund balances. Subtract line 21 from line 20	Beginning of Current Year: 188,995 End of Year: 420,274

Part II Signature Block

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

Sign Here	Signature of officer: Ahmad Ward		Date:	
	Type or print name and title: Executive Director			
Paid Preparer Use Only	Print/Type preparer's name: David E Williams, CPA	Preparer's signature: David E Williams, CPA	Date: 12/01/21	Check <input type="checkbox"/> if self-employed <input checked="" type="checkbox"/> PTIN: P01510199
	Firm's name: David E. Williams C.P.A., LLC		Firm's EIN: 46-1684469	
	Firm's address: 840 William Hilton Pkwy Ste B Hilton Head, SC 29928-3434		Phone no.: 843-715-9568	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

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

4a (Code:) (Expenses \$ **60,573** including grants of \$) (Revenue \$ **15,783**)

Juneteenth is the oldest know celebration to recognize the end of slavery. It was on June 19, 1865, when union officer Major General Gordon Granger arrived at Galveston, Texas with news that the war had ended and all slaves were now free. MPP hosts its annual Juneteenth celebration in historic Mitchelville Freedom Park. This program highlights the park and features stage performances and cultural programming that gives visitors a unique look at historic Mitchelville. It promotes African American culture, history and education featuring tradiditional music, art, crafts, food and live performances,

4b (Code:) (Expenses \$ **24,637** including grants of \$) (Revenue \$ **13,000**)

See Schedule O

4c (Code:) (Expenses \$ **16,257** including grants of \$) (Revenue \$)

Holiday Event - Community event for the entire family to kick off the holiday season with entertainment and refreshments near the big oak tree in Historic Mitchelville Freedom Park

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

(Expenses \$ **146,700** including grants of \$) (Revenue \$ **49,412**)

4e Total program service expenses **248,167**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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		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		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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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		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		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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	16	
b	Enter the number of voting members included on line 1a, above, who are independent	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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?		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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SC**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **►**

Melody Irvin
Hilton Head Island

PO Box 21758

SC 29925

843-255-7300

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.

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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Charles Bogguss	5.00									
Director	0.00	X					0	0	0	
(2) Ochieng Ubri Campbell	1.00									
Director	0.00	X					0	0	0	
(3) Helen Baker	2.00									
Director	0.00	X					0	0	0	
(4) James Berndt	5.00									
Director	0.00	X					0	0	0	
(5) Margot Brown	2.00									
Director	0.00	X					0	0	0	
(6) Kirsten Hotchkiss	4.00									
Director	0.00	X					0	0	0	
(7) Brent Morris, PHD	5.00									
Director	0.00	X					0	0	0	
(8) Didi Summers, PHD	2.00									
Director	0.00	X					0	0	0	
(9) Lola Campbell	4.00									
Director	0.00	X					0	0	0	
(10) Herbert Ford	4.00									
Director	0.00	X					0	0	0	
(11) Patricia Montgomery, Ed. D	4.00									
Director	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Charles Curl	5.00									
Vice Chairperson	0.00			X			0	0	0	
(13) Shirley Peterson	13.00									
Chairperson	0.00			X			0	0	0	
(14) Melody Irvin	4.00									
Treasurer	0.00			X			0	0	0	
(15) Gloria Holmes, PHD	4.00									
Secretary	0.00			X			0	0	0	
(16) Thomas C Barnwell Jr.	2.00									
Chairman Emeritus	0.00			X			0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	41,536				
	d Related organizations	1d					
	e Government grants (contributions)	1e	330,103				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	207,679				
	g Noncash contributions included in lines 1a-1f	1g	\$ 106,900				
	h Total. Add lines 1a-1f		579,318				
Program Service Revenue	2a Griot's Corner	Business Code	30,088	30,088			
	b Magic Leadership Program		30,000	30,000			
	c Juneteenth		15,783	15,783			
	d MPP Aniv. Forum Admissions		2,324	2,324			
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		78,195				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,429	1,429			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents		(i) Real				
			(ii) Personal				
		6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory		(i) Securities				
			(ii) Other				
		7a					
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8a Gross income from fundraising events (not including \$ 41,536 of contributions reported on line 1c). See Part IV, line 18			44,025				
	8a		44,025				
b Less: direct expenses	8b		17,403				
c Net income or (loss) from fundraising events			26,622				
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a Hats	Business Code	30	30			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			30			
12 Total revenue. See instructions			685,594	79,654	0	0	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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):				
a Management				
b Legal	936		936	
c Accounting	11,139		11,139	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	50,580	50,580		
12 Advertising and promotion	107,690	48,780	58,910	
13 Office expenses	11,243	615	10,628	
14 Information technology	5,900	4,486	1,261	153
15 Royalties				
16 Occupancy	20,751	3,527	15,356	1,868
17 Travel	460		460	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,925	5,097	4,828	
20 Interest				
21 Payments to affiliates				
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.)				
a Program Costs	69,817	69,817		
b General program direct	46,511	46,511		
c				
d				
e 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	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	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	25,462		
	b	Less: accumulated depreciation	17,749	10c	7,713
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	10,000	15	10,000
16	Total assets. Add lines 1 through 15 (must equal line 33)	233,795	16	599,332	
Liabilities	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 Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	44,800	26	179,058
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	188,995	27	420,274
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	188,995	32	420,274
33	Total liabilities and net assets/fund balances	233,795	33	599,332	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	685,594
2	Total expenses (must equal Part IX, column (A), line 25)	2	446,103
3	Revenue less expenses. Subtract line 2 from line 1	3	239,491
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	188,995
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-8,212
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	420,274

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

Name of the organization

Mitchelville Preservation Project, Inc.

Employer identification number

27-2308109

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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 Total. Add lines 1 through 3	80,880	158,543	212,234	372,045	586,218	1,409,920
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						1,409,920

Section B. Total Support

Calendar 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	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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	99.79%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	99.82%

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
c 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 first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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

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

Part IV Supporting Organizations *(continued)*

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

Section 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? <i>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.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "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.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
a	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2	Activities Test. <i>Answer (a) and (b) below.</i>		
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? <i>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.</i>		
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? <i>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.</i>		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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 Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
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.			
4 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.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

Part II, Line 10 - Other Income Detail

\$ 760

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2019

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

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

Organization type (check one):

- | | |
|--------------------|--|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization
<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
<input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation
<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
<input type="checkbox"/> 501(c)(3) taxable private foundation |

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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 ▶ \$

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

Name of organization

Mitchelville Preservation Project,

Employer identification number

27-2308109

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Beaufort County 100 Ribault Rd. Beaufort SC 29901	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Town of Hilton Head One Town Center Court Hilton Head Island SC 29928	\$ 145,103	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Women in Philanthropy 4 Northridge Dr. Ste A Hilton Head Island SC 29926	\$ 13,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	SC Dept. of Parks & Recreation Grant 1205 Pendleton St, Columbia SC 29201	\$ 165,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Coastal Discovery Museum 70 Honey Horn Drive Hilton Head Island SC 29926	\$ 100,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	Community Foundation of the LowCount 4 Northridge Dr. Suite A Hilton Head Island SC 29926	\$ 26,330	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

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

2019

Open to Public Inspection

Name of the organization

Mitchelville Preservation Project, Inc.

Employer identification number

27-2308109

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 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. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		25,462	17,749	7,713
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,713

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

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

**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.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Mitchelville Preservation Project, Inc.

Employer identification number

27-2308109

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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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? Yes No

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.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					▶		

3 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.

.....

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Blues and BBQ</u> (event type)	_____ (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	85,561		85,561
	2	Less: Contributions	41,536		41,536
	3	Gross income (line 1 minus line 2)	44,025		44,025
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	5,940		5,940
	7	Food and beverages	3,200		3,200
	8	Entertainment	2,964		2,964
	9	Other direct expenses	5,299		5,299
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				26,622

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %
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)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ 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.

Name of the organization

**Mitchelville Preservation Project,
Inc.**

Employer identification number

27-2308109

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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 organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

**Mitchelville Preservation Project,
Inc.**

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, resistance 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

Employer identification number

Mitchelville Preservation Project,

27-2308109

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

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

Employer identification number

Mitchelville Preservation Project,

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.

Name of the organization

Employer identification number

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 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 inspection.

Form 990, Part IX, Line 11g - Other Fees for Services

Description

	Tot/Prog Service	Mgt & General	Fundraising
Griot's Corner Coordinator	\$ 5,030	\$ 0	\$ 0
MAGIC Facilitator	\$ 3,950	\$ 0	\$ 0
Program Manager costs	\$ 41,600	\$ 0	\$ 0
Total	\$ 50,580	\$ 0	\$ 0

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Uncollectible prior year pledge of \$8,212 previously reported on prior year's Schedule A became uncollectible in the current year. It was

Name of the organization

Employer identification number

Mitchelville Preservation Project,

27-2308109

**adjusted from the amount reported in Part II, Line 1, Column (D) for the
prior tax year (2018).**

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

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

OMB No. 1545-0172

2019

Attachment Sequence No. **179**

Name(s) shown on return **Mitchelville Preservation Project, Inc.**

Identifying number
27-2308109

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	2,282
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,020,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	Computer - Reidel	2,282	2,282
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	2,282
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	2,282
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	0
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	▶ 13	2,282

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

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

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

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	1,807
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,807
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	▶ 23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2019)

DAA

There are no amounts for Page **2**

27-2308109

Federal Asset Report

FYE: 12/31/2019

Form 990, Page 1

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

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

27-2308109

SC Asset Report

FYE: 12/31/2019

Form 990, Page 1

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

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

27-2308109

Bonus Depreciation Report

FYE: 12/31/2019

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
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
5	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			<u>25,462</u>		<u>2,282</u>	<u>0</u>	<u>10,642</u>	<u>12,538</u>

Depreciation Adjustment Report

All Business Activities

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

Federal Statements

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

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

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	
Cash Contribution	13,000
SC Dept. of Parks & Recreation Grant	
Cash Contribution	165,000
Coastal Discovery Museum	
Paid wages of Executive Director	100,000
Heritage Classic Foundation	
Cash Contribution	9,838
Community Foundation of the LowCount	
Cash Contribution	26,330
Blues and BBQ	
Cash Contribution	41,536
Total	<u>\$ 579,318</u>

Federal Statements

Schedule A, Part II, Line 12 - Current year

Description

Amount

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

Federal Statements

Blues and BBQ

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
Direct expenses	\$ 4,043
Marketing	<u>1,256</u>
Total	<u>\$ 5,299</u>

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 <i>When possible, provide planned results vs. actual results, and/or current year vs. prior year results .</i>
Purchase strategic marketing 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	
Implementation of key programming				

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

DEPARTMENT OF THE TREASURY

Date: **DEC 28 2010**

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

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

Dear Applicant:

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

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

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

Letter 947 (DO/CG)